

# PREA Facility Audit Report: Final

**Name of Facility:** Midway Rehabilitation Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/18/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Midway Rehabilitation Center  Brian D. Bivens	<b>Date of Signature:</b> 12/18/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bivens, Brian
<b>Email:</b>	briandbivens@gmail.com
<b>Start Date of On-Site Audit:</b>	12/01/2022
<b>End Date of On-Site Audit:</b>	12/02/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Midway Rehabilitation Center
<b>Facility physical address:</b>	1515 East Magnolia Avenue, Knoxville, Tennessee - 37917
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Denise Quince
<b>Email Address:</b>	denise@askmidway.com
<b>Telephone Number:</b>	(865) 522-0301 X13

<b>Facility Director</b>	
<b>Name:</b>	Monica Tillery
<b>Email Address:</b>	monica@askmidway.com
<b>Telephone Number:</b>	(865) 522-0301 x10

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Will Pappas
<b>Email Address:</b>	will@askmidway.com
<b>Telephone Number:</b>	O: (865) 522-0301

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	80
<b>Current population of facility:</b>	65
<b>Average daily population for the past 12 months:</b>	72
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-75
<b>Facility security levels/resident custody levels:</b>	Community
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	35
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Alcoholism Services of Knoxville, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1515 E Magnolia Ave, Knoxville, Tennessee - 37917
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Denise Quince	<b>Email Address:</b>	denise@askmidway.com

### SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
3	<ul style="list-style-type: none"> <li>• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.231 - Employee training</li> <li>• 115.264 - Staff first responder duties</li> </ul>
Number of standards met:	
38	
Number of standards not met:	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-01
2. End date of the onsite portion of the audit:	2022-12-02

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Assault Center of East Tennessee (SACET)

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	72
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	66
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The facility is a low-level security facility and does not have a segregation unit. One resident was hard of hearing, had low vision and was physically disabled.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>35</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The facility does not have any contract employees and currently does not have any active volunteers.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input checked="" type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Random interview selections were based on information on the resident rosters (gender, housing assignment and intake date).</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor interviewed a total of sixteen residents, nine random and seven targeted. The total count for the facility on the first day of the audit was sixty-six. Many of the residents have jobs in the community and are in and out of the building during the day.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>7</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility is considered non-medical. The PREA Coordinator advised there were no residents housing in the facility for this category during the onsite portion of the audit.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator advised there were no residents housing in the facility for this category during the onsite portion of the audit.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator advised there were no residents housing in the facility for this category during the onsite portion of the audit.</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator advised there were no residents housing in the facility for this category during the onsite portion of the audit. The facility did not have any PREA allegations during this audit cycle.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator advised there were no residents housing in the facility for this category during the onsite portion of the audit. The facility does not have segregation unit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The facility only housed sixty-six residents on the first day of the onsite portion of the audit. Many residents have jobs in the community. The targeted list provided was very small.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Random staff interviews included duty officers, maintenance, cooks, administrative assistances and counselors.</p>
<p align="center"><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	0
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	No text provided.
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other



<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The facility does not employ any contract staff and there were no active volunteers at the time of the onsite portion of the audit.</p>
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# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor toured all resident access areas of the facility. The auditor reviewed camera, security mirror placements, and viewing areas from staff workstations. The house found was tested on the 2nd floor. PREA information including SACET information was abundantly posted throughout the facility on each floor. The auditor conducted several informal conversations with residents. Residents were generally forthcoming and open to discussing PREA as it pertained to Midway. All sixteen residents formally interviewed stated they felt safe in the facility.</p>

## Documentation Sampling

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor reviewed:  
Five staff training records  
Five staff human resource records  
Eight resident records.  
The facility did not have a PREA allegation during this audit cycle; therefore, there were no investigation files to be reviewed.  
The facility does not have any contract staff and no active volunteers; therefore, there were contract employee or volunteer training/HR files to review.

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

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

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

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

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

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

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

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

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

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

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

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

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

## Sexual Harassment Investigation Outcomes

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

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

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

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

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

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility has not received a PREA allegation during this audit cycle.
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

## Inmate-on-inmate sexual abuse investigation files

<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

## Staff-on-inmate sexual abuse investigation files

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

## Sexual Harassment Investigation Files Selected for Review

<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	The facility has not received a PREA allegation during this audit cycle.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)



## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility has not received a PREA allegation during this audit cycle.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### Non-certified Support Staff

<b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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# AUDITING ARRANGEMENTS AND COMPENSATION

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

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

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>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 sixteen random residents and twelve random staff clearly indicated that zero tolerance for sexual abuse and sexual harassment is woven into the culture of Midway Rehabilitation Center. PREA Posters are strategically placed throughout the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 organizational chart supports this claim. She is actively updating the facility as new FAQs 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 meetings 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.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 459">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:</p> <p data-bbox="280 566 1302 645">115.213 (a) The Midway Rehabilitation Center (MRC) has developed and implemented a staffing plan. The plan includes:</p> <ul data-bbox="280 752 1401 1330" style="list-style-type: none"> <li data-bbox="280 752 703 788">· Staff to Offender Ratios</li> <li data-bbox="280 824 791 860">· Staff Supervision of offenders</li> <li data-bbox="280 896 735 931">· Video Monitoring systems</li> <li data-bbox="280 967 959 1003">· Applicable laws, regulations, and findings</li> <li data-bbox="280 1039 655 1075">· Staffing plan review</li> <li data-bbox="280 1111 887 1146">· Composition of the residents housed</li> <li data-bbox="280 1182 1401 1261">· The prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li data-bbox="280 1296 794 1332">· Monitoring and deviation plan</li> </ul> <p data-bbox="280 1440 1453 1727">This plan has been signed by the agency director and is reviewed annually. At the time of the onsite visit, there had not been any deviations from the staffing plan in the past twelve months; an interview with the Program Director confirmed this statement. Any deviation would be documented on the facility's "Staff Deviation Log". The facility will use overtime pay when necessary to fill staffing shortages. Therefore, the facility does demonstrate compliance with this part of the standard during this audit.</p> <p data-bbox="280 1834 1474 2078">115.213 (b) Policy 115.213 page 2 outlines that Midway Rehabilitation Center (MRC) has procedures in place to ensure all deviations are documented. The 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</p>

the past twelve months, as confirmed by an interview with the Program Director. Annual spreadsheets staffing statistics confirmed this process. This plan has been signed by the agency director. At the time of the onsite visit, there had not been any deviations from the staffing plan; an interview with the Program Director confirmed this statement. Therefore, the facility does demonstrate 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 in January 2022. Therefore, the facility demonstrated compliance with this part of the standard during this audit.



<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on Midway Rehabilitation Center (MRC) PREA policy 115.215, training curriculums, staff interviews, training file reviews, exigent circumstance log, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>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 twelve months. All sixteen residents interviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 sixteen residents confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.215 (c) Midway Rehabilitation Center (MRC) PREA 115.215 prohibits frisk/pat searches of 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 sixteen 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.</p> <p>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 a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All residents confirmed during interviews they have privacy when showering, using the toilets, and changing their clothes. Midway Rehabilitation Center (MRC) 115.215 also requires a staff of the opposite gender to knock and announce their presence prior to entering the housing units. Resident and staff interviews revealed that opposite-gender announcements were common practice at this facility. All showers are equipped with an appropriate length shower curtain for privacy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

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. All 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. The facility maintains an "exigent circumstance log" to document exigent circumstances searched. Staff utilized hand-held metal detectors. All sixteen residents interviewed stated they had not been strip-searched or subjected to a cross-gender pat search in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>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, educate, screen, 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 was one hard of hearing, low vision resident with a physical handicap interviewed during the onsite portion of the audit. 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 Gomez and Associates, Inc. Language Consultants, Interpreters, and Translators to assist any Limited English Proficient resident. The agency utilizes the Knoxville Center of the Deaf to communicate with deaf or hard-of-hearing residents if needed. Therefore, the facility does demonstrate compliance with this part of the standard.</p> <p>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 utilizes Gomez and Associates, Inc. Language Consultants, Interpreters, and Translators to assist any LEP resident. There were no LEP residents housed in the</p>

facility during the onsite visit. Therefore, the facility does not demonstrate 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, educate, screen, 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 was one hard of hearing, low vision resident with a physical handicap interviewed during the onsite portion of the audit. 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. 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. All staff members interviewed stated they would not utilize a resident interpreter in 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.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1445 456">Based on Midway Rehabilitation Center (MRC) practice, Human Resource staff interviews, and personnel file reviews. The following delineates the audit findings regarding this standard:</p> <p data-bbox="280 499 1477 1070">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 five out of five human resource files selected were following the background requirements. Background checks are completed by the BOP. Based on the documentation received and reviewed, the facility has demonstrated compliance with this part of the standard.</p> <p data-bbox="280 1113 1477 1435">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; five out of five Human Resource files reviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1478 1477 1760">115.217 (c)-1 Midway Rehabilitation Center (MRC) policy 115.117 and practice, requires a criminal background record check to be completed before hiring any new employee. Background checks are completed by the Program Director. On April 30, 2019, the United States Department of Justice Federal Bureau of Prisons notified the Program Director of Midway Rehabilitation Center that all employees has passed their criminal history background check. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1803 1458 2085">115.217 (c)-2 Midway Rehabilitation Center (MRC) makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegations 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. Therefore, the facility demonstrated compliance with this part of the</p>

standard during this audit.

115.217 (d) Midway Rehabilitation Center (MRC) practice requires a criminal background record check to 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 record check to be completed by the BOP 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 the 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 demonstrate compliance with this part of the standard during this audit.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon a 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:</p> <p>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.</p> <p>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.</p> <p>During this audit cycle the facility has not significant enhanced the video technology throughout the facility. The facility did add approximately ten new cameras based on staff meeting discussions concerning blind spots in 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 66 cameras which record approximately 30 days. The facility has security mirrors strategically placed throughout the facility to enhance surveillance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.221	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>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 demonstrate compliance with this part of the standard during this audit.</p> <p>115.221 (d) The Midway Rehabilitation Center (MRC) utilizes the Sexual Assault Center of East Tennessee to provide outside victim advocacy services to the residents.</p> <p>115.221 (e) Midway Rehabilitation Center (MRC) entered into a Memorandum of Understanding with the Sexual Assault Center of East Tennessee which agrees to provide outside victim advocacy 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 not demonstrate compliance with this part of the standard during this audit.</p> <p>115.221 (f) Midway Rehabilitation Center (MRC) policy 115.221 states MRC is not responsible for administrative investigations. Midway Rehabilitation Center (MRC) works with the Knoxville Police Department for investigations. Therefore, the facility does demonstrate compliance with this part of the standard during this audit.</p>



<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1353 461">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:</p> <p data-bbox="280 568 1481 976">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 any claim of sexual abuse or sexual harassment in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1088 1469 1456">115.222 (b) All PREA allegations are investigated by a 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.</p> <p data-bbox="280 1568 1465 1850">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.</p> <p data-bbox="280 1962 1469 2078">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</p>

	<p>conducting administrative or criminal investigations. Therefore, this part of the standard is found to be applicable and compliant.</p>
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115.231	Employee training
	<p data-bbox="280 188 1038 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 542">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 acknowledgment forms, training curriculums, and employee handouts); the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 651 1442 725">115.231 (a) Midway Rehabilitation Center (MRC) policy 115.231 states the agency trains all their employees who have contact with residents on:</p> <ol data-bbox="280 835 1469 1765" style="list-style-type: none"><li data-bbox="280 835 1257 871">(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</li><li data-bbox="280 909 1469 983">(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li><li data-bbox="280 1066 1310 1102">(3) Residents' right to be free from sexual abuse and sexual harassment;</li><li data-bbox="280 1140 1417 1214">(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li><li data-bbox="280 1252 1326 1288">(5) The dynamics of sexual abuse and sexual harassment in confinement;</li><li data-bbox="280 1326 1342 1361">(6) The common reactions of sexual abuse and sexual harassment victims;</li><li data-bbox="280 1400 1394 1435">(7) How to detect and respond to signs of threatened and actual sexual abuse;</li><li data-bbox="280 1473 1118 1509">(8) How to avoid inappropriate relationships with residents;</li><li data-bbox="280 1547 1437 1659">(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and</li><li data-bbox="280 1697 1410 1771">(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li></ol> <p data-bbox="280 1881 1385 1955">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

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 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 receives 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 take two National Institute of Corrections online courses: PREA-Your role responding to sexual abuse and communicating effectively and professionally with LGBTI 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 the onsite visit, ten employee training records were checked; The staff interviews confirmed compliance with this new training acknowledgment procedure. Therefore, the facility does demonstrate compliance with this part of the standard during this audit.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>115.232 (b) It is the agency's policy that all volunteers and contractors are escorted at all times. Currently, the facility does not have any contract employees or active volunteers. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.232 (c) Midway Rehabilitation Center (MRC). It is the agency's policy that all volunteers and contractors are escorted at all times. Currently, the facility does not have any contract employees or active volunteers. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1484 542">Based on a review of the Midway Rehabilitation Center (MRC) PREA policy 115.233 page 1, the Resident Handbook, PREA orientation handouts, Facility Orientation produre, 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:</p> <p data-bbox="280 577 1477 1030">115.233 (a) According to policy 115.233, during the intake process, residents receive information explaining Midway Rehabilitation Center's (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 an ID badge, issued during the intake process that provides them with the numbers to the 24/7 crisis hotline: the 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.</p> <p data-bbox="280 1137 1372 1218">115.233 (b) The agency only operates this facility. Therefore, this part of the standard is not applicable.</p> <p data-bbox="280 1326 1477 1989">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, educate, screen, 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 utilizes Gomes and Associates for translation services. There was one resident with multiple 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, and 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 facility. 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.</p>

115.233 (d) There was the documentation provided of the resident's participation in PREA educational sessions as required by this part of the standard. A records check showed eight out of eight 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, orientation handouts, 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.

<b>115.234</b>	<p data-bbox="280 107 919 147"><b>Specialized training: Investigations</b></p> <p data-bbox="280 185 1007 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 259 579 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1433 495">Based on a review of an <u>MOU</u>, and 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:</p> <p data-bbox="280 539 1461 819">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.</p> <p data-bbox="280 864 1474 1144">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 potential criminal or administrative PREA incident to investigate during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1189 1474 1469">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 potential criminal or administrative PREA incident to investigate during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1514 1422 1671">115.234 (d) There is no state entity or Department of Justice entity responsible for conducting a 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.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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 a 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 DaySping Family Care 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.</p> <p>Therefore, this standard was found to be in compliance to this facility during this audit cycle.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 461">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:</p> <p data-bbox="280 501 1445 694">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.</p> <p data-bbox="280 734 1477 927">115.241 (b) Midway Rehabilitation Center (MRC) documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. A review of resident records confirmed eight out of eight were found to be within compliance. Sixteen out of sixteen resident interviews also confirmed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 967 1414 1133">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.</p> <p data-bbox="280 1173 1414 1249">115.241 (d) The intake screening instrument used considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:</p> <ol data-bbox="280 1290 1477 1975" style="list-style-type: none"><li data-bbox="280 1290 1366 1326">(1) Whether the resident has a mental, physical, or developmental disability;</li><li data-bbox="280 1361 671 1397">(2) The age of the resident;</li><li data-bbox="280 1433 807 1469">(3) The physical build of the resident;</li><li data-bbox="280 1505 1118 1541">(4) Whether the resident has previously been incarcerated;</li><li data-bbox="280 1576 1246 1612">(5) Whether the resident’s criminal history is exclusively nonviolent;</li><li data-bbox="280 1648 1445 1724">(6) Whether the resident has prior convictions for sex offenses against an adult or child;</li><li data-bbox="280 1760 1477 1836">(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;</li><li data-bbox="280 1872 1326 1908">(8) Whether the resident has previously experienced sexual victimization;</li><li data-bbox="280 1944 983 1980">(9) The resident’s own perception of vulnerability.</li></ol> <p data-bbox="280 2016 1398 2092">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

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. Eight out of eight 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 does demonstrate 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, ident 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 confirms this practice. During the past 12 months, there had not been any documented 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, interviews with the Program Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to administrative 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.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>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 such 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.</p> <p>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 a 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, the 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.</p> <p>115.242 (d) Midway Rehabilitation Center (MRC) requires that 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, the 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,</p>

<p>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.</p> <p>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.</p> <p>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.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 539">Based on policy 115.251, Midway Rehabilitation Center (MRC) documentation, the Resident Handbook, PREA orientation packet 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.</p> <p data-bbox="280 580 1469 1115">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, by submitting a complaint online, calling the counselor or availability to call the external hotline number provided, and/or through the report of a third party. Many residents have their own personal cellular telephone, so they can call 911 if needed. The Midway Rehabilitation Center maintains a Memorandum of Understanding with the Sexual Assault Center of East Tennessee, which 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.</p> <p data-bbox="280 1155 1469 1646">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, which provides the external reporting hotline. There have not been any reports of sexual harassment or sexual abuse during this audit cycle. The house phones were successfully tested on the second floor. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1686 1449 1973">115.251 (c) Midway Rehabilitation Center (MRC) requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. Sixteen out of sixteen 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.</p>

	<p>115.251 (d) Midway Rehabilitation Center (MRC) staff may privately report sexual abuse and sexual harassment to the Program Director, or the PREA Coordinator.</p> <p>There were no PREA allegations 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.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	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.



<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1433 461">Based on Midway Rehabilitation Center (MRC) documentation, staff interviews, resident interviews and documentation review; the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 497 1481 904">115.253 (a) The agency a Memorandum of Understanding with the Sexual Assault Center of East Tennessee which would provide confidential outside victim advocacy 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.</p> <p data-bbox="280 940 1477 1187">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 addresses, and telephone numbers. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1223 1468 1675">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 a free confidential telephone number and address to the Sexual Assault Center of East Tennessee is available in multiple locations in the building. The house phone was tested on the second floor. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1711 1481 1917">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.</p> <p data-bbox="280 1953 1455 2114">115.253 (c) Midway Rehabilitation Center (MRC) is entering into a Memorandum of Understanding with the 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</p>

<p>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 a free confidential telephone number and address to the Knox County Sexual Assault Center is available in multiple locations in the building. The house phone was successfully tested on the second floor. Most all residents have access to their personal cellular phones at all times. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on the review of Midway Rehabilitation Center (MRC) documentation. The following delineates the audit findings regarding this standard:</p> <p>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 calling 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 (<a href="http://www.midwayrehabcenter.com">www.midwayrehabcenter.com</a>). This was reiterated during an interview with the PREA Coordinator. There were no third-party reports of sexual abuse during the past twelve months. There were no PREA allegations made during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 456">Based on Midway Rehabilitation Center (MRC) PREA policy 115.261, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 497 1474 864">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. All twelve random staff interviewed conveyed the agency's policy on reporting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 972 1474 1088">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.</p> <p data-bbox="280 1196 1474 1312">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.</p> <p data-bbox="280 1420 1474 1671">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 persons 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.</p> <p data-bbox="280 1778 1474 2029">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.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on Midway Rehabilitation Center (MRC) PREA policy 116.262, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>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. All visitors are required to wear a PREA First Responder sticker which outlines the steps to be taken if a resident reports any sexual abuse allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on Midway Rehabilitation Center (MRC) PREA practice, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p>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 notified 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.</p> <p>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.</p> <p>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.</p>

<b>115.264</b>	<p data-bbox="280 107 769 147"><b>Staff first responder duties</b></p> <p data-bbox="280 185 1038 219"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="280 259 579 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1473 454">Based on Midway Rehabilitation Center (MRC) PREA policy 115.264, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 495 1481 651">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:</p> <ol data-bbox="280 692 1423 1137" style="list-style-type: none"> <li data-bbox="280 692 898 725">(1) Separate the alleged victim and abuser;</li> <li data-bbox="280 766 868 799">(2) Preserve and protect the crime scene.</li> <li data-bbox="280 840 1423 956">(3) Request the victim not take any actions that could destroy evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).</li> <li data-bbox="280 996 1410 1068">(4) Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.</li> <li data-bbox="280 1108 1018 1142">(5) Immedicably notify the facility's leadership staff.</li> </ol> <p data-bbox="280 1182 1385 1254">Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1294 1465 1659">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. All staff are required to maintain a PREA First Responder Card on their person while on duty. All visitors are required to wear a PREA First Responder sticker while in the facility. <u>There no reported PREA incidents during the past twelve months. Therefore, the facility exceeds compliance with this part of the standard during this audit.</u></p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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, 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 that indicates roles and responsibilities at each level of the incident. There <u>is</u> not 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</p>



<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based on interviews with the Midway Rehabilitation Center (MRC) Program Director, the following delineates the audit findings regarding this standard:</p> <p>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.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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. Retaliation Monitoring would be completed by two staff counselors when required by agency policy. This was confirmed during an interview with the PREA Coordinator and one of the Retaliation Monitors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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. Retaliation Monitoring would be completed by two staff counselors when required by agency policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 two staff counselors when required by agency policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation Midway Rehabilitation Center (MRC) takes appropriate measures</p>

<p>to protect that individual against retaliation. There had not been any PREA investigations during the past twelve months; this was confirmed during an interview with the PREA Coordinator and one of the Retaliation Monitors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1465 501">Based upon a 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:</p> <p data-bbox="280 609 1481 976">115.271 (a) Midway Rehabilitation Center (MRC) contacts the Knoxville Police Department and 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.</p> <p data-bbox="280 1016 1474 1344">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.</p> <p data-bbox="280 1451 1474 1908">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.</p> <p data-bbox="280 2016 1481 2096">115.271 (d) When the quality of evidence appears to support a criminal prosecution, The Knoxville Police Department refers the case to the Knox County District</p>

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

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon a review of policy 115.272, Midway Rehabilitation Center (MRC) practice, and staff interviews; the following delineates the audit findings regarding this standard:</p> <p>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 allegations during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1445 454">Based upon a review of Midway Rehabilitation Center (MRC) practice and investigative staff interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 568 1445 763">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 acknowledgment of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1128 1445 1368">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.</p> <p data-bbox="280 1482 1473 1680">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:</p> <ul data-bbox="280 1794 1457 2085" style="list-style-type: none"> <li data-bbox="280 1794 1230 1827">(1) The staff member is no longer posted within the resident’s unit;</li> <li data-bbox="280 1865 1107 1899">(2) The staff member is no longer employed at the facility;</li> <li data-bbox="280 1937 1457 2085">(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse  <p data-bbox="336 2051 1038 2085" style="margin-left: 40px;">within the Midway Rehabilitation Center (MRC); or</p> </li> </ul>



(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 acknowledgment 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 acknowledgment 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 Investigation Status" 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.

115.276	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon review policy 115.276, Midway Rehabilitation Center (MRC) procedure, the documentation provided practice, Program Director, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:</p> <p>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.</p> <p>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.</p> <p>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.</p>

115.277	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon a 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:</p> <p>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. All visitors must wear a PREA First Responder Sticker on their person while inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 a 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. All visitors must wear a PREA First Responder Sticker on their person while inside the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1409 456">Based upon a review of Midway Rehabilitation Center (MRC) policy 115.278 and practice, the documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:</p> <p data-bbox="280 568 1477 853">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.</p> <p data-bbox="280 965 1465 1162">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.</p> <p data-bbox="280 1274 1445 1471">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.</p> <p data-bbox="280 1583 1457 1868">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 psychiatrists 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.</p> <p data-bbox="280 1980 1469 2051">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</p>

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.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1430 456">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:</p> <p data-bbox="280 568 1437 766">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.</p> <p data-bbox="280 1339 1469 2042">115.282 (b) Midway Rehabilitation Center (MRC) Programs Director outlines the procedures to be followed in the event of 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.</p>

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 at Fort Sanders Regional Medical Center. There has not been a PREA incident 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.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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 the Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 of 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.</p> <p>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 respectfully which is a community level of care facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.283 (d and e) Midway Rehabilitation Center (MRC) ensures female victims of sexual abuse are given pregnancy tests when vaginal penetration took place. If a pregnancy results from sexual abuse, Midway Rehabilitation Center (MRC) ensures the victim receives timely and comprehensive information about timely access to emergency contraception and lawful pregnancy-related services. Such services would be provided at the local hospital.</p> <p>115.283 (f) Midway Rehabilitation Center (MRC) policy 115.283 states the agency</p>



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.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 461">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:</p> <p data-bbox="280 568 1465 853">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.</p> <p data-bbox="280 963 1485 1205">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.</p> <p data-bbox="280 1314 1465 1473">115.286 (c) The review team consists of upper-level management officials, with input from PREA. This was confirmed during interviews with the PREA Coordinator and a SART Member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1583 1481 2078">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. This was confirmed during interviews with the PREA Coordinator and a SART Member. The agency has deployed an excellent PREA after-action review form</p>

that 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. This was confirmed during interviews with the PREA Coordinator and a SART Member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

115.288	Data review for corrective action
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>115.288 (b) Such reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of Midway Rehabilitation Center's (MRC) progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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, <a href="http://www.midwayrehab.org">www.midwayrehab.org</a>. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>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:</p> <p>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.</p> <p>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.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a) and (b) The Midway Rehabilitation Center (MRC) did have a PREA audit in 2016 and in 2019. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.401 (h) The auditor has full access to all locations/areas of the Midway Rehabilitation Center (MRC) Facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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.</p> <p>115.401 (m) The auditor was allowed to interview residents and staff in a private office. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.403 The agency has made the final report during the first and second audit cycle through posting on the agency's website.



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

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	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.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes



<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na

<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes



<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by 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.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes



<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a 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.)	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.)	na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na

<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes



<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

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

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

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

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

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



<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes