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

Interim **X** **Final**

Date of Report: June 23, 2021

Auditor Information

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Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	**City, State, Zip:** Knoxville, KY 37950
Telephone: 865-789-1037	**Date of Facility Visit:** June, 9-10, 2021

Agency Information

Name of Agency: Community Transitional Services		**Governing Authority or Parent Agency** *(If Applicable)*: Kentucky Department of Corrections	
		City, State, Zip:	
Mailing Address: 1407 West Jefferson		**City, State, Zip:** Louisville, KY 40203	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency Website with PREA Information:

Agency Chief Executive Officer

Name: Todd Clark	
Email: tmclark@clark-e.com	**Telephone:**

Agency-Wide PREA Coordinator

Name: Barbara Strahm	
Email: Bstrahm@c-t-susa.com	**Telephone:** 502-855-6508
PREA Coordinator Reports to: **Todd Clark – Agency Chief Executive Officer**	**Number of Compliance Coordinators who report to the PREA Coordinator:** 0

Facility Information

Name of Facility: Community Transitional Services			
Physical Address: 1407 West Jefferson		**City, State, Zip:** Louisville, KY 40203	
Mailing Address (if different from above): Same		**City, State, Zip:**	
The Facility Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: www.c-t-susa.com

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☒ N/A

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

Facility Director

Name: Barbara Strahm	
Email: bstrahm@c-t-susa.com	**Telephone:** 502-855-6508

Facility PREA Compliance Coordinator ☒ N/A

Name: Barbara Strahm	
bstrahm@c-t-susa.com	**Telephone:** 502-855-6508

Facility Health Service Administrator ☒ N/A

Name:	
Email:	**Telephone:**

Facility Characteristics	
Designated Facility Capacity:	328
Current Population of Facility:	188
Average daily population for the past 12 months:	147
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	22-62
Average length of stay or time under supervision	6 months
Facility security levels/Resident custody levels	Community

Number of residents admitted to facility during the past 12 months	518
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	479
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	346
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A

Number of staff currently employed by the facility who may have contact with residents:	23
Number of staff hired by the facility during the past 12 months who may have contact with residents:	15

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2
Physical Plant	
Number of buildings: **Auditor should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of Resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	0
Number of single Resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	16
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic University of Louisville Hospital ☐ Rape Crisis Center ☐ Other (please name or describe:)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-Resident or Resident-on-Resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☒ State police (MOU with Kentucky State Police) ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-Resident or Resident-on-Resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☒ State police (MOU with Kentucky State Police) ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Probation and Parole Office ☐ N/A

Audit Findings

Audit Narrative

The onsite PREA audit of the Community Transitional Services in Louisville, Kentucky was conducted June 9-10, 2021, by Department of Justice Certified PREA Auditor Brian D. Bivens. Louisville is located in Jefferson County and is named after Louisville, Kentucky; it is the 29th most populist city in the United States. It is named after King Louis XVI and was founded in 1778 by George Rogers Clark. It is the home of Muhammad Ali, Kentucky Derby, Kentucky Fried Chicken, the University of Louisville, and Louisville Slugger baseball bats.

Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditor and the facility's PREA Coordinator had ongoing communication for several months prior to the audit to prepare for the on-site visit.

The on-site audit began with an entrance meeting being conducted on Wednesday, June 9, 2021 at approximately 09:15 A.M. in the PREA Coordinator's Office. The following staff attended the entrance meeting:

Barbara Strahm, PREA Coordinator and Facility Director

Following the entrance meeting, the auditor conducted a comprehensive site review that began at approximately 1000 and continued throughout the onsite visit. During the site review the auditor reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditor observed the notices of this PREA audit on all floors of the building, as well as posters (Kentucky Department Of Corrections Zero Tolerance and No Means No) that called attention to the agency's Zero Tolerance Policy, Advocacy Services available, and how to report allegations of sexual abuse and sexual harassment. Information was in both English and Spanish. Random staff and Resident interviews were conducted in a private office provided.

The following staff accompanied the auditor on the site review:

Barbara Strahm, PREA Coordinator and Facility Director

All housing units, recreation yard, visitation area, weight room, group room, common areas, resident program areas, administrative area, laundry, dining area, and all other resident accessible areas were toured. While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their

responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

The facility supplied a list resident names sorted by housing units, and special designations, as well as a list of facility staff names to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. The sampling size for residents included at least three residents from each wing. This decision was made to ensure all residents throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

The auditor interviewed a total of ten random staff members and twelve specialized staff during the course of this audit. (See chart below for staff interviews.) All staff interviewed was well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures.

Type	Number	Comments
Agency Head, designee	1	
Program Director, designee	1	
SANE/SAFE Staff	0	University of Louisville Hospital
PREA Coordinator	1	Facility Director
Advocacy Services	1	Center for Women and Families
PREA Manager	0	N/A
Administrative Investigator	1	
Criminal Investigator	0	Kentucky State Police
Random Staff	10	
Medical Staff	0	N/A
Mental Health Staff	0	N/A
Screening Staff	1	
Volunteer	2	
Contract Employees	1	Trinity Food Service
Human Resources	1	
Retaliation Monitor	1	
Incident Review Team	1	
Agency Contract Admin.	0	N/A
Staff supervising Juveniles	0	N/A
First Responder	0	None in the past 12 months

There is no SAFE or SANE staff at the facility; they are made available at the University of Louisville Hospital.

There were twenty residents interviewed during the on-site visit. These residents consisted of: fourteen residents selected at random and 6 targeted residents. Targeted residents included; one hearing impaired, three with cognitive disabilities, and two with physical disabilities. (See Charge Below) All of the residents interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and Resident handbooks) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. 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. Twenty out of twenty residents stated they felt safe at the Community Transitional Services. Several residents described the facility utilizing the following terms:

"very safe place"

"this is a great program"

"staff are approachable"

"PREA is taken very serious here"

Resident/Resident Type	Number Interviewed
General Population	14
Reported Sexual Victimization	None housed during onsite visit
Self-Identified as LBGTI	None housed during onsite visit
Juvenile	N/A
Screened at Rick of Victimization	None housed during onsite visit
Screened at Risk of Abusiveness	None housed during onsite visit
Blind/Low Vision	None housed during onsite visit
Deaf or Hearing Impaired	1
Physical Disability	2
Cognitive Disability	3
Limited English Speaking	None Housed during onsite visit

The auditor selected and carefully examined eight human resource files, eight staff training files, and two volunteer files. The personnel and volunteer files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Local background checks are completed by the Community Transitional Services and the Kentucky Department of Corrections completes the NCIC verification. The Community Transitional Services also completed five-year background checks on each employee, volunteer and contractor. 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 Community Transitional Services utilizes a sixty-four slide lesson plan for PREA training to

staff and contract employees. The Community Transitional Services has an extensive PREA thirty-nine slide PowerPoint that is used for all volunteer trainings; which are conducted annually.

The auditor also reviewed eight 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. Rescreenings are completed by Case Mangers within the first 30 days of confinement.

In the 12 months preceding the audit, the Community Transitional Services, Louisville, KY has not received any PREA complaints regarding sexual harassment or sexual abuse. The facility has ninety-two cameras strategically placed throughout the facility; the facility maintains 3-4 week of video storage and has the ability to save video if needed. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Kentucky Department of Corrections (Probation and Parole) and Kentucky State Police would be responsible for investigating any potential criminal activity. The auditor did not receive any correspondence from residents, staff or members of the community. The auditor observed the "audit notices" posted in the housing units and multiple common areas during the tour.

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

Barbara Strahm, PREA Coordinator and Facility Director

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

Facility Characteristics

The Community Transitional Services is located at 1407 West Jefferson, Louisville, Kentucky. The facility houses all male Kentucky Department of Corrections residents and is three floors; the main floor is made up of administration, Intake and several common areas, the 2nd and 3rd floors are housing (see chart below). Each housing floor has their own laundry room. Each door has their own toilets, urinals and showers. Showers areas are offset and are equipped with full length shower curtains. Bunkbeds are standard throughout the facility. Each housing area is equipped with telephones and tablets. PREA reporting information is posted in each housing unit.

The Community Transitional Services facility opened in 2009 with a contract with the Kentucky Department of Corrections to house parolees and inmates. In August 2010, the Kentucky Department of Corrections added Substance Abuse Program as part of the contract with Community Transitional Service. Over the next few years, the Community Transitional Service transitioned to 100% SAP contracted beds. The facility is all male resident.

The Facility has ninety-two cameras; with 3-4 weeks of storage capability. The Community Transitional Service Staff completed local background checks on staff and the Kentucky Department of Corrections completes NCIC verification.

Shift Hours are 7 a.m. – 7 p.m. and 7 p.m. – 7 a.m. for monitors. Administrative and Program Staff hours vary from 6 a.m. -6 p.m. generally.

Name	Beds	Comments
202 A	16	2nd Floor
202 B	16	2nd Floor
203 A	16	2nd Floor
203 B	16	2nd Floor
204 A	16	2nd Floor
204B	16	2nd Floor
205 A	16	2nd Floor
205 B	16	2nd Floor
301	32	3rd Floor
302	16	3rd Floor
303A	20	3rd Floor
303B	20	3rd Floor
304A	24	3rd Floor
304B	24	3rd Floor
305A	20	3rd Floor
305B	20	3rd Floor

The CTS Mission: Successful Transition from Prison to Community

The purpose of CTS is to provide a seamless transition from prison to the community. A successful reentry process is accomplished by providing suitable housing and clothing, health services, assistance in obtaining employment, and appropriate counseling and other beneficial programs.

The CTS Philosophy: A Safe and Healthy Environment for a New Beginning

The responsibility of CTS is to assist the offender in successful reentry into the community. This is accomplished by providing a safe and healthy environment during the initial months after release so that the parolee is free to concentrate all his or her efforts on self-improvement and securing employment.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: **115.231, 115.251, and 115.241**

Standards Met

Number of Standards Met: 38
Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115,221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.242, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 155.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.211 (a): The agency's written policy and procedure (Chapter 10 – PREA Guidelines) page 3 mandates 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 Community Transitional Services PREA Guidelines policy Chapter 10 provided. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.211 (B): The agency employs an upper-level, facility PREA Coordinator, Barbara Strahm. Ms. Strahm is also the Site Director; which enables her to have significant input on all matters pertaining

to PREA. She is very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Strahm has the authority to develop, implement, and oversee PREA compliance. She is actively updating the facility as new FAQ's are published on the PREA Resource Center website. Ms. Strahm acknowledged during her interview she had enough time to perform his PREA duties. The facility only has one building and does not have a PREA Manager. Therefore, the facility meets compliance with this part of the standard during this audit.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The Community Transitional Services is a private provider and does not contract with other agencies for the confinement of its residents. This was confirmed by reviewing policy Chapter 10 PREA Guidelines, interview with the PREA Coordinator and auditor observation during the onsite portion of the audit. Therefore, this standard was found to be compliant during this audit cycle.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on staff interviews, review of documentation provided, and reviews of the Community Transitional Services PREA Guidelines policy Chapter 10; the following delineates the audit findings regarding this standard:

115.213 (a) The Community Transitional Services PREA Guidelines policy, Chapter 10, pages 16-18 outlines, that the facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.213 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of residents against sexual abuse. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed in July 2020. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Community Transitional Services has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff
2. Paid overtime for Staff

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

115.213 (c) The staffing plan is reviewed annually by the Faculty Director and Agency Chief Executive Officer and approved by the Kentucky Department of Corrections. The Facility Director approves any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed July 2020. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
  ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☐ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

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

- If a Resident's genital status is unknown, does the facility determine genital status during conversations with the Resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

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

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services policy Security and Control Chapter 9, pages 93-94, training curriculums, staff interviews, training file reviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.215 (a) The Community Transitional Services policy Security and Control Chapter 9, pages 93-94, prohibits all 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). The review of training curriculums and staff interviews revealed cross-gender strip searches are prohibited. There have been no documented cross-gender visual body cavity or strip searches reported in the past 12 months. In the event there is a suspicion of contraband or the need for a body search, Facility Director will be notified. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) The Community Transitional Services Security and Control Chapter 9, pages 93-94, prohibits all staff including male employees from frisk/pat searches of female residents without exception. This was confirmed during random staff interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) The Community Transitional Services Security and Control Chapter 9, pages 93-94, allows frisk/pat searches of the male residents by female staff. All staff are properly trained on cross-gender pat-downs, CTS utilized the Kentucky Department of Corrections lesson plan on cross-gender searches. Residents states they were typically searched by male staff most of the time. Mental detector wands are also used during pat-down searches. This was confirmed during random staff interviews. Twenty out of twenty residents stated pat-downs were conducted in a professional manner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) The Community Transitional Services policy, 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. Residents are not to change clothes in their dorm area as cameras are posted in each dorm. Female announcements are documented in the log book. There is no video surveillance in the bathroom areas. Twenty out of twenty residents confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. The Community Transitional Services policy also requires staff of the opposite gender to announce their presence prior to entering the housing units. Female staff utilizes an intercom system announcing their presents and document it on the log book. 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) The Community Transitional Services PREA policy, training curriculum (Kentucky Department of Corrections lesson plan) provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. There were no transgender or intersex residents housed at the Community Transitional Services at the time of the

onsite review. Staff training records were reviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on The Community Transitional Services Security and Control Chapter 9, page 94, training curriculum (Kentucky Department of Corrections lesson plan) provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. In the event there is a suspicion of contraband or the need for a body search, staff will contact the Facility Director for guidance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on Resident interpreters, Resident readers, or other types of Resident Facilities except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of first-response duties under §115.264, or the investigation of the Resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guidelines Policy Chapter 10, PREA Resource Center Video, review of the lesson plans, PREA handouts, training logs, as well as staff and resident interviews. The following delineates the audit findings regarding this standard:

115.216 (a) The Community Transitional Services PREA Guidelines policy, Chapter 10, page 4 ensures appropriate 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. PREA handouts, PREA posters, PREA education video, and the Resident Handbook are provided in both English and Spanish. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The agency utilizes trained staff or volunteer interpreters as a primary resource for communicating with residents with disabilities. There were six residents with disabilities (one hearing impaired, two with physical disabilities, and three with cognitive) housed during the time on the onsite review; all six residents were interviewed, and all six displayed a working knowledge of the agency's zero tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) The Community Transitional Services PREA Guidelines policy, Residents with disabilities and residents who are limited English proficient and staff takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency utilizes trained staff or volunteer interpreters as a primary resource for communicating with residents with disabilities. There were six residents with disabilities (one hearing impaired, two with physical disabilities, and three with cognitive) housed during the time on the onsite review; all six residents were interviewed, and all six displayed a working knowledge of the agency's zero tolerance policy on sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) The Community Transitional Services PREA Guidelines policy, Chapter 10, page 4 mandates that CTS does not rely on Resident interpreters, Resident readers, or other types of Resident Facility's except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety. The agency utilizes trained staff or volunteer interpreters as a primary resource for communicating with residents with disabilities. There were six residents with disabilities (one hearing impaired, two with physical disabilities, and three with cognitive) housed during the time on the onsite review; all six residents were interviewed, and all six displayed a working knowledge of the agency's zero tolerance policy on sexual abuse and sexual

harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: 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 ☐ No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services Personnel Policy, Chapter 3, Human Resource staff interviews, the Community Transitional Services Human Resource Manual and personnel file reviews; the following delineates the audit findings regarding this standard:

115.217 (a) The Community Transitional Service Personnel Policy Chapter 3 page 9, states does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. During the onsite visit background checks had been conducted by both the Community Transitional Services and the Kentucky Department of Corrections as required on all current staff. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (b) The Community Transitional Services 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 PREA Coordinator supplied the auditor with every "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. Each employee, volunteer and contractor signs the form annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 The Community Transitional Services Personnel policy, Chapter 3, page 9, requires a criminal background records check be completed before hiring any new employee. The Community Transitional Services requires checks of the following registries prior to employment for all staff; the national criminal background check. The Community Transitional Services completes background checks every five years employees, volunteers and contract employees. This was confirmed during file review and during an interview with the Facility Director. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (c)-2 The Community Transitional Services 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 The Community

Transitional Services' Human Resource File. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) The Community Transitional Services Personnel policy, Chapter 3, page 9, requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. The Community Transitional Services completes background checks every 5 years on all employees, volunteers and contract employees. The last 5-year background check was completed in 2018. This was confirmed during file review and during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) The Community Transitional Services Personnel policy, Chapter 3, page 9 requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years. The Community Transitional Services completes background checks every 5th year on all employees, volunteers and contract employees. The last 5-year background check was completed in 2018. This was confirmed during file review and during an interview with the Assistant Facility Director. The facility has met compliance with this part of the standard.

115.217 (f) The Community Transitional Services 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. The PREA Coordinator supplied the audit with every "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. Each employee, volunteer and contractor signs the form annually. This was confirmed during file review and during interviews with eight random staff and two interviews with volunteers and contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) The Community Transitional Services Personnel policy mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. According to the Facility Director, there has not been such an occurrence in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) The Community Transitional Services Personnel policy, Chapter 3 page 9, requires 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. During an interview with the PREA Coordinator, it was notated that there had been one such an occurrence in the past twelve months; the Facility Director provided the information to the requesting agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services policy, interview with the Facility Director, staff interviews, review of camera placement, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.218 (a) The Community Transitional Services policy, 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. According to the Facility Director, there have not been any significant upgrades to the camera system since the last PREA audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) The Community Transitional Services policy, 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. According to the Facility Director, there have not been any significant upgrades to the camera system since the last PREA audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guidelines policy, Chapter 10 page 8, investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.221 (a) and (b) The Community Transitional Services 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 Kentucky State Policy investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the Jefferson County District Attorney's Office and Facility Director on each case. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) The Community Transitional Services offers all victims of sexual abuse access to forensic medical examinations at the University of Louisville Hospital without financial cost, where evidentiary or medically appropriate. Community Transitional Services PREA Guidelines policy, Chapter 10 page 8 states that examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The agency has an MOU with the Center for Women and Families; who provides emotional support. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Community Transitional Services has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide outside victim advocacies services to the residents. The services of these victim advocates has not been requested or used by the residents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e) The Community Transitional Services has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide outside victim advocacies services to the residents upon request. According to the Community Transitional Services PREA Guidelines policy, Chapter 10, page 8, 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 Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (f) The Kentucky Department of Corrections is responsible for administrative investigations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

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

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Community Transitional Services PREA Guidelines policy, Chapter 10, Memorandum of Understanding with the Kentucky State Police, staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.222 (a) The Community Transitional Services policy, requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The Community Transitional Services PREA Guidelines policy, Chapter 10, requires that all potential criminal activity is referred to the Kentucky State Police for criminal investigation. The Community Transitional Services employees do not investigate such allegations. During this audit cycle there had been no PREA complaints reported at this facility. The Community Transitional Services maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) The Community Transitional Services PREA Guidelines policy, Chapter 10, requires that all PREA allegations are investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Kentucky State Police for criminal investigation and prosecution as warranted. This policy is available on the agency's website. The Facility Director that there have not been any investigations in the past twelve months. The Community Transitional Services maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The Community Transitional Services PREA Guidelines policy, Chapter 10 and Memorandum of Understanding outlines the responsibilities of Kentucky State Police. The Community Transitional Services maintains a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. The Facility Director stated that there have not been any investigations in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (d) The Community Transitional Services and the Kentucky State Police have a Memorandum of Understanding in place to investigate all sexual abuse allegations for the facility. Therefore, this part of the standard is not applicable.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guidelines policy, the Kentucky Department of Corrections PREA Lesson Plan, staff interviews, random staff training file review, and review of documentation provided (lesson plans, certificates, sign-in sheets, signed acknowledgement forms, training curriculums, and employee handouts). The following delineates the audit findings regarding this standard:

115.231 (a) The Community Transitional Services utilizes a sixty-four page PREA lesson plan provide by the Kentucky Department of Corrections to train all their employees who have contact with residents on:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' right to be free from sexual abuse and sexual harassment;

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

Ten out of ten staff were well-versed in the facility's policy and procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (b) The training is tailored male residents at the Community Transitional Services. Cross-gender searches are a part of the training curriculum. 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. The PREA Coordinator supplied the auditor with a complete list; that showed all employees have been trained on the facility policy and procedure as it pertains to PREA. All staff received PREA training during in-service each year which exceeds the requirements of this standard. Ten out of ten staff were well-versed in the facility's policy and procedure. The Community Transitional Services utilizes a sixty-four page PREA lesson plan provide by the Kentucky Department of Corrections. Therefore, the facility exceeded this part of the standard during this audit.

115.231 (d) The Community Transitional Services documents, through employee signature on an acknowledgement form, that all employees understand the training they have received. File review confirmed six out of six files included the acknowledgment documentation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guidelines policy, Chapter 10, 39-page Kentucky Department of Corrections Lesson Plan, volunteer interview, random training file review, and review of documentation provided (lesson plan, certificates, sign-in sheets, signed acknowledgement forms, and handouts). The following delineates the audit findings regarding this standard:

115.232 (a) The Community Transitional Services ensures all volunteers and contractors who have contact with residents have been trained on their responsibilities under the Community Transitional Services sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Review of 2 volunteer and contractor training files showed compliance. Interviews with 2 volunteers and a contract employee revealed they were well-versed in the facility's policy and procedure, including the agency's zero tolerance for sexual abuse and how to report all allegations of sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the Community Transitional Services PREA Guidelines policy, Chapter 10, regarding sexual abuse and sexual harassment and their requirements to report such incidents. Review of 2 volunteer and 1 contractor training files showed compliance. Interviews with 2 volunteers and a contract employee revealed they were well-versed in the facility's policy and procedure, including the agency's zero tolerance for sexual abuse and how to report all allegations of sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) The Community Transitional Services documents through volunteer and/or contractor signature on an acknowledgement form that volunteers and contractors understand the training they have received. Records review of 3 files, confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

- Does the agency provide Resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide Resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide Resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide Resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide Resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of Resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of the Community Transitional Services PREA Guideline policy, Chapter 10, page 4, the Resident Handbook, PREA Pamphlets, Facility Orientation, PREA Posters, and the 30-day training video; as well as interviews with random residents and staff; the following delineates the audit findings regarding this standard:

115.233 (a) According to CTS, PREA Guideline Policy, Chapter 10, page 4, during the orientation process, residents receive information explaining the Community Transitional Services 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. Residents sign for the Resident Handbook during orientation; page 4 outlines the agencies PREA policy. Therefore, the facility demonstrated compliance with this part of the standard during this audit. PREA Guideline Policy, Chapter 10 states upon intake, all residents will receive orientation/training on the facility's PREA policies. The resident handbook and orientation video describe violations that would fall under PREA. All residents receive a copy of the handbook and are required to view the orientation video. In addition, all residents are required to view "PREA: What You Need to Know" video. This video was obtained from the PREA Resource Center and gives a brief; but detailed description of what the PREA Act covers and what a

resident's rights and protections are under the law. The video and handbook cover presentation of sexual abuse: self-protection from being abused; methods of reporting abuse; and receiving treatment and education. Eighteen out of twenty residents stated they had watched the video; records review revealed the other two residents did sign signifying they had watched the video. 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) The Community Transitional Services provides Resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. There were no LEP residents housed at the Community Transitional Services during the onsite review. The facility utilized the "PREA – What You Need to Know" video (both in English and Spanish). The Facility has several volunteers that are bi-lingual that help with PREA orientation with the limited English proficient residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) There was documentation provided of Resident's participation in PREA educational sessions as required by this part of the standard. PREA information can be found on pages 32-33 in the Resident Handbook. Review of Resident training files indicated that eight out of eight residents received PREA education. Each resident reviews orientation during intake within hours of admittance. PREA Guideline Policy, Chapter 10 states upon intake, all residents will receive orientation/training on the facility's PREA policies. The resident handbook and orientation video describe violations that would fall under PREA. All residents receive a copy of the handbook and are required to view the orientation video. Case Managers review the Community Transitional Services' PREA policy in detail; to include physically showing each new resident how to use the PREA phone located in the common area. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) The Community Transitional Services does provide the residents with posters, pamphlets, and a Resident Handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. PREA information can be found on pages 32-33 in the Resident Handbook. PREA Guideline Policy, Chapter 10 states upon intake, all residents will receive orientation/training on the facility's PREA policies. The resident handbook and orientation video describe violations that would fall under PREA. All residents receive a copy of the handbook and are required to view the orientation video. There were seven residents with some form of a disability housed at the Community Transitional Services during the onsite review; all seven were interviewed and all demonstrated knowledge of PREA, the agency's zero tolerance and how to report acts of sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on review of the Community Transitional Services PREA Guidelines policy, as well as the KDOC Specialized Investigator Training curriculums provided, Memorandum of Understanding with the Kentucky State Police, investigators training file review and investigative staff interview; the following delineates the audit findings regarding this standard:

115.234 (a) In addition to the general training provided to all employees the Community Transitional Services Kentucky Department of Corrections ensures that their investigator receives training in conducting investigations in confinement settings. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA Coordinator. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) The specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training is a two-day course, typically taught by the Kentucky Department of Corrections Agency-wide PREA Coordinator. This was confirmed during an interview with the facility's PREA Coordinator. There were no investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Kentucky Department of Corrections maintains a Memorandum of Understanding with the Kentucky State Police. The MOU outlines the Kentucky Department of Corrections expectation that all Kentucky State Police investigators investigating PREA allegations in the Community Transitional Service facility have specialized sexual abuse training for a confinement setting. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020 which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria an devidence required to substantiate a case for prosecution referral. There have not been an PREA investigations completed in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) The Kentucky Department of Corrections maintains a Memorandum of Understanding with the Kentucky State Police. The MOU outlines the Kentucky Department of Corrections

expectation that all Kentucky State Police investigators investigating PREA allegations in the Community Transitional Service facility have specialized sexual abuse training for a confinement setting. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020 which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria an evidence required to substantiate a case for prosecution referral. There have not been an PREA investigations completed in the past twelve months. Therefore, this part of the standard is not applicable.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☐ Yes ☐ No ☒ 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.) ☐Yes ☐ No ☒ 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.) ☐Yes ☐ No ☒ 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.)
  ☐ Yes ☐ No ☒ NA

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☒ 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.235 (a) The Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (b) The Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (c) The Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (d) The Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the Resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the Resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the Resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the Resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the Resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The Resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

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

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

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a Resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a Resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a Resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess a Resident's risk level when warranted due to a: Receipt of additional information that bears on the Resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guideline policy, Chapter 10, page 5, review of the Kentucky Offender Management System (KOMS), the Kentucky Department of Corrections Screening for Risk of Victimization and Abusiveness tool, Resident and staff interviews, Resident file reviews; the following delineates the audit findings regarding this standard:

115.241 (a) The Community Transitional Services PREA Guideline policy Chapter 10, page 5, 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 during interviews with both screening staff/case Coordinators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) The Community Transitional Services documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. PREA Risk Assessments are completed in private by a trained CTS staff member. Screenings are forwarded their KOMS to the appropriate Case Manager then to the Facility Management Staff for final review. Review of eight records

confirmed 100% compliance. Twenty out of twenty residents stated they received orientation immediately upon intake at the facility. Screening staff have access in KOMS (Kentucky Offender Management System) to review the last PREA screening at the prison where the resident was transferred. 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 (the Kentucky Department of Corrections Screening for Risk of Victimization and Abusiveness) 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 the Community Transitional Services, in assessing residents for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) Within 30 days from the resident's arrival, the Community Transitional Services reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the Community Transitional Services since the intake screening. Case Manager will complete a one-on-one interview with each resident and discuss if there has been any changed to the original PREA Risk Screening that was completed upon Intake. This conversation is document in the comment section in KOMS (Kentucky Offender Management System). Screenings are forwarded their KOMS to the appropriate Case Manager. Residents that screen as a possible victim will have a "1" assigned to them in KOMS; those that screen as a risk of abusiveness will have a "2" assigned to them in KOMS. Thirteen out of twenty residents stated they received reassessment within the first 30 days in the facility. Records review revealed that all twenty residents were reassessed within 30

days of intake, and the review was documented in KOMS. Therefore, the facility meets compliance with this part of the standard during this audit.

115.241 (g) The Community Transitional Services will reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Screening staff stated they had not received any additional information that would warrant a reassessment. The PREA Coordinator stated the facility has not received any additional information on a resident within the past twelve months that would warrant a reassessment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) The Community Transitional Services does not discipline residents for refusing to answer screening questions or not disclosing complete information. This is mandated by CTS PREA Guidelines Policy, Chapter 10, page 5. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The Community Transitional Services 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. Information is stored in KOMS (Kentucky Offender Management System) and is password protected. Only the Case Mangers/Counselors, PREA Coordinator, PREA Coordinator have access to screening information; these are also the only staff members able to complete housing assignments. Based on policy review, interview with the Faculty Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Screenings are kept in KOMS. Information regarding the results of the assessment will be controlled and limited to staff necessary to formulate treatment plans, and make security and management decisions regarding housing, beds, work, education, and program assignments. Residents that screen as a possible victim will have a "1" assigned to them in KOMS; those that screen as a risk of abusiveness will have a "2" assigned to them in KOMS. If a resident is deemed to be at high risk for abusing, he will be housed on the second floor. If a resident is deemed to be at high risk for victimization, he will be housed on the 3rd floor. Notations will be made in the facility's software, Jail Tracker. Therefore, the facility exceeds compliance with this part of the standard during this audit.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex Resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the Resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

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

115.242 (d)

- Are each transgender or intersex Resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgment.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services PREA Guideline policy, Chapter 10, page 6, Kentucky Department of Corrections Objective Screening Tool, resident and staff interviews, and file review; the following delineates the audit findings regarding this standard:

115.242 (a) The Community Transitional Services PREA Guideline Policy, Chapter 10, states that CTS 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. The PREA Coordinator stated those that screen as potential victims are never housed in the same room as those who screen as potential predators. Residents that screen as a possible victim will have a "1" assigned to them in KOMS; those that screen as a risk of abusiveness will have a "2" assigned to them in KOMS. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The Community Transitional Services makes individualized determinations about how to ensure the safety of each Resident. Residents that screen as a possible victim will have a "1" assigned to them in KOMS; those that screen as a risk of abusiveness will have a "2" assigned to them in KOMS. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) The Community Transitional Services outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for female residents, and the process for making housing and programming assignments, on case by case basis as required by this standard. The Community Transitional Services facility has not housed a transgender or intersex resident in the past 12 months according to the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) The Community Transitional Services requires that a transgender and intersex Resident's own views regarding their own safety be given serious consideration. The Community Transitional Services facility has not housed a transgender or intersex resident in the past 12 months according to the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) The Community Transitional Services requires that transgender and intersex residents be given the opportunity to shower separately from other residents. The Community Transitional Services facility has not housed a transgender or intersex resident in the past 12 months. Showers are separated in each housing unit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) The Community Transitional Services 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 by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

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

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward Resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the Resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

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

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA policy, the Resident Handbook, PREA pamphlets, and posters provided to residents were utilized to verify compliance with this standard. Staff and Resident interviews verified the residents have multiple internal ways to report incidents of abuse or harassment.

115.251 (a) The Community Transitional Services PREA Guideline policy, Chapter 10, page 6, 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. Residents can report by:

Inform a Staff Member verbally, in writing or anonymously

Tell a Family Member or Friend (Third Party)

File a Grievance

Call the Center for Women and Families hotline at 1-844-237-2331

Write the Center for Women and Families – P.O. Box 2048, Louisville, Kentucky 40201

Notify the Probation and Parole Office

Notify the Kentucky Department of Corrections by letter or phone

Therefore, the facility exceeds compliance with this part of the standard during this audit due to the many ways residents can report PREA allegations.

115.251 (b) The Community Transitional Services provides at least four ways for residents to report abuse or harassment to a public or private entity or office that is not part of the Community Transitional Services, 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. The Community Transitional Services has by Memorandum of Understanding provided the address and phone number for the Center for Women and Families to the residents satisfying the requirements of this standard.

Each number is located in all housing units and in common areas, assessable by all residents. The auditor successfully tested each external pre-programmed reporting number.

Inform a Staff Member verbally, in writing or anonymously

Tell a Family Member or Friend (Third Party)

File a Grievance

Call the Center for Women and Families hotline at 1-844-237-2331

Write the Center for Women and Families – P.O. Box 2048, Louisville, Kentucky 40201

Notify the Probation and Parole Office

Notify the Kentucky Department of Corrections by letter or phone

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

115.251 (c) The Community Transitional Services PREA Guidelines policy Chapter 10, page 6, requires all staff to accept reports made verbally, in writing, anonymously and from third parties. All allegations shall be promptly documented in an incident report and reported to the Facility Director. Ten out of ten random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) The Community Transitional Services staff may privately report sexual abuse and sexual harassment to the PREA Hotline, the Facility Director, or the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address Resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a Resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a Resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the Resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the Resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a Resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party 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.)
  ☒ Yes ☐ No ☐ NA

- If the Resident declines to have the request processed on his or her behalf, does the agency document the Resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a Resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging a Resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the Resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a Resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the Resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services PREA Guideline policy, Chapter 10, page 9, staff interviews, PREA Coordinator interview, and documentation review; the following delineates the audit findings regarding this standard:

115.252 (a) According to CTS PREA Guideline policy, Chapter 10, page 9, the agency investigates any report of sexual abuse and takes appropriate actions whether or not such information is received in the form of a grievance. During this audit cycle, Community Transitional Service has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this process. The agency is in compliance with this section of the standard.

115.252 (b) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. During this audit cycle, Community Transitional Service has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this practice. Therefore, the agency complies with this section of the standard.

115.252 (c) According to CTS PREA Guideline policy, Chapter 10, page 9, the agency will ensure that an inmate alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. During this audit cycle, the Community Transitional Service has not received a grievance concerning sexual abuse. Additionally, such grievances will not be referred to the staff member who is the subject of the complaint; this was confirmed during an interview with the PREA Coordinator. Therefore, the agency is in compliance.

115.252 (d) According to CTS PREA Guideline policy, Chapter 10, page 9, the agency will investigate the matter and render a determination within 90 days. An extension of up to 70 days to issue a determination may be taken if the facts and circumstances require, and the complainant is notified in writing of the extension and the date that a determination will be made. At any level of the administrative process, including the final level, if the complainant does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate complainant may consider the absence of a response to be a denial at this level. During this audit cycle, the Community Transitional Service has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator reiterates this process; therefore the agency is found to be in compliance with section of the standard.

115.252 (e) The Community Transitional Service PREA Guideline policy, Chapter 10, page 9, states third parties including fellow residents, staff members, family members, attorneys and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies related to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. During this audit cycle, the Community Transitional Service has not received a grievance concerning sexual abuse. The PREA Coordinator confirmed this process. Therefore, the agency compiles with this section of the standard.

115.252 (f) The Community Transitional Service PREA Guideline policy, Chapter 10, page 9, states when an inmate is subject to a substantial risk of imminent threat of sexual abuse, the inmate may file a grievance through the grievance process on the kiosk system and the grievance will be considered an emergency grievance. The initial response to the grievance must be made within 48 hours and the final determination must be made within 5 calendar days, except in circumstances of county holidays and significant events. The agency's immediate focus must be to take action to prevent the potential sexual abuse. Corrective and protective action must be pursued promptly. Policy 115.252 mandates that staff must treat the information as confidential, only to be revealed to their supervisors in the chain-of-command to ensure prompt action is taken. During this audit cycle, the Community Transitional Service has not received a grievance concerning sexual abuse. Interview with the PREA Coordinator confirms this practice; therefore the agency complies with this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services PREA Guideline policy, Chapter 10, page 8, staff interviews, Resident interviews and documentation review; the following delineates the audit findings regarding this standard:

115.253 (a) The agency has entered into a Memorandum of Understanding with Center for Women and Families which agrees to provide confidential outside victim advocacies services to the residents at The Community Transitional Services The mailing address and telephone number for this agency are made available to all residents at the facility. The Community Transitional Services 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. PREA Posters throughout the facility provide residents with contact information for the Center for Women and Families. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Call the Center for Women and Families hotline at 1-844-237-2331

Write the Center for Women and Families – P.O. Box 2048, Louisville, Kentucky 40201

115.253 (b) The Community Transitional Services 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 located throughout the facility, inform the residents that communications with Center for Women and Families is free and confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) The Community Transitional Services maintains a Memorandum of Understanding with Center for Women and Families. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a Resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the review of the Community Transitional Services PREA Guideline policy; as well as a review of the website outlining third party reporting, the following delineates the audit findings regarding this standard:

115.54 The Community Transitional Services provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website (www.c-t-susa.com) explains how to report sexual abuse and sexual harassment on behalf of a resident. The facility takes all reports seriously no matter how they are received and investigates each reported incident. According to the PREA Coordinator, there have not been any third party PREA reports made in the last twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise 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 ☐ No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guidelines policy, Chapter 10, page 7, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.261 (a) The Community Transitional Services PREA Guidelines policy Chapter 10, page 7, 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 The Community Transitional Services; 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. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) Other than reporting to immediate supervisors and the Kentucky State Police, the Community Transitional Services staff, volunteers and contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy, to make treatment, investigations, and other security and management decisions. Staff submit a "Community Confinement Sexual Offense Allegation Report" and "First Responder Checklist Form". The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, this part of the standard is not applicable during this audit.

115.261 (c) The Community Transitional Service facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Kentucky is a mandatory reporting state. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, this part of the standard is not applicable during this audit.

115.261 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Community Transitional Services reports the allegation to the designated state or local services agency. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) The Community Transitional Services reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. Staff submit a "Community Confinement Sexual Offense Allegation Report" and "First Responder Checklist Form". The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guidelines policy, Chapter 10, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.262 Policy and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a resident at the Community Transitional Services is subject to a substantial risk of imminent sexual abuse. The Facility Director stated there has not been a report of sexual harassment or sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a Resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guideline policy, Chapter 10, page 8, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.263 (a) According to CTS PREA Guidelines policy, Chapter 10, page 8, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of the Community Transitional Services that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) According to CTS PREA Guidelines policy, Chapter 10, page 8, 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. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Community Transitional Services The allegation is referred immediately to the PREA investigator to be investigated. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a Resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  ☒ Yes ☐ No

- Upon learning of an allegation that a Resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a Resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a Resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services PREA Guideline policy, Chapter 10, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.264 (a) The Community Transitional Services PREA Guideline policy, outlines the responsibilities of all security staff members upon learning of an allegation that a resident was sexually abused, the first responding security staff member shall follow these guidelines:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. The Facility Program Director stated they had not received such an allegation during the past twelve months. Ten out of ten random staff interviewed clearly shown that CTS Staff are well trained on First Responder Duties. Therefore, the facility meets compliance with this part of the standard during this audit.

115.264 (b) The Community Transitional Services PREA policy 115.264 mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. Ten out of ten random staff interviewed clearly shown that CTS Staff are well trained on First Responder Duties. The Facility Director stated they had not received such an allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guideline policy, Chapter 10, page 12, CPP 14.7, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.265 The Community Transitional Services PREA Guideline policy, Chapter 10, page 12, outlines a written plan (Sexual Abuse Incident Checklist) to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators 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. Per CPP 14.7, the only personnel to enter a secure crime scene are the Kentucky State Police and Medical Staff if needed. The Community Transitional Services has not received a PREA allegation in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with The Community Transitional Services Facility Program Director; the following delineates the audit findings regarding this standard:

The Community Transitional Services does not participate in collective bargaining. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any Resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on The Community Transitional Services PREA Guideline policy, Chapter 10, page 11, staff interviews, Resident interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.267 (a) The Community Transitional Services has a policy outlines the protective measures for 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 Director is the facility's Retaliation Monitor. Monitoring is documented on a specific "Retaliation Monitoring Form". The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) The Community Transitional Services 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 Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. 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, the Community Transitional Services 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. The Community Transitional Services 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. A Case Coordinator is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation The Community Transitional Services takes appropriate measures to protect that individual against retaliation. This was confirmed during an interview with the Retaliation Monitor. The Facility Director is the facility's Retaliation Monitor. The facility has not received any allegation of sexual abuse during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and wiKYesses?
  ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

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

115.271 (e)

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

- Does the agency investigate allegations of sexual abuse without requiring a Resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guideline policy, Chapter 10, page 10, investigative staff interviews, training certificates, Memorandum of Understanding with the Kentucky Department of Corrections, investigative reports, as well as interviews with the PREA Coordinator, and the Program Director; the following delineates the audit findings regarding this standard:

115.271 (a) Kentucky State Patrol investigators conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The Community Transitional Service facility has a Memorandum of Understanding in place with the Kentucky State Police to investigation all sexual abuse allegations. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training curriculums provided, Kentucky State Police Investigators training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) Kentucky State Police 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. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020 which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria an evidence required to substantiate a case for prosecution referral. There were no investigation files for the past twelve months. 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 Kentucky State Police refers the case to the Kentucky State Police for the criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) 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 were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) CTS 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. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Kentucky State Police criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020 which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria an evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) The Kentucky State Police refers all sexual abuse investigations to the Jefferson County District Attorney's Office and prosecution when warranted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) KDOC retains all written reports for as long as the alleged abuser is incarcerated or employed by the Community Transitional Services plus five years. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) The departure of the alleged abuser or victim from employment or control of the Community Transitional Services or agency does not provide a basis for terminating an investigation. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Kentucky State Police conducts criminal sexual abuse investigations pursuant to the requirements of this standard. The Community Transitional Services PREA Guideline policy, Chapter 10, page 10, outlines the requirements of the criminal investigation and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) CTS refers all criminal cases to the Kentucky State Police and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Kentucky State Police agent handling the case. There were no investigation files for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guideline policy, Chapter 10, and investigative staff interviews; the following delineates the audit findings regarding this standard:

The Community Transitional Service PREA Guideline policy, Chapter 10, page 6, outlines that the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with the Kentucky State Police and the Agency PREA Coordinator. The Captain of the Kentucky State Police Academy Branch provided a memorandum dated January 21, 2020 which stated: All KSP troopers receive training in sexual abuse investigations during basic training at the State Police Academy including techniques for interviewing sexual abuse victims, proper use of Miranda warnings, sexual abuse evidence collection at crime scenes including in confined settings, and the criteria an evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a Resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the Resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a Resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the Resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, unless the agency has determined that the allegation is unfounded, or unless the Resident has been released from custody, does the agency subsequently inform the Resident whenever: The staff member is no longer posted within the Resident's unit? ☒ Yes ☐ No

- Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, unless the agency has determined that the allegation is unfounded, or unless the Resident has been released from custody, does the agency subsequently inform the Resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, unless the agency has determined that the allegation is unfounded, or unless the Resident has been released from custody, does the agency subsequently inform the Resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a Resident's allegation that a staff member has committed sexual abuse against the Resident, unless the agency has determined that the allegation is unfounded, or unless the Resident has been released from custody, does the agency subsequently inform the Resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a Resident's allegation that he or she has been sexually abused by another Resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a Resident's allegation that he or she has been sexually abused by another Resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA Guidelines policy, Chapter 10, page 11, and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on the Community Transitional Services PREA policy it was confirmed that following an investigation into a resident's allegation he 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 documentation provided confirmed that residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The residents will be required to sign the form documenting acknowledgement of this notification as required. However, there were no PREA incidents reported during this audit cycle so compliance was determined on policy and sample forms. 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 Kentucky State Police in order to inform the resident as required by this standard. The PREA Coordinator revealed there were no PREA investigation for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on the Community Transitional Services PREA policy 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 Community Transitional Services, Inc.; or
(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Community Transitional Services

The documentation provided confirmed the residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The residents are required to sign the form documenting acknowledgement of this notification as required. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following a resident's allegation they had been sexually abused by another resident, the Community Transitional Services 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 the Community Transitional Services learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that residents will be provided this notification on the State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The residents are required to sign the form documenting acknowledgement of this notification as required. The PREA Coordinator stated there were no PREA investigations during the past twelve months. 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 State of Kentucky Department of Corrections -Offender Notification - PREA Alleged Sexual Abuse form. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the resident is released from the Community Transitional Services custody. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of the Community Transitional Services PREA policy, documentation provided, Executive Officer, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.276 (a) and (b) 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. The PREA Coordinator stated there were no PREA investigations during the past twelve months. 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. The PREA Coordinator stated there were no PREA investigations during the past twelve months. 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. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Community Transitional Services PREA Guideline policy, Chapter 10, page 4, documentation provided, Executive Officer, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. During an interview with the PREA Coordinator, it was determined the Community Transitional Services has not had a volunteer or contract by accused of any form of sexual misconduct. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) The Community Transitional Services 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. During an interview with the PREA Coordinator, it was determined the Community Transitional Services has not had a volunteer or contract by accused of any form of sexual misconduct. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a Resident engaged in Resident-on-Resident sexual abuse, or following a criminal finding of guilt for Resident-on-Resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of The Community Transitional Services PREA Guideline policy, Chapter 10, documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.278 (a) 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. During an interview with the PREA Coordinator, it was determined The Community Transitional Services has not had a resident by accused of any form of sexual misconduct. 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. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (c) 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. The PREA Coordinator stated there were no PREA investigations during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (d) There is no therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility. During an interview with the PREA Coordinator, it was determined the Community Transitional Services has not had a resident by accused of any form of sexual misconduct. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) The Community Transitional Services disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During an interview with the PREA Coordinator, it was determined the Community Transitional Services has not had a resident by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Facility Director 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. During an interview with the PREA Coordinator, it was determined the Community Transitional Services has not had a resident by accused of any form of sexual misconduct. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Community Transitional Services prohibits all sexual activity between residents and may discipline residents for any such activity. This was confirmed during an interview with the PREA

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

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Community Transitional Services PREA Guideline policy, Chapter 10, page 8, Facility Director interview, and the PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.282 (a) The Community Transitional Services has an agreement with the Center for Women and Families 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 Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) The Community Transitional Services PREA Guideline policy, Chapter 10, page 8, 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 are provided by the Center for Women and Families. 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 University of Louisville Hospital for treatment. The PREA Coordinator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c) The Community Transitional Services PREA Guideline policy, Chapter 10, page 8 ensures resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services would be offered at University of Louisville Hospital at no cost to the resident according to the PREA Coordinator. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. The Community Transitional Service facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d) The Community Transitional Services 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. The Community Transitional Service

facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are Resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditor should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditor should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on the Program Director and PREA Coordinator interviews, documentation provided, and the Community Transitional Services PREA Guideline policy, Chapter 10; the following delineates the audit findings regarding this standard:

115.283 (a) The Community Transitional Services offers medical and mental health evaluations at the University of Louisville Hospital and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any facility. The Community Transitional Service facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) The Community Transitional Services 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. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) The Community Transitional Services provides all victims with medical and mental health services at the University of Louisville Hospital that is a community level of care facility. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) The Community Transitional Services ensures female victims of sexual abuse are given pregnancy test when vaginal penetration took place. If a pregnancy results from the sexual abuse, The Community Transitional Services ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy related services. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. The services would be completed as directed in the agency's MOU with the Center for Women and Families

115.283 (f) The Community Transitional Services provides Resident victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the University of Louisville Hospital as determined by the treating physician. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) The Community Transitional Services 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. The Community Transitional Service facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. The Community Transitional Services has not had an allegation of sexual abuse during this audit cycle according to the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) The Community Transitional Services 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. However, as of this audit there have been no sexual abuse cases reported requiring these services. The Community Transitional Service facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Facility Director, PREA Coordinator, Investigator, and documentation provided; as well as, the Community Transitional Services PREA Guideline policy, Chapter 10, pages 9 and 10; the following delineates the audit findings regarding this standard:

115.286 (a) The Community Transitional Services 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. CTS PREA Guideline Policy states the committee will be made up of at least three persons; including but not limited to, on Administrative Staff member and one Monitor. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) The Community Transitional Services 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. CTS PREA Guideline Policy states the committee will be made up of at least three persons; including but not limited to, on Administrative Staff member and one Monitor. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) CTS PREA Guideline Policy, Chapter 10, page 9, states the committee will be made up of at least three persons; including but not limited to, on Administrative Staff member and one Monitor. The PREA Coordinator confirmed, the Community Transitional Services has not had a PREA incident to review in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in the Community Transitional Services, 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. The PREA Coordinator confirmed, the Community Transitional Services has not had a PREA incident to review in the past twelve months. Therefore, the facility exceeds the intent of this part of the standard.

115.286 (e) The Community Transitional Services shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PREA Coordinator confirmed, the Community Transitional Services has not had a PREA incident to review in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Facility Director, PREA Coordinator, and documentation provided; as well as, the Community Transitional Services PREA Guideline policy, Chapter 10; the following delineates the audit findings regarding this standard:

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

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

115.287 (d) The Community Transitional Services Agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (e) The Community Transitional Services does not contract its residents to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as the Community Transitional Services PREA Guideline policy, Chapter 10; the following delineates the audit findings regarding this standard:

115.288 (a) The Community Transitional Services Agency 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 the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.288 (c) The Community Transitional Service's report is approved by the PREA Coordinator and made readily available to the public through its website. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as the Community Transitional Services PREA Guideline policy, Chapter 10; the following delineates the audit findings regarding this standard:

115.289 (a) through (d) The Community Transitional Services agency Staff makes all aggregated sexual abuse data, from facilities under direct control readily available to the public at least annually through its agencies website.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ 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 ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Community Transitional Services did have an audit during the first audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all location/areas of the Community Transitional Services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

115.403 The agency has made the final report during the first audit cycle through posting on the agency's website (www.c-t-susa.com)

AUDITOR CERTIFICATION

I certify that:

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

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

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

Brian D. Bivens — June 23, 2021

Auditor Signature **Date**