

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

Final Report

Date of Report: October 1, 2021

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens and Associates	
Mailing Address: P.O. Box 51787	City, State, Zip: Knoxville, TN 37950
Telephone: 865-789-1037	Date of Facility Visit: August 25-26, 2021

Agency Information

Name of Agency: Morehead Inspiration Center		Governing Authority or Parent Agency (If Applicable): Pathways Inc.	
1111 US 60 West		City, State, Zip: Morehead, KY 40351	
Mailing Address: P.O. Box 790		City, State, Zip: Ashland, KY 41105	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.pathways-ky.org/residential.html			

Agency Chief Executive Officer

Name: Jennifer Willis, RN, PMH-BC Chief Executive Officer	
Email: jwillis@pathways-ky.org	Telephone: 606-329-8588

Agency-Wide PREA Coordinator

Name: Robin Baldwin	
Email: robyn.baldwin@pathways-ky.org	Telephone: 606-783-0404
PREA Coordinator Reports to: Todd Trumbore, MA, CADC Pathways Director of Recovery Services	Number of Compliance Coordinators who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Morehead Inspiration Center

Physical Address: 1111 U.S. 60 West

City, State, Zip: Morehead, KY 40351

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://www.pathways-ky.org/residential.html>

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: Kentucky Department of Corrections)

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: Robyn Baldwin

Email: robyn.baldwin@pathways-ky.org

Telephone: 606-783-0404

Facility PREA Compliance Coordinator N/A

Name: Robyn Baldwin

Email: robyn.baldwin@pathways-ky.org

Telephone: 606-783-0404

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:	104	
Current Population of Facility:	63	
Average daily population for the past 12 months:	48	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision	6-9 months	
Facility security levels/Client custody levels	Community	
Number of clients admitted to facility during the past 12 months	233	
Number of clients admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	201	
Number of clients admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	115	
Does the audited facility hold clients for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds clients: Select all that apply (N/A if the audited facility does not hold clients for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with clients:	12	
Number of staff hired by the facility during the past 12 months who may have contact with clients:	6	

Number of contracts in the past 12 months for services with contractors who may have contact with clients:	3
Number of individual contractors who have contact with clients, currently authorized to enter the facility:	6
Number of volunteers who have contact with clients, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditor should count all buildings that are part of the facility, whether clients 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 clients, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of Client housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house clients 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 clients to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	38
Number of single Client cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	38
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic St. Claire Regional Hospital <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other

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-Client or Client-on-Client), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police Kentucky State Police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other Kentucky Department of Corrections <input type="checkbox"/> 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?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-Client or Client-on-Client), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The onsite PREA audit of the Morehead Inspiration Center in Morehead, Kentucky was conducted August 25-26, 2021, by Department of Justice Certified PREA Auditor Brian D. Bivens. Morehead is located in Rowan County. It is home to Morehead State University. In 2010, the population was estimated at 6,845. The town was named after James T. Morehead, a politician who served as governor of Kentucky from 1834-1836. The town is infamous for the Rowan County War.

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 weeks prior to the audit to prepare for the on-site visit.

The on-site audit began with an entrance meeting being conducted on Wednesday, August 25, 2021 at approximately 09:00 A.M. in the Site Director's Office. The following staff attended the entrance meeting:

Robyn Baldwin, Facility Director

Todd Trombore, Director of Recovery Services

Following the entrance meeting, the auditor conducted a comprehensive site review that began at approximately 10:00 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 posters) 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 client interviews were conducted in a private office provided.

The following staff accompanied the auditor on the site review:

Robyn Baldwin, Facility Director

Todd Trumbore, Director of Recovery Services

CHART 1: AREAS Toured

Area	Comments
All Housing Units	SOS, MT1, MT2, Phase I, Phase II
Kitchen	
Dry Storage	
Outdoor Recreation	Gazebo and Basketball Court
Courtyard	
Large Meeting Rooms	
Laundry	
Peer Mentor’s Office	
Laundry	Multiple
Common Area	
Dining Room	Also utilized as large classroom
Smoking Areas	
Custodial Area	
Community Room	
Administrative Area	

All housing units, common areas, client program areas, administrative area, multiple laundry, dining area, kitchen, outdoor leisure area, and all other client accessible areas were toured (CHART 1). While touring several clients and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and clients 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 client 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 clients and staff to be interviewed during the on-site visit. A total of 16 clients were interviewed; 14 general population and 2 (cognitive impairment) targeted clients. There were no clients present during the onsite visit who were: blind/low vision, deaf/hard of hearing, reported sexual abuse, screen at risk of victimization/abusiveness, self-reported LBGTI+, or had any physical handicap. This decision was made to ensure all clients throughout the facility were receiving the same information and education related to all Morehead Inspiration Center of the PREA program instituted at this facility.

The auditor interviewed a total of five random staff members during the course of this audit. (CHART 2) 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.

CHART 2: Staff Interviews (5 Random and 9 Specialized)

Type	Number	Comments
Agency Head, designee	1	
Program Director, designee	1	
SANE/SAFE Staff	0	St. Claire Regional Medical Center
PREA Coordinator	1	Also the Site Director
Advocacy Services	0	Pathways
PREA Manager	0	N/A
Administrative Investigator	1	Site Director
Criminal Investigator	1	Kentucky State Police
Random Staff	5	
Medical Staff	0	None Onsite
Mental Health Staff	0	None Onsite
Screening Staff	1	
Volunteer	0	None due to Covid
Contract Employees	0	N/A
Human Resources	1	Site Director
Retaliation Monitor	1	
Incident Review Team	1	
Agency Contract Admin.	0	N/A
Staff supervising Juveniles	0	N/A
First Responder	0	No PREA allegations reported in past 12 months

There is no SAFE or SANE staff at the facility; they are made available at the St. Claire Regional Medical Center in Morehead, Kentucky.

There were 16 clients interviewed during the on-site visit. These clients consisted of: 14 clients selected at random and 2 targeted clients (CHART 3). There were 2 clients that displayed cognitive impairments. All of the clients interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and client handbooks) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. All clients 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. Sixteen out of sixteen clients stated they felt safe at the Morehead Inspiration Center.

CHART 3: Client Interviews (14 random and 2 targeted)

Client/Client Type	Number Interviewed
General Population	14
Reported Sexual Victimization	None at time of onsite visit
Self-Identified as LGBTI	None at time of onsite visit
Juvenile	N/A
Screened at Risk of Victimization	None at time of onsite visit
Screened at Risk of Abusiveness	None at time of onsite visit
Blind/Low Vision	None at time of onsite visit
Deaf or Hearing Impaired	None at time of onsite visit
Physical Disability	None at time of onsite visit
Cognitive Disability	2
Limited English Speaking	None at time of the onsite visit

The auditor selected and carefully examined 5 human resource files, and 5 staff training files. The staff human resource files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Background checks are completed by the Morehead Inspiration Center and the Kentucky Department of Corrections. The Morehead Inspiration Center also completed annual background checks on each employee. 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 Morehead Inspiration Center utilizes a detailed Lesson Plan for PREA training to staff and contract employees. The Morehead Inspiration Center has an extensive PREA Lesson Plan that is used for all volunteer trainings; which are conducted annually.

The auditor also reviewed 10 client 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. Rescreening are completed by staff within the first 30 days of confinement.

Type	Amount	Comments
Staff Training Files	5	
Staff Human Resource Files	5	
Volunteer Training Files	0	No volunteers due to COVID-19
Volunteer Human Resource Files	0	No volunteers due to COVID-19
Contractor Training Files	0	No Contract Employees
Contractor Human Resource Files	0	No Contract Employees
Residents Intake Files	10	
Investigation Files	0	No PREA allegations in the past 12 months

In the 12 months preceding the audit, the Morehead Inspiration Center, Morehead, KY had not received any PREA complaints regarding sexual harassment or sexual abuse. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Kentucky State Police would be responsible for investigating any potential criminal activity.

Type of Incident	Mode	Residents on Residents or Staff on Residents	Disposition	Comments
None				

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

Robyn Baldwin, 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 Morehead Inspiration Center is located at 1111 U.S. 60 West, Morehead, Kentucky; it is a long-term substance abuse recovery program for men. This program provides support and hope for men recovering from substance use disorders. Morehead Inspiration Center works to restore opportunities to men by preparing them to lead sober, stable, and productive lives. Services provided are free of charge to clients.

The Morehead Inspiration Center has eleven cameras; with a typical storage capacity of seven days. Cameras can be viewed in the SOS office, the main lobby receptionist area and in the Facility Director's Office.

It is a 104-bed community confinement facility that facilitates rehabilitation services for Kentucky Department of Corrections, local jurisdictions via court order, Casey's Law (Court Order Commitment) and even walk-ins from the street. The average length of stay is between 6-9 months. The facility is one large building; the SOS building is for newly admitted clients and open dorm style housing. This facility includes two large classrooms. The building consists of all the support service areas, including administrative offices, kitchen, dining area, front lobby and two floors of housing. In the back of the complex is a leisure area for the clients, a gazebo and basketball court in the parking lot. Living areas consists of a kitchenette, private bathroom with door for the shower/toilet area to ensure privacy; as well as a shower curtains. Clients are all assigned a job; which may include food operations, custodial, and lawn care.

The facility's parent agency is the Pathways, Inc. It is a private not-for-profit organization that was founded in 1967 and in 2007 opened the Morehead Inspiration Center. Morehead Inspiration Center utilizes the Recovery Kentucky Model philosophy; a long-term social model of recovery which integrates a peer self-help recovery system with the 12 Step of Alcoholics Anonymous programs. The Recovery Kentucky Program emerged in response to the Governor's Drug Summit Task Force's assessment that recovery programs were essential if Kentucky was to address the escalating drug epidemic facing all regions of the state. The goal of the program is to have at least two centers in each congressional district. Half of the centers are for women and half for men. Morehead Inspiration Center serves Kentucky's 5th Congressional District. Some employees are former clients who have successfully graduated the program.

As a transitional supportive housing development Morehead Inspiration Center uses a recovery program model that includes peer support, daily living skills, training, job responsibilities and challenges to practice sober living. A Case Manager and the Phase II Coordinator assists clients with supporting housing, transportation needs and job opportunities.

During the on-site portion of the audit, the Auditor observed PREA signage in numerous locations throughout the facility; including the external PREA hotline number. The auditor observed the "PREA Audit Notices" posted in several locations including housing areas, common areas, and in the lobby of the facility. There has not been any a significant expansion or modifications to the facility since its last PREA Audit in 2018.

Housing Breakdown

Type	Beds	Comments
SOS Safe off the Street	14	Open Dorm
MT1	14	Open Dorm
Housing	76	Double Bunk (1 st and 2 nd floor)

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.264

Standards Met

Number of Standards Met: 40
Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.265, 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:

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): Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 1, 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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, Robyn Baldwin; effective summer 2021. Ms. Baldwin is also the Facility 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. Baldwin as Facility Director 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. Baldwin acknowledged during her interview she had enough time to perform her 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 clients

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 clients 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 clients.) 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 clients.) 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 clients? (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 Morehead Inspiration Center is a private provider and does not contract with other agencies for the confinement of its clients. This was confirmed by reviewing Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 clients 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 Client 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 review of Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) for Compliance with Prison Rape Elimination Act of 2003 (PREA); the following delineates the audit findings regarding this standard:

115.213 (a) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 clients 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 clients against sexual abuse. The staffing levels are monitored daily by review of shift rosters. A review of the plan was last completed in June 8, 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Morehead Inspiration Center has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff
2. Overtime pay
- 3 Utilization of part-time employees

There have been no significant deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by interview with the Facility Director; slight modification occurred during COVID due to the significant decrease in population in the facility. 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 Facility Director and Agency Chief Executive Officer and approved by the Kentucky Department of Corrections as part of the Department of Corrections semi-annual inspection of the Morehead Inspiration Center. 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 June 8, 2021. 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 clients, except in exigent circumstances? (N/A if the facility does not have female clients.)
 Yes No NA
- Does the facility always refrain from restricting female clients' 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 clients.) 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 clients? (N/A if the facility does not have female clients). Yes No NA

115.215 (d)

- Does the facility have policies that enable clients 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 clients 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 clients 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 clients for the sole purpose of determining the Client's genital status? Yes No
- If a Client's genital status is unknown, does the facility determine genital status during conversations with the Client, 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, Kentucky Department of Corrections Policy CPP9.8, training curriculums, staff interviews, training file reviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.215 (a) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, prohibits all clients 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 twelve months according to the PREA Coordinator. In the event there is a suspicion of contraband or the need for a body search, Facility Director will be notified. This process was also confirmed during random client interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), prohibits all staff from frisk/pat searches of female clients 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), prohibits frisk/pat searches of the male clients by female staff and requires that all cross-gender searches without exception. This was confirmed during random staff interviews. Sixteen out of sixteen clients stated they have never been physically searched during their stay at the Morehead Inspiration Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, outlines that clients 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. Sixteen out of Sixteen clients confirmed during interviews they have privacy when showering, using the toilets and while changing their clothes. Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, also requires staff of the opposite gender to announce their presence prior to entering the housing units. Client and staff interviews revealed that opposite gender announcements were common practice at this facility when escorting males through the facility for any reason. Sixteen out of sixteen clients stated females in their living wings are extremely rare and they are always escorted by a male staff member. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, training curriculum (Kentucky Department of Corrections lesson plan) provided and staff interviews the facility prohibits staff from physically examining transgender or intersex clients for the sole purpose of determining genital status. If the client's genital status is unknown, it is determined during conversations with the client, or by reviewing medical records. There were no transgender or intersex clients housed at the Morehead Inspiration Center 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, 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 clients. In the event there is a suspicion of contraband or the need for a body search, staff will contact the Facility Director for guidance. This process was confirmed during random staff interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.216: Clients with disabilities and clients 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 clients 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: Clients who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that clients 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: Clients who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that clients 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: Clients who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that clients 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 clients 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 clients with disabilities including clients 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 clients with disabilities including clients 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 clients with disabilities including clients who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients 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 Client interpreters, Client readers, or other types of Client Facilities except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Client's safety, the performance of first-response duties under §115.264, or the investigation of the Client'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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) pages 4-5, Pathways Policy and Procedure Chapter 9, PREA Resource Center Video, review of the lesson plans, PREA handouts, training logs, as well as staff and client interviews; the following delineates the audit findings regarding this standard:

115.216 (a) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 4, ensures appropriate steps are taken to provide clients with disabilities (including, for example, clients 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 and PREA posters are provided in both English and Spanish. Therefore, the facility demonstrated compliance with this part of the standard during this audit. The agency has access to a community interpreter when needed. The PREA Coordinator advised, the facility has not had a client with a disability in the past twelve months, with the exception of two clients with cognitive impairments, both stated they did receive PREA orientation and knew how to report sexual abuse and/or sexual harassment. Interviews with screening staff also confirmed this statement. The PREA Coordinator stated there has not been a limited English proficient client admitted into the facility in the past 12 months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) for Compliance with Prison Rape Elimination Act of 2003 (PREA), Clients with disabilities and clients 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 clients who are limited English proficient, including steps to provide interpreters who can interpret effectively accurately and impartially. The agency has access to a community interpreter when needed. The PREA Coordinator advised, the facility has not had a client with a disability in the past twelve months, with the exception of two clients with cognitive impairments, both stated they did receive PREA orientation and knew how to report sexual abuse and/or sexual harassment. Interviews with screening staff also confirmed this statement. The PREA Coordinator stated there has not been a limited English proficient client admitted into the facility in the past 12 months. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) mandates that Morehead Inspiration Center does not rely on client interpreters, client readers, or other types of client facility's except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Client's safety. According to Pathways Policy and Procedure Chapter 9 – Access to Deaf and Hard of Hearing Services, Pathways' Access Center maintains a list of American Sign Language (ASL) interpreters and work with local Customer Service Managers to help arrange a certified interpreter when an individual who is deaf or hard of hearing is referred for service. The PREA Coordinator advised, the facility has not had a client with a disability in the past twelve months, with the exception of two clients with cognitive impairments, both stated they did receive PREA orientation and knew how to report sexual abuse and/or sexual harassment. Interviews with screening staff also confirmed this statement. The PREA Coordinator stated there has not been a limited English proficient client admitted into the facility in the past twelve months. 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 clients 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 clients 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 clients 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 clients 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 clients 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 clients 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 clients? 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 clients? Yes No

115.217 (c)

- Before hiring new employees who may have contact with clients, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with clients, 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 clients? 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 clients 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 clients 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 2, Pathways Policy Chapter 4 – Pre-Employment/Employee Background Check Human Resource staff interviews, the Morehead Inspiration Center Job Description and Evaluation Form, and personnel file reviews; the following delineates the audit findings regarding this standard:

115.217 (a) The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 2, does not hire or promote anyone who may have contact with clients, and does not enlist the services of any contractor or volunteer who may have contact with clients, 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 Morehead Inspiration Center and the Kentucky Department of Corrections as required on all current staff. According to Pathways Policy Chapter 4 – Pre-Employment/Employee Background Check, background checks include:

- A Criminal background check performed through the Kentucky Administrative Office of the Courts or the Kentucky State Police
- A check of the Central Registry established by 922 KAR 1:470
- A check of the Nurse Aide or Home Health Aide Abuse Registry established by 906 KAR 1:100
- A check of the Caregiver Misconduct Registry established by 922 KAR 5: 120
- A check of the Medicare/Medicaid exclusion list

Note: Potential employees will not be hired if they have a criminal conviction or plead guilty to:

- Sex Crime as defined in KRS 17.500 or
- Violent Crime as defined in KRS 439.3401 or
- Criminal offense against a minor as specified in KRS 17.500 or
- Class A felony

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

115.217 (b) The Morehead Inspiration Center 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 clients. All applicants and employees must sign the agency's "Job Description and Evaluation" form. The PREA Coordinator supplied the auditor with every "Job Description and Evaluation" 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), requires a criminal background records check be completed before hiring any new employee. The Morehead Inspiration Center PREA Policy page 2, requires checks of the following registries prior to employment for all staff; the national criminal background check and AOC – Administrative Office of the Courts. Pathways, Inc. the parent agency of Morehead Inspiration Center completes background checks every 5 years on all 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 According to Pathways Policy Chapter 4 – Pre-Employment/Employee Background Check, the Morehead Inspiration Center 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. The Morehead Inspiration Center requires checks of the following registries prior to employment for all staff; the national criminal background check and AOC – Administrative Office of the Courts. According to Pathways Policy Chapter 4 – Pre-Employment/Employee Background Check, background checks include:

- A Criminal background check performed through the Kentucky Administrative Office of the Courts or the Kentucky State Police
- A check of the Central Registry established by 922 KAR 1:470
- A check of the Nurse Aide or Home Health Aide Abuse Registry established by 906 KAR 1:100
- A check of the Caregiver Misconduct Registry established by 922 KAR 5: 120
- A check of the Medicare/Medicaid exclusion list

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

115.217 (d) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 2, requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the clients. The Morehead Inspiration Center completes background checks every five years on all employees, volunteers and contract employees. 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 5, requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years. The Morehead Inspiration Center completes background checks every 5 years all employees. This was confirmed during file review and during an interview with the Facility Director. The facility has meets compliance with this part of the standard.

115.217 (f) The Morehead Inspiration Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A "Job Description and Evaluation" 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 "Job Description and Evaluation" 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 five random staff with volunteers and contract employees. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) The Morehead Inspiration Center 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 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.

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 clients 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 clients from sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 clients from sexual abuse. During this audit cycle the facility has not enhanced the video technology throughout the facility. This was confirmed during an interview with the Agency Head/designee. 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 Morehead Inspiration Center 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 Rowan 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 Morehead Inspiration Center offers all victims of sexual abuse access to forensic medical examinations at the St. Claire Regional Medical Center without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The facility utilizes its parent agency Pathways Inc. to provide outside victim advocacies services to the clients. 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 Morehead Inspiration Center utilizes its parent agency Pathways Inc. to provide outside victim advocacies services to the clients. The services of these victim advocates has not been requested or used by the clients during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e) The Morehead Inspiration Center utilizes its parent agency Pathways Inc. to provide outside victim advocacies services to the clients. According to the Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 State Police is responsible for criminal Investigations. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (g) The Kentucky State Police is responsible for criminal Investigations. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.222: 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), requires that all potential criminal activity is referred to the Kentucky State Police for criminal investigation. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral, this was confirmed by the Academy Branch Commander at the Kentucky Law Enforcement Training Academy. The Morehead Inspiration Center does not investigate such allegations. During this audit cycle there had been no PREA complaints reported at this facility. The Kentucky Department of Corrections has 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 to the public upon request. The Facility Director states that there have not been any investigations in the past twelve months. The Kentucky Department of Corrections has a Memorandum of Understanding with the Kentucky State Police to investigate all sexual abuse allegations from the facility. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral, this was confirmed by the Academy Branch Commander at the Kentucky Law Enforcement Training Academy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) and Memorandum of Understanding outlines the responsibilities of Kentucky State Police. The Kentucky Department of Corrections has 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 Morehead Inspiration Center is establishing 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. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral, this was confirmed by the Academy Branch Commander at the Kentucky Law Enforcement Training Academy.. 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 clients on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with clients 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 clients on: Clients' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with clients on: The right of clients 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 clients on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with clients on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with clients 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 clients on: How to avoid inappropriate relationships with clients? Yes No
- Does the agency train all employees who may have contact with clients on: How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients? Yes No
- Does the agency train all employees who may have contact with clients 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 clients at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male clients to a facility that houses only female clients, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 1, the Kentucky Department of Corrections PREA PowerPoint 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 Morehead Inspiration Center utilizes a 20-page PREA PowerPoint lesson plan provide by the Kentucky Department of Corrections to train all their employees who have contact with clients 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) Clients' right to be free from sexual abuse and sexual harassment;
- (4) The right of clients 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 clients;
- (9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Five out of five 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 for male clients at the Morehead Inspiration Center. 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. Five out of five staff were well-versed in the facility's policy and procedure. The Morehead Inspiration Center utilizes a 20-page PREA lesson plan provide by the Kentucky Department of Corrections. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.231 (d) The Morehead Inspiration Center documents, through employee signature on an acknowledgement form, that all employees understand the training they have received. File review confirmed ten out of ten files included the acknowledgment documentation. Training records are stored in RELIAS. 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 clients 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 clients 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 clients)? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 45-PowerPoint 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 Morehead Inspiration Center ensures all volunteers and contractors who have contact with clients have been trained on their responsibilities under the Morehead Inspiration Center sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Five out of five staff were well-versed in the facility's policy and procedure. There have not been any volunteers inside the facility in the past twelve months due to Covid-19. 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 clients, but all volunteers and contractors who have contact with clients are notified of Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), regarding sexual abuse and sexual harassment and their requirements to report such incidents. Five out of five staff were well-versed in the facility's policy and procedure. There have not been any volunteers inside the facility in the past twelve months due to Covid-19. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) The Morehead Inspiration Center documents through volunteer signature on an acknowledgement form that volunteer understand the training they have received. There have not been any volunteers inside the facility in the past twelve months due to Covid-19. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.233: Client education

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

115.233 (a)

- During intake, do clients receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do clients receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do clients receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do clients receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do clients 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 Client is transferred to a different facility? Yes No

115.233 (c)

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

115.233 (d)

- Does the agency maintain documentation of Client 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 clients through posters, client 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) pages 4-5, Pathways Policy and Procedure Chapter 9 – Access to Deaf and Hard of Hearing Services, PREA Orientation Information, and PREA Posters; as well as interviews with random clients and staff; the following delineates the audit findings regarding this standard:

115.233 (a) According to Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) pages 4-5, during the orientation process, clients receive information explaining the Morehead Inspiration Center 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. Clients sign for the Client Rights form during orientation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (b) The agency operates two facilities but does not transfer clients from one facility to another. Therefore, this part of the standard is not applicable.

115.233 (c) The Morehead Inspiration Center provides client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to clients who have limited reading skills. There were no clients with any disabilities housed at the Morehead Inspiration Center during the onsite review. The agency has a contract with Pacific Interpreter Services for the limited English proficient clients. The Site Director stated these services have not been utilized in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) There was documentation provided of client's participation in PREA educational sessions as required by this part of the standard. Review of client training files indicated that sixteen out of sixteen clients received PREA education. Each client reviews orientation by their designated Case Manger within 48 hours of admittance. Staff review the Morehead Inspiration Center' PREA

policy in detail; to include physically showing each new client how to use the PREA phone located in the common area near the client telephones. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) The Morehead Inspiration Center does provide the clients with posters and PREA Orientation Packet 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. There were two clients with cognitive impairments during the onsite visit; both were aware of the agency zero tolerance of sexual abuse and sexual harassment and displayed the knowledge of how to report sexual abuse and sexual harassment. The PREA Coordinator advised there had not been any clients admitted into the facility with any other disability in the past twelve months. According to Pathways Policy and Procedure Chapter 9 – Access to Deaf and Hard of Hearing Services, Pathways’ Access Center maintains a list of American Sign Language (ASL) interpreters and work with local Customer Service Managers to help arrange a certified interpreter when an individual who is deaf or hard of hearing is referred for service. 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), as well as the Kentucky Department of Corrections 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 of the Morehead Inspiration Center, the Kentucky Department of Corrections ensures that their investigator receives training in conducting investigations in confinement settings. All Kentucky State Police 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 as evidence required to substantiate a case for 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 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 documentation the agency investigator has completed the required specialized training in conducting sexual abuse investigations. The specialized PREA Administrative investigator at Morehead Inspirational Center is also the Site Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral. Therefore, this part of the standard is in compliance.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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

Based on interviews with the Facility Director, random staff and random client interviews; the following delineates the audit findings regarding this standard:

115.235 (a) The Morehead Inspiration Center does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (b) The Morehead Inspiration Center Recovery Center does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. This was

confirmed during an interview with the Facility Director and during interviews with random staff and clients. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (c) The Morehead Inspiration Center Recovery Center does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (d) The Morehead Inspiration Center Recovery Center does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. This was confirmed during an interview with the Facility Director and during interviews with random staff and clients. 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 clients assessed during an intake screening for their risk of being sexually abused by other clients or sexually abusive toward other clients? Yes No
- Are all clients assessed upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive toward other clients? 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 clients for risk of sexual victimization: Whether the client has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: The age of the client? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: The physical build of the client? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: Whether the client has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: Whether the client's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: Whether the client 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 clients for risk of sexual victimization: Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the Client about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the client 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 clients for risk of sexual victimization: Whether the client has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: The client's own perception of vulnerability? Yes No

115.241 (e)

- In assessing clients for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior reports of sexual abuse? Yes No
- In assessing clients 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 clients 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 client's arrival at the facility, does the facility reassess the client'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 client's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a client's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a client's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a client's risk level when warranted due to a: Receipt of additional information that bears on the Client's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that clients 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 client's detriment by staff or other clients? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 6, review of the Kentucky Department of Corrections Screening for Risk of

Victimization and Abusiveness tool, client and staff interviews, Client file reviews; the following delineates the audit findings regarding this standard:

115.241 (a) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 6, ensures that all clients are assessed during intake and upon transfer to another facility for risk of being sexually abused by other clients or sexually abusive toward other clients. This was confirmed during interviews with screening staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) The Morehead Inspiration Center documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. Screenings are forwarded their PREA Initial Screening to the PREA Coordinator for final review. Review of ten records confirmed 100% compliance. Ten out of ten clients stated they received orientation within the first 48 hours at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and client 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 clients for risk of sexual victimization:

- (1) Whether the client has a mental, physical, or developmental disability;
- (2) The age of the client;
- (3) The physical build of the client;
- (4) Whether the client has previously been incarcerated;
- (5) Whether the client's criminal history is exclusively nonviolent;
- (6) Whether the client has prior convictions for sex offenses against an adult or child;
- (7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the client has previously experienced sexual victimization;
- (9) The client'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 sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Morehead Inspiration Center, in assessing clients for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) Within 14 days from the client's arrival, the Morehead Inspiration Center reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by The Morehead Inspiration Center since the intake screening. Screenings are forwarded their

HIPAA protected Health File behind three locks. Clients that screen as a possible victim will be marked on internal documentation alerting staff of the risk. Review of ten records confirmed 100% compliance. Sixteen out of sixteen clients stated they received reassessment within the 30-day window at the facility. Therefore, the facility meets compliance with this part of the standard during this audit.

115.241 (g) The Morehead Inspiration Center will reassess a client's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client'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 client 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 Morehead Inspiration Center does not discipline clients for refusing to answer screening questions or not disclosing complete information. This is mandated by Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) page 6. 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 Morehead Inspiration Center 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 client's detriment by staff or other clients. Accesses to the screenings are limited to administrative staff and are kept in the client's HIPAA protected health file behind three locks. 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. Clients that screen as a possible victim will be highlighted on internal documentation alerting staff of the risk. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those clients 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 clients 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 clients 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 clients 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 clients 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 Client? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex Client to a facility for male or female clients, does the agency consider on a case-by-case basis whether a placement would ensure the Client's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns clients 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 clients, does the agency consider on a case-by-case basis whether a placement would ensure the Client's health and safety, and whether a placement would present management or security problems?
 Yes No

115.242 (d)

- Are each transgender or intersex Client'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 clients given the opportunity to shower separately from other clients? 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 clients, does the agency always refrain from placing: lesbian, gay, and bisexual clients 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 clients 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 clients, does the agency always refrain from placing: transgender clients 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 clients 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 clients, does the agency always refrain from placing: intersex clients 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), Kentucky Department of Corrections Objective Screening Tool, client and staff interviews, and file review; the following delineates the audit findings regarding this standard:

115.242 (a) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), states that Morehead Inspiration Center uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those clients 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The Morehead Inspiration Center makes individualized determinations about how to ensure the safety of each client. Clients that screened as a possible risk of victimization and/or of abusiveness are notated on internal documentation for the Administrative Staff. If needed, potential

victims and aggressors could be separated by housing floor. Screenings are forwarded to their HIPAA protected Health File behind three locks. Clients that screen as a possible victim will be color-coded on internal documentation alerting staff of the risk. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) The Morehead Inspiration Center outlines the procedures to be followed in deciding whether to assign a transgender client to a facility for female clients, and the process for making housing and programming assignments, on case by case basis as required by this standard. There were no transgender clients housed at the Morehead Inspiration Center. The Facility Director advised the facility has not housed a transgender client in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) The Morehead Inspiration Center requires that a transgender and intersex Client's own views regarding their own safety be given serious consideration. There were no transgender clients housed at the Morehead Inspiration Center. The Facility Director advised the facility has not housed a transgender client in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) The Morehead Inspiration Center requires that transgender and intersex clients be given the opportunity to shower separately from other clients. There were no transgender clients housed at the Morehead Inspiration Center. Each housing room has its own private bathroom. The Facility Director advised the facility has not housed a transgender client in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) The Morehead Inspiration Center does not place lesbian, gay, bisexual, transgender, or intersex clients 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 clients. 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: Client 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 clients to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for clients to privately report: Retaliation by other clients or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for clients 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 clients 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 Client reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the client 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 clients? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), PREA Orientation Packet, and posters provided to clients were utilized to verify compliance with this standard. Staff and client interviews verified the clients have multiple internal ways to report incidents of abuse or harassment.

115.251 (a) The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), outlines multiple internal ways for clients to report incidents of sexual abuse, sexual harassment, and retaliation by other clients or staff for reporting sexual abuse, sexual

harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Clients can report by:

Inform a Staff Member verbally, in writing or anonymously

Kentucky Department of Corrections at 1-833-362-7732

24-Hour National Crisis Center at 1-800-562-8909

Tell a Family Member or Friend (Third Party)

File a Grievance

Notify the Kentucky Department of Corrections by letter

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

115.251 (b) The Morehead Inspiration Center provides at least four ways for clients to report abuse or harassment to a public or private entity or office that is not part of the Morehead Inspiration Center, and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. The Morehead Inspiration Center utilizes its parent agency Pathways Inc. to provide outside victim advocacies services to the clients.

Each number is posted near the client phones located in a common area, assessable by all clients. The auditor successfully tested each external pre-programmed reporting number.

Inform a Staff Member verbally, in writing or anonymously

Kentucky Department of Corrections at 1-833-362-7732

24-Hour National Crisis Center at 1-800-562-8909

Tell a Family Member or Friend (Third Party)

File a Grievance

Notify the Kentucky Department of Corrections by letter or

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

115.251 (c) The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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. Five out of five random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) The Morehead Inspiration Center staff may privately report sexual abuse and sexual harassment to the PREA Hotline 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 Client grievances regarding sexual abuse. This does not mean the agency is exempt simply because a Client 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 clients 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 Client 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 Client 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 clients 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 Client 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 Client does not receive a response within the time allotted for reply, including any properly noticed extension, may a

Client 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 clients, staff members, family members, attorneys, and outside advocates, permitted to assist clients 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 clients? (If a third-party files such a request on behalf of a Client, 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 Client declines to have the request processed on his or her behalf, does the agency document the Client'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 Client 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 Client 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 Client 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 Client for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the Client 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 Morehead Inspiration Center PREA Policy, staff interviews, PREA Coordinator interview, and documentation review; the following delineates the audit findings regarding this standard:

115.252 (a) According to the Morehead Inspiration Center PREA Policy, 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, Morehead Inspiration Center 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, Morehead Inspiration Center 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 the Morehead Inspiration Center PREA Policy, 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 Morehead Inspiration Center 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 the Morehead Inspiration Center PREA Policy, 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 Morehead Inspiration Center 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 Morehead Inspiration Center PREA Policy, 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 Morehead Inspiration Center has not received a grievance concerning sexual abuse. The PREA Coordinator confirmed this process. Therefore, the agency complies with this section of the standard.

115.252 (f) The Morehead Inspiration Center PREA Policy, states when an inmate is subject to a substantial risk of imminent threat of sexual abuse, the inmate may file a grievance through the facility's grievance process 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 five 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. The Morehead Inspiration Center PREA Policy 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 Morehead Inspiration Center 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: Client 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 clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients 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 clients and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform clients, 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), MOU, staff interviews, Client interviews and documentation review; the following delineates the audit findings regarding this standard:

115.253 (a) The Morehead Inspiration Center utilizes its parent agency Pathways Inc. to provide outside victim advocacies services to the clients. The mailing address and telephone number for this agency are made available to all clients at the facility. The Morehead Inspiration Center enables reasonable communication between clients 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 clients during this audit cycle, verified by phone call. PREA Posters throughout the facility provide clients with contact information for Pathways Inc. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (b) The Morehead Inspiration Center informs clients, 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 clients that communications with victim advocacy services are free and confidential. Sixteen out of sixteen clients knew that phones are not recorded. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) The Morehead Inspiration Center utilizes it's parent agency Pathways Inc. to provide outside victim advocacies services to the clients. 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 Client? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA); as well as a review of the website outlining third party reporting, the following delineates the audit findings regarding this standard:

115.54 The Morehead Inspiration Center provides multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. The information available on the website <http://www.pathways-ky.org/residential.html> explains how to report sexual abuse and sexual harassment on behalf of a client. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A CLIENT 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 clients 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 clients 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.261 (a) The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 Morehead Inspiration Center; retaliation against clients 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 Morehead Inspiration Center 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 shall submit a report of any allegations as soon as practical to the PREA Coordinator. This was confirmed during interviews with random staff. 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) Kentucky is a mandatory reporting state for sexual abuse. There are no part-time or full-time medical or mental health staffs at the facility. 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 Morehead Inspiration Center 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 Morehead Inspiration Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. Staff shall submit a report of any allegations as soon as practical to the PREA Coordinator. This was confirmed during interviews with random staff. The PREA Administrative Investigator 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 Client is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the Client? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 clients when it is learned that a client at the Morehead Inspiration Center 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 Client 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.263 (a) According to the Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), upon receiving an allegation that a client was sexually abused while confined at another facility, the Director of the Morehead Inspiration Center 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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 client had been sexually abused while in custody of the Morehead Inspiration Center 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 Client 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 Client 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 Client 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 Client 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), staff interviews, workstation PREA information, and documentation provided; the following delineates the audit findings regarding this standard:

115.264 (a) The Morehead Inspiration Center Guideline PREA policy, outlines the responsibilities of all security staff members upon learning of an allegation that a client 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. Six out of six random staff demonstrated working knowledge of this process, even though they had not received an allegation of sexual misconduct. Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) states if the crime scene cannot be secured for some reason, the crime scene will be photographed using a camera made available by the Morehead Inspiration Center Program. The Facility Director stated they had not received such an allegation during the past twelve months. PREA response information is posted at each employee workstation. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.264 (b) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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. 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.265 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) outlines a written plan 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 Response team members confirmed their knowledge of the response plan. The Morehead Inspiration Center 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 clients 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 clients 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 Morehead Inspiration Center Facility Director; the following delineates the audit findings regarding this standard:

The Morehead Inspiration Center 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 clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients 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 Client victims or abusers, removal of alleged staff or Client abusers from contact with victims, and emotional support services for clients 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 clients or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by clients 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 clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients 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 Client 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 Client 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 Client 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 clients, 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), staff interviews, retaliation forms, and documentation provided; the following delineates the audit findings regarding this standard:

115.267 (a) The Morehead Inspiration Center has a policy outlines the protective measures for all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff, and designates which staff members or departments are charged with monitoring retaliation. The Operations Manager 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 Morehead Inspiration Center employs multiple protection measures, such as housing changes or transfers for clients, victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Operations Manager is the facility's Retaliation Monitor. The facility has retaliation forms for both clients and staff. 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 Morehead Inspiration Center monitors the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Morehead Inspiration Center monitoring includes any client 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. The Operations Manager is the facility's Retaliation Monitor. The facility has retaliation forms for both clients and staff. 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 Morehead Inspiration Center 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 retaliation forms for both clients and staff. 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 witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as client or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a client 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 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), investigative staff interviews, training certificates, Memorandum of Understanding with the Kentucky State Police, 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 conduct Morehead Inspiration Center an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The Kentucky Department of Corrections 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. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. 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. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. 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 Morehead Inspiration Center and the Kentucky Department of Corrections refers the case to the Kentucky State Police 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 client or staff. The client 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) Morehead Inspiration Center 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 Morehead Inspiration Center 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. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) The Kentucky State Police refer all sexual abuse investigations to the Rowan County District Attorney's Office and prosecution when warranted. 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 (i) KDOC retains all written reports for as long as the alleged abuser is incarcerated or employed by the Morehead Inspiration Center 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 Morehead Inspiration Center 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 conduct Morehead Inspiration Center criminal sexual abuse investigations pursuant to the requirements of this standard. The Morehead Inspiration Center PREA Policy outlines the requirements of the criminal investigation and complies with all Morehead Inspiration Center of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) Morehead Inspiration Center 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. All Kentucky State Police 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 as evidence required to substantiate a

case for prosecution referral according to a Captain with the Kentucky State Police Academy. 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), and investigative staff interviews; the following delineates the audit findings regarding this standard:

The Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), 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. All Kentucky State Police 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 as evidence required to substantiate a case for prosecution referral according to a Captain with the Kentucky State Police Academy. This was confirmed during an interview with PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.273: Reporting to clients

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

115.273 (a)

- Following an investigation into a client's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the client 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 client'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 client? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a client's allegation that a staff member has committed sexual abuse against the Client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client whenever: The staff member is no longer posted within the client's unit? Yes No
- Following a client's allegation that a staff member has committed sexual abuse against the Client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client whenever: The staff member is no longer employed at the facility? Yes No
- Following a client's allegation that a staff member has committed sexual abuse against the client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client 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 client's allegation that a staff member has committed sexual abuse against the Client, unless the agency has determined that the allegation is unfounded, or unless the client has been released from custody, does the agency subsequently inform the client 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 client's allegation that he or she has been sexually abused by another client, 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 client’s allegation that he or she has been sexually abused by another client, 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on the Morehead Inspiration Center policy it was confirmed that following an investigation into a client’s allegation she suffered sexual abuse in the facility, the client was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that clients will be provided this notification on the “Offender Notification - PREA Alleged Sexual Abuse Form”. The clients 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 client as required by this standard. The PREA Coordinator revealed there was no PREA investigations 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 Morehead Inspiration Center policy and documentation provided, it was confirmed that following a client’s allegation that a staff member has committed sexual abuse against the Client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the client'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 Morehead Inspiration Center, Inc.; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within The Morehead Inspiration Center

The documentation provided confirmed the clients will be provided this notification on the "Offender Notification - PREA Alleged Sexual Abuse Form". The clients 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 client's allegation they had been sexually abused by another client, the Morehead Inspiration Centers 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 Morehead Inspiration Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that clients will be provided this notification on the "Offender Notification - PREA Alleged Sexual Abuse Form". The clients 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 "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 client is released from the Morehead Inspiration Center 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 offense 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 Morehead Inspiration Center 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. This is outlined in the Morehead Inspiration Center PREA Policy. 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 offense 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 clients? 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 clients? 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), documentation provided, 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 clients 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 Morehead Inspiration Center 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 Morehead Inspiration Center takes appropriate remedial measures, and considers whether to prohibit further contact with clients, 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 Morehead Inspiration Center 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 clients

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

115.278 (a)

- Following an administrative finding that a Client engaged in client-on-client sexual abuse, or following a criminal finding of guilt for client-on-client sexual abuse, are clients 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 client's disciplinary history, and the sanctions imposed for comparable offenses by other clients 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 client'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 client 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 Client 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 clients, does the agency always refrain from considering non-coercive sexual activity between clients to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between clients.) 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), documentation provided, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.278 (a) Clients are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for Client-on-Client sexual abuse. During an interview with the PREA Coordinator, it was determined The Morehead Inspiration Center has not had a client 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 Client's disciplinary history, and the sanctions imposed for comparable offenses by other clients 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 client'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 are 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 Morehead Inspiration Center has not had a client 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 Morehead Inspiration Center disciplines a client 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 Morehead Inspiration Center has not had a client 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 Morehead Inspiration Center has not had a client 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 Morehead Inspiration Center prohibits all sexual activity between clients and may discipline clients 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 Client 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 Client 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA), Facility Director/PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.282 (a) The Morehead Inspiration Center has an agreement with the St. Claire Regional Medical Center to ensure client 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. Mental Health Services are offered their Morehead Inspiration Center's parent agency, Pathways, Inc. An interview with the PREA Coordinator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) The Morehead Inspiration Center PREA Policy 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 St. Claire Regional Hospital. Mental Health Services are offered their Morehead Inspiration Center's parent agency, Pathways, Inc. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners (Pathways, Inc.) and arrange transport to the St.

Claire Regional Medical Center 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 Morehead Inspiration Center ensures client 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 St. Claire Regional Medical Center according to the PREA Coordinator. The Morehead Inspiration Center 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.

115.282 (d) The Morehead Inspiration Center 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. Mental Health Services are offered their Morehead Inspiration Center's parent agency, Pathways, Inc. The Morehead Inspiration Center 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 clients 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 Client 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 clients 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 clients 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 Client 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 Client-on-Client 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA); the following delineates the audit findings regarding this standard:

115.283 (a) The Morehead Inspiration Center offers medical and mental health evaluations at the St. Claire Regional Medical Center and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) The Morehead Inspiration Center 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 Morehead Inspiration Center 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 Morehead Inspiration Center provides all victims with medical and mental health services at the St. Claire Regional Medical Center that is a community level of care facility. The Morehead Inspiration Center 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 Morehead Inspiration Center is an all-male facility and is exempt from this section of the standard.

115.283 (f) The Morehead Inspiration Center provides Client victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the St. Claire Regional Medical Center as determined by the treating physician. The Morehead Inspiration Center 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 Morehead Inspiration Center 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 Morehead Inspiration Center 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 Morehead Inspiration Center will attempt to have a mental health evaluation conduct on all known client-on-client 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. 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 Morehead Inspiration Center Policy; the following delineates the audit findings regarding this standard:

115.286 (a) The Morehead Inspiration Center 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. Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 Morehead Inspiration Center 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. Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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) Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) 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 Morehead Inspiration Center 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 Morehead Inspiration Center, 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 Morehead Inspiration Center 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 Morehead Inspiration Center shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PREA Coordinator confirmed, the Morehead Inspiration Center 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 clients? (N/A if agency does not contract for the confinement of its clients.) 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA) ; the following delineates the audit findings regarding this standard:

115.287 (a), (b) and (c) The Morehead Inspiration Center 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 Morehead Inspiration Center maintains, reviews, and collect 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 Morehead Inspiration Center does not contract its clients to other facilities. Therefore, this part of the standard was found not applicable during this audit cycle.

115.287 (f) Upon request, the Morehead Inspiration Center 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA); the following delineates the audit findings regarding this standard:

115.288 (a) The Morehead Inspiration Center 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 include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the Morehead Inspiration Center progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (c) The Morehead Inspiration Center'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 Morehead Inspiration Center 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 Morehead Inspiration Center Policy for Compliance with Prison Rape Elimination Act of 2003 (PREA); the following delineates the audit findings regarding this standard:

115.289 (a) through (d) The Morehead Inspiration Center 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 during 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 clients? Yes No

115.401 (n)

- Were clients 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 Morehead Inspiration Center 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 Morehead Inspiration Center. 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 clients 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 Morehead Inspiration Center clients. 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*)
- 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 <http://www.pathways-ky.org/residential.html>

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 Client or staff member, except where the names of administrative personnel are specifically requested in the report template.

Brian D. Bivens

October 1, 2021

Auditor Signature

Date