

PREA Facility Audit Report: Final

Name of Facility: Midway Rehabilitation Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/04/2026

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"/>
Auditor Full Name as Signed: Brian Bivens	Date of Signature: 06/04/2026

AUDITOR INFORMATION	
Auditor name:	Bivens, Brian
Email:	briandbivens@gmail.com
Start Date of On-Site Audit:	01/12/2026
End Date of On-Site Audit:	01/13/2026

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

Primary Contact

Name:	Denise Quince
Email Address:	denise@askmidway.com
Telephone Number:	(865) 522-0301 x13

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

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

Facility Characteristics	
Designed facility capacity:	93
Current population of facility:	79
Average daily population for the past 12 months:	79
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	22-77
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the	39

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

AGENCY INFORMATION	
Name of agency:	Alcoholism Services of Knoxville, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1515 East Magnolia Avenue, Knoxville, Tennessee - 37917
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

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

Facility AUDIT FINDINGS
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:

4

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.251 - Resident reporting
- 115.264 - Staff first responder duties

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-01-12
2. End date of the onsite portion of the audit:	2026-01-13

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	93
15. Average daily population for the past 12 months:	78
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	80
25. 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:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. 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:	3

<p>31. 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:</p>	<p>1</p>
<p>32. 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:</p>	<p>0</p>
<p>33. 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:</p>	<p>1</p>
<p>34. 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:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There were 16 residents interviewed during the on-site visit. These residents consisted of: 11 male and 5 female residents selected at random residents. There was 3 resident that self-reported as LGBTI, no youthful offenders, no Limited English Proficient, no blind or deaf or hard of hearing; nor was there any resident that had reported sexual abuse or sexual harassment at the facility. There was 1 resident with physical disabilities. The auditor did report one transgender resident. All residents interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility. Residents were familiar with multiple ways of reporting sexual abuse at the facility; including, tell a staff member, write a note, tell a family member, call the PREA reporting hotline or utilize their cellular phone to call 911. All residents stated they felt safe at the Midway Rehabilitation Center (MRC).</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	28
37. 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:	0
38. 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:	0
39. 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:	The auditors interviewed a total of 10 random staff members and 12 specialized staff during the course of this audit (See Staff Interview). Staff demonstrated what to look for in regard to victims of sexual abuse. All staff stated they would communicate with the LBGTI community as they would with anyone else. All staff stated they were trained on how to communicate with LBGTI residents. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor utilized the resident roster which identified:</p> <ol style="list-style-type: none">1. Race2. Ethnicity3. Intake Date4. Housing Assignment5. Gender
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were 16 residents interviewed during the on-site visit. These residents consisted of: 11 male and 5 female residents selected at random residents. There was 3 residents that self-reported as LGBTI, no youthful offenders, no Limited English Proficient, no blind or deaf or hard of hearing; nor was there any resident that had reported sexual abuse or sexual harassment at the facility. There was 1 resident with physical disabilities. The auditor did report one transgender resident. All residents interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility. Residents were familiar with multiple ways of reporting sexual abuse at the facility; including, tell a staff member, write a note, tell a family member, call the PREA reporting hotline or utilize their cellular phone to call 911. All residents stated they felt safe at the Midway Rehabilitation Center (MRC).</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>48. 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:</p>	<p>2</p>
<p>49. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>
<p>50. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>

<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>55. 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:</p>	<p>1</p>
<p>56. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The PREA Coordinator stated the facility did not have anyone housed that fit the definition of this targeted population.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>

63. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	The designee (Facility Administrator) was interviewed
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not have any unescorted volunteers or contract employees.

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.

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

72. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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73. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 09:45 and continued throughout the onsite visit. During the site review the auditors reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditors observed the notices of this PREA audit in common areas of the building, as well as posters that called attention to the agency’s Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Random staff and resident interviews were conducted in a private office provided.</p> <p>The following staff accompanied the auditor on the site review: Denise Quince, PREA Coordinator</p> <p>All housing units, common areas, resident program areas, administrative area, laundry, dining area, recreation yards, kitchen, cleaning closet, and workout room. While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.</p>
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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>77. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor selected and carefully examined 8 personnel files and 8 staff training files. The personnel files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Annual self-declaration forms were also observed in each file. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained. The auditor also reviewed 8 resident files and saw documentation of offender education, as well as documentation of the initial risk screenings, the 30-day re-screenings, and screenings upon additional information being completed as required by the standard. In the 12 months preceding the audit, Midway Rehabilitation Center (MRC), had not received any PREA complaints regarding sexual harassment or sexual abuse. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Knoxville Police Department would be responsible for investigating any potential criminal activity. The Auditor did view the "Notice of PREA Audit" posted in the lobby and in all common areas inside the building. The auditor did not receive any notifications via mail regarding the facility.

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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility did not have any PREA allegations in the past twelve months.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility did not have any PREA allegations in the past twelve months.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility did not have any PREA allegations in the past twelve months.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Agency PREA Policy 115.211 2. Organizational Chart B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Random Inmates 3. Random Staff 4. PREA Managers

	<p>C. Other</p> <ol style="list-style-type: none"> 1. Auditor Observations on-site 2. Review of PREA signage in the facility <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 random residents and random staff clearly indicated that zero tolerance for sexual abuse and sexual harassment are woven into the culture of Midway Rehabilitation Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</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 organization charts support this claim. She is actively updating the facility as new FAQ’s are published on the PREA Resource Center website; she has also completed the National Institute of Corrections course “PREA Coordinator Role and Responsibilities”. She conducts monthly meets with staff to discuss any PREA related issues. Ms. Quince acknowledged during his interview she had enough time to perform her PREA duties. The facility has a PREA Manager. Mr. Pappas is well versed in the PREA standards and indicated he has sufficient time to complete his PREA responsibilities. Therefore, the facility exceeds compliance with this part of the standard during this audit.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit:</p> <ol style="list-style-type: none"> A. Documentation <ol style="list-style-type: none"> 1. Information provided in the Online Audit System

	<p>B. Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>C. Other</p> <ol style="list-style-type: none"> 1. Auditor Observations on-site <p>115.112 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.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A systematic review of evidence, including the aggregations and analyzing the following, was completed during the pre-side, on-site and post-site of the audit:</p> <p>A. Documentation</p> <ol style="list-style-type: none"> 1. Annual PREA Facility Assessment - Community Confinement 2. Statement of Fact 3. Staffing Plan 4. Policy 115.213 5. Staffing Plan Deviation Log <p>B. Interviews</p> <ol style="list-style-type: none"> 1. PREA Manager 2. Random Staff 3. Random Inmates 4. Program Director

5. PREA Coordinator

C. Other

1. Auditor Observations on-site

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

- Staff to Offender Ratios
- Staff Supervision of offenders
- Video Monitoring systems
- Applicable laws, regulations and findings
- Staffing plan review
- Composition of the residents housed
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Monitoring and deviation plan

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

115.213 (b) Policy 115.213 page 2 outlines that Midway Rehabilitation Center (MRC) has procedures in place to ensure all deviations are documented. Policy states "in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The agency PREA Coordinator must be notified, along with the facility's Assistant Program Coordinator/PREA Manager." There have been no deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by interview with the

	<p>PREA Coordinator. This plan has been signed by the agency director. At the time of the initial site visit, there had not been any deviations to the staffing plan; an interview with the Program Director confirmed this statement. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.</p> <p>115.213 (c) The staffing plan is reviewed annually by the PREA Coordinator and approved by the Program Director. The Program Director approves of any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.215 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.215 2. Training Roster and Certificates B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff 3. Random Residents 4. Targeted Resident

C. Other

1. Auditor Observations on-site

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

115.215 (b) Midway Rehabilitation Center (MRC). PREA policy 115.215 prohibits female employees from frisk/pat searches of male residents except in exigent circumstances. The PREA Coordinator advised there were no cross-gender searches conducted during this audit cycle. (MRC) requires that a male and female are on staff 24/7. All 15 residents confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) Midway Rehabilitation Center (MRC) PREA 115.215 prohibits frisk/pat searches of the male residents by female staff and requires that all cross-gender searches in exigent circumstances be documented. All female staff interviewed corroborated this practice. The agency requires that both a male and female must be on duty at all times. This was confirmed by all 15 residents interviewed. Staff typically utilizes a handheld metal detector. The PREA Coordinator advised there were no cross-gender searches conducted during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.215 (e) Midway Rehabilitation Center (MRC) PREA policy 115.215 page 2 (e), training curriculum provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of

	<p>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 one transgender resident state they had plenty of privacy while showering and using the bathroom. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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. The one transgender resident at the facility stated they did not have any issues or complains concerning staff searches. Staff utilized hand-held metal detectors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Language Line Contract 2. Policy 115.216 B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff 3. Random Residents

4. Targeted Residents

C. Other

1. Auditor Observations on-site

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. This was confirmed by the PREA Coordinator and all targeted residents interviewed, Midway Rehabilitation Center (MRC) policy 115.216, outlines reasonable steps to ensure meaningful access to all aspects of the (MRC)'s efforts to prevent, detect, education, screening and respond to sexual abuse and sexual harassment to residents who are LEP and/or have disabilities. There were no LEP residents at Midway Rehabilitation Center (MRC) to interview at the time of the onsite visit. There was one resident with cognitive disabilities and one resident with physical impairments at Midway Rehabilitation Center (MRC) to interview at the time of the initial on-site visit. Both residents displayed a clear understanding of PREA and how to report a PREA incident. Both residents stated they felt safe at the facility. 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 to ensure all residents with disabilities are properly screened and trained on the PREA standards. Therefore, the facility does demonstrate compliance with this part of the standard.

115.216 (b) Midway Rehabilitation Center (MRC) PREA policy 115.216 delineates that staff does take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency has a full-time employee who is bi-lingual to assist LEP residents as needed. There were no LEP residents housed in the facility during the onsite visit. Therefore, the facility does not demonstrated compliance with this part of the standard during this audit.

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

115.216 (c) Midway Rehabilitation Center (MRC) does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. 12 out of 12 staff members interviewed stated they would not utilize a resident interpreter in a sexual abuse or sexual harassment incident. The agency has a bi-lingual staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.217 2. Background Investigations 3. 5-Year Background Accurate Checks

B. Interviews

1. Human Resources (PREA Coordinator)
2. Program Manager

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. This was confirmed by the PREA Coordinator/HR person. During the onsite visit background checks had been conducted as required on all current staff. The auditor found that 8 out of 8 human resource files selected were following the background requirements. Based on the documentation received and reviewed, the facility has demonstrated compliance with this part of the standard.

115.217 (b) Midway Rehabilitation Center (MRC) policy 115.117 states the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents. All applicants and employees must sign the agency's "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The facility requires employees to sign the form annually; 8 out of 8 Human Resource files reviewed confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 Midway Rehabilitation Center (MRC) policy 115.117 and practice, requires a criminal background records check be completed before hiring any new employee. Background checks are completed by the Program Director via the Bureau of Prisons. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.217 (d) Midway Rehabilitation Center (MRC) practice, requires a criminal background records check be completed before enlisting the services of any

	<p>contractor or volunteer who may have contact with the residents. The review of 8 Human Resource files and interview with the Program Director confirmed this practice. The auditor reviewed two such form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.217 (e) Midway Rehabilitation Center (MRC) practice, requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years according to policy 115.117 page 2. This was confirmed by the PREA Coordinator. 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.</p> <p>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 8 Human Resource files revealed that all 8 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.</p> <p>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.</p> <p>115.217 (h) Midway Rehabilitation Center (MRC) policy 115.177 page 2 and practice, should require that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Coordinator advised (MRC) had not received such a request during this audit cycle. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the

audit. The following information outlines the key findings:

A. Interviews

1. PREA Coordinator
2. Program Director
3. Resident Interviews

B. Other

1. Auditor Observations on-site
2. Camera Placements

C. Documentation

1. Policy 115.218

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. This was confirmed by the Program Manager. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) Midway Rehabilitation Center (MRC) policy 115.118 page 2 requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. During this audit cycle the facility has not enhanced the video technology throughout the facility. All identified blind spots were addressed and staff as well as residents confirmed during interviews they felt safe in the facility. The agency has 59 cameras which record approximately 28 days. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Review of PREA Investigation Files (none)
2. Policy 115.221
3. Agreement with the Sexual Assault Center of East Tennessee
4. PREA Zero Tolerance Posters

B. Interviews

1. PREA Coordinator
 2. PREA Investigator
3. Targeted Residents

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. The facility did not have any PREA investigations in the past 12 months. This was confirmed by the Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.221 (d) The Midway Rehabilitation Center (MRC) utilizes the Sexual Assault

	<p>Center of East Tennessee to provide outside victim advocaciy services to the residents.</p> <p>115.221 (e) Midway Rehabilitation Center (MRC) entered into a Memorandum of Understanding with Sexual Assault Center of East Tennessee which agrees to provide outside victim advocacies services to the residents upon request. The facility also makes available a victim advocate, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. The PREA Investigator stated the facility has not received any PREA allegations in the past 12 months. Therefore, the facility does not demonstrated 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 criminal investigations. Midway Rehabilitation Center (MRC) works with the Knoxville Police Department for investigations. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Review of PREA Investigation Files (None) 2. Policy 115.222 3. Memorandum of Understanding with the Knoxville Police Department B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Investigative Staff

3. Random Residents

C. Other

1. Auditor Observations on-site
2. Review of the Agency's Website

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 PREA Coordinated stated there had not been any claim of sexual abuse or sexual harassment in the past 12 months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) All PREA allegations are investigated by a The Knoxville Police Department investigator for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Knoxville Police Department for criminal investigation and prosecution as warranted. This policy is posted on the agency's website. The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD's responsibilities under PREA Standards for investigating sexual assault in a confinement setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.222 (d) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). During this audit cycle there had been no PREA complaints reported at this facility. There is no state entity responsible for

	<p>conducting administrative or criminal investigations. This was confirmed by the PREA Coordinator. Therefore, this part of the standard is found to be applicable and compliant.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.231 2. Training Curriculum and Records B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff <p>115.231 (a) Midway Rehabilitation Center (MRC) policy 115.231 states the agency trains all their employees who have contact with residents on:</p> <ul style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

This was confirmed during training records review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

	<p>employee training records were checked; 12 out of 12 staff interviews confirmed compliance with this new training acknowledgment procedure. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.232 B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator <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 115.232, that all volunteers and contractors are escorted at all times. 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. This was confirmed by the PREA Coordinator, Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.233 2. PREA Intake Orientation Documents 3. PREA Information 4. PREA Video 5. Resident Badges B. Interviews <ul style="list-style-type: none"> 1. Intake Staff 2. Random Residents 3. Targeted Residents C. Other <ul style="list-style-type: none"> 1. Auditor Observations on-site 2. Review of PREA signage in the facility 3. Test of the Interpreter Service <p>115.233 (a) According to policy 115.233, during the intake process, residents receive information explaining Midway Rehabilitation Center (MRC) PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and harassment, and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents. 15 out of 15 targeted and random resident interviews confirmed this practice.</p>

Residents receive ID badge, issued during the intake process that provides them with the numbers to the 24/7 crisis hotline; MRC confidential reporting line, and the number to the Sexual Assault Center of East Tennessee. the auditor did:

- How the facility provides the necessary PREA information to all Residents
- Confirm who is responsible for conducting the intake process
- Confirm interpreter services, including location and how to access the service
- Reviewed the PREA education deployment methods for Residents with disabilities
- Held informal conversations with staff and Residents concerning the PREA education process

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

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

115.233 (c) Midway Rehabilitation Center (MRC) policy 115.233, outlines reasonable steps to ensure meaningful access to all aspects of the (MRC)'s efforts to prevent, detect, education, screening and respond to sexual abuse and sexual harassment to residents who are LEP and/or have disabilities. There were no LEP residents at Midway Rehabilitation Center (MRC) to interview at the time of the on-site visit. The facility has a full-time bi-lingual staff member. There were two residents with disabilities (1 Physical impairment and 1 with a cognitive impairment) at Midway Rehabilitation Center (MRC) to interview at the time of the onsite visit; both were well versed in the agency's zero tolerance, how to report incidents of sexual assault or sexual harassment, the victim advocacy services provided at the facility. The facility utilizes the Knoxville Center for the Deaf to communicate with deaf/hard of hearing residents. During a tour of the facility on the onsite visit, the auditor did see additional materials posted throughout the facilities. An interview with the PREA Coordinator revealed the necessary steps had taken place to ensure all residents with disabilities are properly screened and trained on the PREA standards. Therefore, the facility does demonstrate compliance with this part of the standard.

115.233 (d) There were documentation provided of resident's participation in PREA educational sessions as required by this part of the standard. Records check showed 8 out of 8 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

	<p>posters, pamphlets, and a resident handbook outlining zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. There were no LEP residents to interview at the time of the onsite visit. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Memorandum of Understanding with the Knoxville Police Department B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator <p>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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.234 (b) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD’s responsibilities under investigating sexual assaults in a confinement setting as set forth by the PREA standards. There has not been a PREA incident to investigate during this audit cycle. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

	<p>115.234 (c) The Knoxville Police Department completes all PREA investigations for the Midway Rehabilitation Center (MRC). The Midway Rehabilitation Center has a Memorandum of Understanding with the Knoxville Police Department; the MOU outlines KPD’s responsibilities under investigating sexual assaults in a confinement setting as set forth by the PREA standards. There has not been a PREA incident to investigate during this audit cycle. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.234 (d) There is no state entity or Department of Justice entity responsible for conducting criminal or administrative investigation of sexual assault or sexual harassment at the facility. This was confirmed by the PREA Coordinator. Therefore, this part of the standard is found to be non-compliance.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Memorandum of Understanding with the Sexual Assault Center of East Tennessee B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator <p>115.235 Midway Rehabilitation Center (MRC) Programs Director states the facility does not provide any type of on-site medical or mental health care. All such services are contracted out to a local hospital; residents are transported to an off-site facility operated by local hospital for medical and the Sexual Assault Center of East Tennessee. Emergency medical care is provided at Fort Sanders Regional Medical Hospital; the agency also has a contract with WellKey Walk-in Clinic. Due to this unique setup, Midway Rehabilitation Center (MRC) does not receive residents that have chronic care requirements for serious medical or mental health care needs. This was corroborated during an interview with the PREA Coordinator. Therefore, this standard was found to be in compliance to this facility during this audit cycle.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 412 1461 535">A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p data-bbox="280 636 572 669">A. Documentation</p> <ol data-bbox="280 714 927 960" style="list-style-type: none"> 1. Risk Assessments Tool 2. Policy 115.241 3. Sample of Resident Risk Assessments 4. Sample of Resident Risk Reassessments <p data-bbox="280 1072 501 1106">B. Interviews</p> <ol data-bbox="280 1151 632 1397" style="list-style-type: none"> 1. Screening Staff 2. Random Residents 3. Targeted Residents 4. PREA Coordinator <p data-bbox="280 1509 429 1543">C. Other</p> <ol data-bbox="280 1588 1461 1722" style="list-style-type: none"> 1. Review of how potential victims and potential predators are separated. 2. Review of how PREA Screening information is secured in Secure Software RMS electronic system. <p data-bbox="280 1834 1477 2036">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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.241 (b) Midway Rehabilitation Center (MRC) documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Review of resident records confirmed 8 out of 8 were found to be within compliance. 15 out of 165 resident (both targeted and random) interviews also confirmed compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

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

115.241 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Midway Rehabilitation Center (MRC), in assessing residents for risk of being sexually abusive. This was confirmed during file review and during an interview with the PREA Coordinator. 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. 8 out of 8 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

	<p>completed all reassessments. Interviews with the 15 residents and with the PREA Coordinator corroborated this practice. Therefore, the facility does demonstrated compliance with this part of the standard during this audit.</p> <p>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.</p> <p>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 document incident were a resident refused to answer the screening questions. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>115.241 (i) Midway Rehabilitation Center (MRC) implements appropriate controls on the dissemination of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents. Based on policy review, interview with the PREA Coordinator, and interviews with the 2 screening staff , all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Information is stored in the agency’s Secure Manage Software; which is protected with administrative privileges. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p>A. Documentation</p> <p>1. Policy 115.242</p>

B. Interviews

1. PREA Coordinator
2. Screening Staff
3. Targeted Residents

C. Other

1. Review the showering process for transgender residents

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. This was confirmed by the PREA Coordinator and Targeted Resident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) Midway Rehabilitation Center (MRC) makes individualized determinations about how to ensure the safety of each resident. If a resident is screened in such a manner, the resident would be housed in a separate location. There has been one such incident in the past 12 months according to the Program Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) Midway Rehabilitation Center (MRC) outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for male or female residents, and the process for making housing and programming assignments, on case by case basis as required by this standard. The facility has received one transgender resident during this audit cycle. The Midway Rehabilitation Center (MRC) has developed a "Transgender Housing Assessment Tool". The tool would be utilized for all transgender clients upon admission. The tool utilized information from key stakeholders within the agency, the Assistant Program Director, PREA Coordinator, and the Programs Director. As a group; a decision is reached concerning housing and program placement. At the time of the onsite visit, the Midway Rehabilitation Center (MRC) had one transgender resident; the resident stated they felt safe in the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) Midway Rehabilitation Center (MRC) requires that a transgender and intersex resident's own views regarding their own safety be given serious consideration. This process is not formally documented. The Midway Rehabilitation

	<p>Center (MRC) has developed a “Transgender Housing Assessment Tool”. The tool would be utilized for all transgender clients upon admission. The tool utilized information from key stakeholders within the agency, including Assistant Program Director, PREA Coordinator, and the Programs Director. As a group; a decision is reached concerning housing and program placement. At the time of the onsite visit, the Midway Rehabilitation Center (MRC) had one transgender resident; the resident stated they felt safe in the facility. 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) had one transgender resident; the resident stated they felt safe in the facility. 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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115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.251 2. Signage B. Interviews <ul style="list-style-type: none"> 1. Random Staff

2. Random Residents

3. PREA Coordinator

C. Other

1. Auditor Observations on-site (signage)

2. Tested Reporting Mechanisms

3. Review of the Resident Mail Process

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. 15 out of 15 residents reported and documentation confirmed they can report verbally, in writing, submitting a complaint online, calling the counselor or availability to call external hotline number provided and/or through report of a third party. Many residents have their own personal cellular telephone, that they can call 911 if needed. This was confirmed by resident interviews. The Midway Rehabilitation Center maintains a Memorandum of Understanding with the Sexual Assault Center of East Tennessee; who provides the external reporting hotline. All resident ID cards have reporting information on the back of their ID Card. This was confirmed during the tour.

During the onsite portion of the audit, the auditor did:

- Review how the facility provides the necessary PREA information to all Residents in the facility
- Confirm who is responsible for conducting the intake process
- Confirm interpreter services, including location and how to access the service
- Reviewed the PREA education deployment methods for Residents with disabilities
- Held informal conversations with staff and Residents concerning the PREA education process

There were no issues noted. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.251 (b) Midway Rehabilitation Center (MRC) provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of Midway Rehabilitation Center (MRC), and that is able to receive and

immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents can contact the Sexual Assault Center of East Tennessee. The Midway Rehabilitation Center maintains a Memorandum of Understanding with the Sexual Assault Center of East Tennessee; who provides the external reporting hotline. There have not been any reports of sexual harassment or sexual abuse during this audit cycle. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (c) Midway Rehabilitation Center (MRC) requires all staff to accept reports made verbally, in writing, anonymously and from third parties. 12 out of 12 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.

During the onsite portion of the audit, the auditor:

- Assessed the accessibility of writing instruments
- Reviewed how mail moves through the facility
- Accessed the security of written communications
- Held informal conversations with staff responsible for sending and receiving inmate mail
- Held informal conversations with staff concerning external reporting methods
- Accessed how reports can be anonymous
- Accessed inmate access to phones, kiosks, and tablets
- Tested both internal and external reporting procedures.

No significant issues were noted. Indigent Residents receive free paper, pencil, envelopes, and stamps. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.252 B. Interviews <ul style="list-style-type: none"> 1. Program Director 2. PREA Coordinator <p>115.252 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.</p>

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. PREA Policy 2. Resident PREA Information 3. Memorandum of Understanding with the Sexual Assault Center of East

Tennessee

B. Interviews

1. PREA Coordinator
2. Random Residents

C. Other

1. Auditor observation of signage throughout the facility
2. Testing of the phone number
3. Review the inmate mail process
4. Review of inmate access to writing materials

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

- Assessed the accessibility of writing instruments
- Reviewed how mail moves through the facility (including Indigent Residents)
- Accesses the security of written communications
- Held informal conversations with staff responsible for sending and receiving inmate mail
- Held informal conversations with staff concerning external reporting methods
- Accessed how reports can be anonymous
- Accessed inmate access to phones and tablets
- Tested both internal and external reporting procedures.

No significant issues were noted. The auditor did observe residents had adequate writing material. The auditor also observed the resident mail process. Therefore,

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

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

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

During the onsite portion of the audit, the auditor also:

- observed whether signage throughout the facility can be easily read/accessed by persons in the facility
- observed if the signage was clear and easy to understand
- observed if the signage was in multiple languages
- observed the text size, formatting, and physical placement of the signage
- observed if the signage was obscured or unreadable due to damage or graffiti
- observed whether the information on the signage was accurate and consistent throughout the facility
- held informal conversations with staff and Residents concerning the signage

There were no significant issues noted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) Midway Rehabilitation Center (MRC) is entering into a Memorandum of Understanding with Sexual Assault Center of East Tennessee. The two-page agreement entered between the two parties addresses the goals and implementation of the Prison Rape Elimination Act standards for Community Confinement facilities. This was corroborated during an interview with the PREA Coordinator. A representative of the Sexual Assault Center of East Tennessee answered and advised if the call was an actual report of sexual abuse; she would

	<p>contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Contact information including free confidential telephone number and address to the Knox County Sexual Assault Center is available in multiple locations in the building. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.254 B. Interviews <ul style="list-style-type: none"> 1. Random Staff 2. Random Residents 3. PREA Coordinator C. Other <ul style="list-style-type: none"> 1. Auditor Observations on-site (signage) 2. Review of the Agency’s Website (www.transitionsky.org) 3. Test Third Party Reporting Method <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 call the facility during regular</p>

	<p>business hours and speaking to a staff member. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Information is posted on the facility's website (www.midwayrehabcenter.com) . This was reiterated during an interview with the PREA Coordinator. There were no third-party reports of sexual abuse during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.261 B. Interviews <ul style="list-style-type: none"> 1. Random Staff 2. PREA Coordinator <p>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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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>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>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 PREA Coordinator, the 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>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 PREA Coordinator and random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.262 B. Interviews <ul style="list-style-type: none"> 1. Random Staff 2. PREA Coordinator <p>115.262 Midway Rehabilitation Center policy 115.262 and staff training requires all</p>

	<p>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. This was confirmed by the PREA Coordinator. All staff interviewed acknowledged this procedure; there have not been any incidents during this audit cycle that would have required such action. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. PREA Policy B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator <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 notifies the head of the facility or appropriate office where the alleged abuse occurred. The Program Director stated there have not been any such incidents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</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>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p>A. Documentation</p> <ol style="list-style-type: none"> 1. Policy 115.264 2. Investigation Files (None) 3. Review of First Responder Cards <p>B. Interviews</p> <ol style="list-style-type: none"> 1. Random Staff 2. PREA Coordinator <p>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 style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect the crime scene. (3) Request the victim not take any actions that could destroy evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). (4) Ensure the alleged abuser does not take any of the above actions that could

	<p>destroy physical evidence.</p> <p>(5) Immedicably notify the facility's leadership staff.</p> <p>Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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 random staff interviews with and training records of non-security staff. According to the PREA Coordinator there have been no reported PREA incidents during the past twelve months. The facility issues First Responder Cards to all employees. Therefore, the facility exceeds compliance with this part of the standard during this audit.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.265 B. Interviews <ul style="list-style-type: none"> 1. Potential First Responders 2. Random Staff 3. PREA Coordinator <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, medical and mental health practitioners, The Knoxville Police</p>

	<p>Department and facility leadership. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with SART members confirmed their knowledge of the response plan. The facility has designed a detailed flow chart indicates roles and responsibilities at each level of the incident. There is not been a reported PREA incident during the past twelve months. This was confirmed during an interview with the PREA Coordinator and random staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p>A. Interviews</p> <p>1. PREA Coordinator</p> <p>115.266 Midway Rehabilitation Center (MRC) does not participate in collective bargaining. 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>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p>A. Documentation</p> <p>1. Policy 115.267</p>

2. Retaliation Monitoring Documents

B. Interviews

1. Retaliation Monitors

2. PREA Coordinator

115.267 (a) Midway Rehabilitation Center (MRC) has a policy 115.267, to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and designates which staff members or departments are charged with monitoring retaliation. The facility has not had a PREA incident during this audit cycle; therefore, there has not been an incident requiring retaliation monitoring. This was confirmed during an interviews with the PREA Coordinator and Retaliation Monitors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) Midway Rehabilitation Center (MRC) employs multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The facility has not had a PREA incident during this audit cycle; therefore, there has not been an incident requiring retaliation monitoring. Retaliation monitoring would be documented on the "Retaliation" Form. This was confirmed during interviews with the PREA Coordinator and Retaliation Monitors. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

	<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 to protect that individual against retaliation. There had not been any PREA investigations during past twelve months; this was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.271 2. Investigation Files (None) 3. MOU with the Knoxville Police Department B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator 2. Administrative PREA Investigator <p>115.271 (a) Midway Rehabilitation Center (MRC) contacts the Knoxville Police Department who investigates immediately when notified of an allegation of sexual abuse and sexual harassment. There were no PREA investigative files during this audit cycle (there were three allegations that were deemed non-PREA). The agency has not received a PREA complaint during this audit cycle. Midway Rehabilitation Center maintains a Memorandum of Understanding with the Knoxville Police Department; KPD is required to follow the PREA standards as they pertain to the investigations of sexual assault in a confinement setting. This was confirmed by the PREA Coordinator and the Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p>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. This was confirmed by the PREA Coordinator and the Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of</p>

the standard during this audit.

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

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

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. PREA Policy 115.272 B. Interviews <ul style="list-style-type: none"> 1. Investigation Staff 2. PREA Coordinator <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 investigations during this audit cycle. This was confirmed by the PREA Coordinator and the Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.273 2. Notification Documentation

B. Interviews

1. Investigation Staff
2. PREA Coordinator

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 for documenting this notification.

However, there were no PREA incidents reported during this audit cycle so compliance was determined on policy and sample forms. The facility created a document that residents will be officially notified on the "Notification of Investigation Status" form. The residents will be required to sign the form documenting acknowledgement of this notification as required. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Knoxville Police Department in order to inform the resident as required by this standard. There are no investigation files during this audit cycle. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

within the Midway Rehabilitation Center (MRC); or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse

within the Midway Rehabilitation Center (MRC).

The Facility has a notification document that residents will be officially notified on the "Notification of Investigation Status" form. The residents will be required to sign the form documenting acknowledgement of this notification as required. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.273 (e) All such notifications or attempted notifications are documented, based on the "Notification of Alleged Abuse" form. There were no reported PREA incidents during this audit cycle; therefore, no documented resident notifications. This was confirmed by the PREA Coordinator. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Policy 115.276
2. PREA Investigation Files (None)

B. Interviews

1. PREA Coordinator
2. PREA Investigator

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. This was confirmed by the PREA Coordinator and the Administrative PREA Investigator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 412 1469 528">A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <p data-bbox="280 566 572 602">A. Documentation</p> <ol data-bbox="280 638 804 745" style="list-style-type: none"> 1. Policy 115.277 2. PREA Investigation Files (None) <p data-bbox="280 853 501 889">B. Interviews</p> <ol data-bbox="280 925 624 1032" style="list-style-type: none"> 1. Investigation Staff 2. PREA Coordinator <p data-bbox="280 1068 1465 1395">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 is 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. This was confirmed by the Investigative Staff and the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p> <p data-bbox="280 1431 1477 1803">115.277 (b) Midway Rehabilitation Center (MRC) takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. This was confirmed during an interview with the PREA Coordinator and review of policy 155.277. There were no reported PREA incidents during this audit cycle. The facility does not allow unescorted volunteers or contractors inside the building. This was confirmed by the Investigative Staff and the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Policy 115.278
2. PREA Investigation Files (None)

B. Interviews

1. Investigation Staff
2. PREA Coordinator

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. . This was confirmed by the Investigative Staff and the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.278 (d) There are no therapy, counseling, or other interventions offered to address and correct underlying reasons or motivations for the abuse offered at the facility. Residents are referred to in-house counselors, contracted community psychiatrist or the Sexual Assault Center of East Tennessee. Residents that have been referred stated to the auditor they appreciated the services that are provided to them; each resident has an assigned in-house counselor. This was confirmed by the Investigative Staff and the PREA Coordinator.

115.278 (e) Midway Rehabilitation Center (MRC) disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There have not been any such incidents during this audit cycle. This was confirmed by the Investigative Staff and the PREA Coordinator. 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. . This was confirmed by the Investigative Staff and the PREA Coordinator. 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.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A comprehensive systematic review of the evidence was conducted, encompassing

aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:

A. Documentation

1. Memorandum of Understanding with the Sexual Assault Center of East Tennessee

2. Policy 115.282

B. Interviews

1. Targeted Residents

2. PREA Coordinator

3. Victim Advocacy Representative

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

115.282 (b) Midway Rehabilitation Center (MRC) Programs Director outlines the procedures to be followed in the event of a sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services will be provided by the Sexual Assault Center of East Tennessee. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the hospital for treatment. The two-page agreement entered between the two parties addresses the goals and implementation of the Prison Rape Elimination Act standards for Community Confinement facilities. This was corroborated during an

interview with the PREA Coordinator. The Auditor contacted a representative of the Sexual Assault Center of East Tennessee and she advised if the call was an actual report of sexual abuse; she would contact the Programs Director at the Midway Rehabilitation Center (MRC). The representative advised they had not received an official complaint of sexual abuse from a resident of Midway Rehabilitation Center (MRC). The representative also stated they have access to interpreters if necessary. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.283

B. Interviews

1. Targeted Residents
2. PREA Coordinator

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

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

115.283 (c) Midway Rehabilitation Center (MRC) provides all victims with medical and mental health services at the Fort Sanders Regional Medical Center and the Sexual Assault Center of East Tennessee respectfully that is a community level of care facility. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) Midway Rehabilitation Center (MRC) ensures female victims of sexual abuse are given pregnancy test when vaginal penetration took place. If a pregnancy results from the sexual abuse, Midway Rehabilitation Center (MRC) ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy related services. Such services would be provided at the local hospital. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Policy 115.286 2. Incident Review Documentation B. Interviews <ul style="list-style-type: none"> 1. Incident Review Team Members

2. PREA Coordinator

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. This was confirmed by Incident Review Team Members. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) Midway Rehabilitation Center (MRC) will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the "PREA Sexual Abuse Incident Review" form. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. This was confirmed by Incident Review Team Members. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Annual Report 2. Policy 115.287 B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator <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. This was confirmed by the PREA Coordinator. 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. This was confirmed by the PREA Coordinator. 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. This was confirmed by the PREA Coordinator. 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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Annual Report <ul style="list-style-type: none"> 2. Policy 115.288 B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator C. Other <ul style="list-style-type: none"> 1. Review of the Agency’s Website <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. This was confirmed by the PREA Coordinator. 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</p>

	<p>corrective actions with those from prior years and provide an assessment of Midway Rehabilitation Center (MRC) progress in addressing sexual abuse. This was confirmed by the PREA Coordinator. 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, www.midwayrehab.org. 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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A comprehensive systematic review of the evidence was conducted, encompassing aggregations and analyses during the pre-site, on-site, and post-site phases of the audit. The following information outlines the key findings:</p> <ul style="list-style-type: none"> A. Documentation <ul style="list-style-type: none"> 1. Annual Report B. Interviews <ul style="list-style-type: none"> 1. PREA Coordinator C. Other <ul style="list-style-type: none"> 1. Auditor Observations on-site (Storage) 2. Review of the Agency's Website

	<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. This was confirmed by the auditor’s observation of the facility’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. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) and (b)The Midway Rehabilitation Center (MRC) did have a PREA audit in 2023. 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 location/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 in a private setting. 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>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

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

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

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

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

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

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

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

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

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

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by 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
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: 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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252	Exhaustion of administrative remedies	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	na

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
115.261 (b)	Staff and agency reporting duties	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	

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

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial 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
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

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

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