

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** September 18, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Rodney P. Bivens			
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<b>Telephone number:</b> (865) 659-2424			
<b>Date of facility visit:</b> August 18, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Midway Rehabilitation Center			
<b>Facility physical address:</b> 1515 East Magnolia Avenue, Knoxville, TN 37917			
<b>Facility mailing address:</b> <i>(if different from above)</i> N/A			
<b>Facility telephone number:</b> (865) 522-0301			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Steve McNish			
<b>Number of staff assigned to the facility in the last 12 months:</b> 28			
<b>Designed facility capacity:</b> 80			
<b>Current population of facility:</b> 72			
<b>Facility security levels/inmate custody levels:</b> Minimum			
<b>Age range of the population:</b> 20 to 65			
<b>Name of PREA Compliance Manager:</b> Will Pappas		<b>Title:</b> PREA Manager	
<b>Email address:</b> will@askmidway.com		<b>Telephone number:</b> (865) 522-0301	
<b>Agency Information</b>			
<b>Name of agency:</b> Midway Rehabilitation Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Federal Bureau of Prisons			
<b>Physical address:</b> 1515 East Magnolia Avenue, Knoxville, TN 37917			
<b>Mailing address:</b> <i>(if different from above)</i> N/A			
<b>Telephone number:</b> (865) 522-0301			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Steve McNish		<b>Title:</b> Executive Program Director	
<b>Email address:</b> steve@askmidway.com		<b>Telephone number:</b> (865) 522-0301	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Monica Tillery		<b>Title:</b> Assistant Program Director	
<b>Email address:</b> monica@askmidway.com		<b>Telephone number:</b> (865) 522-0301	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act on-site PREA audit of the Midway Rehabilitation Center in Knoxville, Tennessee was conducted August 18, 2016, by Rodney P. Bivens (Lead Auditor) and Brian D. Bivens who are United States Department of Justice Certified PREA Auditors for adult facilities. The auditors wish to extend their deepest appreciation to the PREA Coordinator Monica Tillery and her staff for their professionalism, hospitality, and kindness. The auditors also wish to compliment Monica and her team for their outstanding work in organizing the files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently.

The pre-audit preparations consist of a thorough review of all documentation and materials submitted by the facility which included the "Pre-Audit Questionnaire". The documentation reviewed included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, education materials, training curriculums, organizational charts and all other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditors and the PREA Coordinator had ongoing communication for several months prior to the audit to prepare for the on-site visit.

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

The on-site audit began with an entrance meeting being conducted on Thursday, August 18, 2016 at approximately 8:15 A.M. in the Administrative Conference Room. The following staff attended the entrance meeting:

Executive Director Steve McNish  
Assistant Executive Director Monica Tillery (PREA Coordinator)  
PREA Manager Will Pappas

Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 8:45 and continued throughout the on-site visit. During the site review the auditors reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facilities the auditors observed the notices of this PREA audit on all floors of the building, as well as posters that called attention to the agency's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Random staff and resident interviews were conducted in a private office provided.

The following staff accompanied the auditors on the site review:

Executive Director Steve McNish  
Assistant Executive Director Monica Tillery (PREA Coordinator)  
PREA Manager Will Pappas

All housing units, day rooms, resident program areas, administrative area, laundry, dining area, and all other resident accessible areas were toured. While touring several residents and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and residents informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

The auditors interviewed a total of 24 staff members during the course of this audit. Staff interviews consisted of: 7 security staff selected at random covering all shifts, 1 volunteer, 2 supervisors, 3 employees informally selected during the facility tour, and 11 specialized staff who has multiple roles that encompasses all specialized staff interviews. All staff interviewed was well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures.

There is no SAFE or SANE staff at the facility; they are made available at the Sexual Assault Center of East Tennessee in Knoxville, TN.

There were 15 residents interviewed during the on-site visit. These residents consisted of: 11 residents selected at random and 4 informally selected during the facility tour. There were 3 of the 15 inmates' selected required a specialized interview due to self-reporting during risk screening as being LBGTI. All of the residents interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and resident handbooks) outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. The residents were each issued reporting instructions

on the back of their identification card. All residents interviewed felt if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very serious by staff at this facility.

The auditor selected and carefully examined 6 personnel files, 4 staff training files, and 2 volunteer files. The personnel and volunteer files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained.

The auditor also reviewed 6 resident files and saw documentation of offender education, as well as documentation of the initial risk screenings, the 30-day re-screenings, and screenings upon additional information being completed as required by the standard.

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

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

Executive Director Steve McNish  
Assistant Executive Director Monica Tillery (PREA Coordinator)  
PREA Manager Will Pappas

During the exit, the auditors explained the process that would follow the on-site visit. The auditors 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 auditors acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the facility website once compliance with all standards was achieved.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Midway Rehabilitation Center Facility is located at 1515 East Magnolia Avenue, Knoxville, Tennessee. The facility was opened in 1974, after a group of concerned adults and professionals in Knoxville felt a need for an agency dedicated to substance abusers who were motivated to recover and function productively. The group founded a public, non-profit corporation, Alcoholism Services of Knoxville Inc., to operate Midway Rehabilitation Center.

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

With the completion of a new office building in 1988, Midway began outpatient services to apply the same high quality programs for individuals in the community. The facility has a rated bed capacity of 80 and the housing units consist of 24 multi-occupancy rooms and 5 single rooms.

In 2000, Midway implemented a comprehensive business drug testing and education program. The quality of the professional staff and management team speaks to the longevity of Midway. Midway Rehabilitation Center is licensed by the Tennessee Department of Health as a substance abuse treatment center for residential and outpatient treatment. The facility is inspected annually by the Federal Bureau of Prisons as required by contract.

The Midway Rehabilitation Center mission is “to operate a high quality, comprehensive inpatient program designed to assist individuals who have made a commitment to remain sober, develop and improve lifestyle, and to become contributing members of the community”. It was evident the staff at the Midway Rehabilitation Center were committed to excellence in community corrections, by providing a dedicated team of professionals whose focus is on the enhancement of the quality of life through self-improvement opportunities for the residents entrusted to their care.

## **SUMMARY OF AUDIT FINDINGS**

The results from the Midway Rehabilitation Center PREA Audit are listed below:

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

115.211 (a) The agency has a written policy and procedure mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy outlines the agency’s approach to preventing, detecting and responding to such conduct. The procedures for all staff were clearly outlined in the Midway Rehabilitation Center PREA policy 115.211 provided. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.211 (B) and (C) The agency employs an upper-level, agency-wide PREA Coordinator. The Midway Rehabilitation Center job description for PREA Coordinator and PREA Manager outlines their responsibilities. Ms. Monica Tillery is the agency-wide PREA Coordinator. Monica was appointed as the agency-wide PREA Coordinator on August 10, 2015 and was assisted by PREA Compliance Manager Will Pappas during this audit. The facility provided the auditors with the organizational chart showing the PREA Coordinator position as an upper-level, agency-wide position. Monica is very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Tillery has the authority to develop, implement, and oversee PREA compliance. She is actively updating the facility as new Frequently Ask Questions (FAQ’s) results are published on the PREA Resource Center website.

During interviews with the PREA Coordinator and the PREA Compliance Manager, both indicated they had sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

Midway Rehabilitation Center is a private provider and does not contract with other agencies for the confinement of its residents. Therefore, this standard was found to be non-applicable to this facility during this audit cycle.

**Standard 115.213 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on staff interviews, review of documentation provided and review of Midway Rehabilitation Center PREA policy, 115.213. The following delineates the audit findings regarding this standard:

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

115.213 (b) Midway Rehabilitation Center has procedures in place to ensure all deviations are covered by overtime or justification must be documented on the “Staffing Plan Deviation Form” and approved by the Program Director. There have been no deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by interview with the Program Director. 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 PREA Coordinator and approved by the Program Director. The Program Director approves any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed January 01, 2016. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.215 Limits to cross-gender viewing and searches**

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

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

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

115.215 (a) Midway Rehabilitation Center PREA policy 115.215 (a), outlines resident searches and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The review of training curriculums and staff interviews revealed cross gender strip searches are prohibited except in exigent circumstances and must be documented when conducted. There have been no documented cross-gender visual body cavity or strip searches reported

in the past 12 months. The Facility does have a log to document any searches that fall under the exigent circumstance category. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) Midway Rehabilitation Center PREA policy 115.215 (b) prohibits male employees from frisk/pat searches of female residents except in exigent circumstances. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) Midway Rehabilitation Center PREA policy 115.215 © prohibits frisk/pat searches of the female residents by male staff and requires that all cross-gender searches in exigent circumstances be documented. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.215 (e) Midway Rehabilitation Center PREA policy 115.215 (e), training curriculum provided, and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on Midway Rehabilitation Center PREA policy 115.215, training curriculum provided, staff training file reviews, and staff interviews the facility trains security staff to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

Based Midway Rehabilitation Center PREA policy 115.216, review of the lesson plans, PREA handouts, and review of New World Language Services contract, as well as staff and resident interviews. The following delineates the audit findings regarding this standard:

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



using any necessary specialized vocabulary. PREA handouts, PREA posters, PREA education video, and the resident handbook is provided in both English and Spanish. The agency utilizes the Knoxville Center of the Deaf, New World Language Services, and Braille Works as resources for communicating with residents with disabilities. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) Midway Rehabilitation Center PREA policy 115.216 and staff takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) Midway Rehabilitation Center does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.217 Hiring and promotion decisions**

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

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

Based on Midway Rehabilitation Center PREA policy 115.217, Human Resource staff interviews, and personnel file reviews. The following delineates the audit findings regarding this standard:

115.217 (a) Midway Rehabilitation Center does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. The facility completes a "Self-Declaration of Sexual Abuse/Sexual Harassment" on all applicants as well as a background check is completed on all new applicants confirming compliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (b) Midway Rehabilitation 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 residents. All applicants and employees must sign the agency's "Self-Declaration of Sexual Abuse/Sexual Harassment" form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.217 (c)-2 Midway Rehabilitation 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. This request is documented on Midway Rehabilitation Center's "PREA Questionnaire for Prior Institutional Employers" form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) Midway Rehabilitation Center policy 115.217 requires a criminal background records check be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (e) Midway Rehabilitation Center policy 115.217 requires a criminal background records check be completed on all current employees, volunteers, and contractors at least every five years. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (f) Midway Rehabilitation Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A "Self-Declaration of Sexual Abuse/Sexual Harassment" form is completed by all applicants, unescorted contractors or volunteers, employees upon being hired, and employees being considered for a promotion to document this requirement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) Midway Rehabilitation Center policy 115.217 mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) Midway Rehabilitation Center policy 115.217 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.218 Upgrades to facilities and technologies**

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

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

Based upon review of Midway Rehabilitation Center policy 115.218, staff interviews, review of camera placement, and review of documentation provided. The following delineates the audit findings regarding this standard:

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

115.218 (b) Midway Rehabilitation Center policy 115.218 requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. During this audit cycle the facility has enhanced the video technology throughout the facility. All identified blind spots were addressed and staff as well as residents confirmed during interviews they felt safer with the changes in place. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.221 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based upon review of Midway Rehabilitation Center policy 115.221, investigative staff interviews, and review of documentation provided. The following delineates the audit findings regarding this standard:

115.221 (a) and (b) Midway Rehabilitation 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 Knoxville Police Department investigates all PREA complaints for potential criminal activity and maintains a close working relationship with the Knox County District Attorney’s Office and the Midway Rehabilitation Center investigator on each case. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) Midway Rehabilitation Center offers all victims of sexual abuse access to forensic medical examinations at Physician’s Regional Hospital in Knoxville, Tennessee without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The agency has a Memorandum of Understanding with the Sexual Assault Center of East Tennessee; who provides the SAFE or SANE services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Midway Rehabilitation Center has entered into a Memorandum of Understanding with Sexual Assault Center of East Tennessee which agrees to provide outside victim advocacies services to the residents. The services of these victim advocates has not been requested or used by the residents during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.221 (f) Midway Rehabilitation Center is responsible for administrative investigations. Midway Rehabilitation Center has a memorandum of understanding with the Knoxville Police Department for criminal investigations.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

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

Based upon review of Midway Rehabilitation Center policy 115.222, investigative staff interviews, and review of documentation provided. The following delineates the audit findings regarding this standard:

115.222 (a) The Midway Rehabilitation Center policy 115.222 requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. All potential criminal activity is referred to the Knoxville Police Department for criminal investigation. During the interview with the investigator he demonstrated the responsibilities were clearly established and understood by both agencies. During this audit cycle there had been no PREA complaints reported at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) All PREA allegations are investigated by the Midway Rehabilitation Center investigator for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Knoxville Police Department for criminal investigation and prosecution as warranted. This policy is available to the public upon request. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The Midway Rehabilitation Center policy 115.222 outlines the responsibilities of both the agency and the Knoxville Police Department. During interview with the agency investigator he demonstrated knowledge of the respective roles and responsibilities each investigative entity assumes. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (d) There is no State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at this agency. Therefore, this part of the standard is not applicable.

### **Standard 115.231 Employee training**

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

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

Based upon review of Midway Rehabilitation Center policy 115.231, staff interviews, random staff training file reviews, and review of documentation provided (power points, certificates, sign-in sheets, signed acknowledgement forms, training curriculums, and employee handouts). The following delineates the audit findings regarding this standard:

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

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

115.231 (b) The training is tailored to both genders of the residents at Midway Rehabilitation Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. All staff receive annual refresher PREA training during in-service which exceeds the requirements of this standard. Therefore, the facility exceeded this part of the standard during this audit.

115.231 (d) Midway Rehabilitation Center documents, through employee signature on an acknowledgement form, that all employees understand the training they have received. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.232 Volunteer and contractor training**

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

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

Based upon review of Midway Rehabilitation Center policy 115.232, volunteer interview, random training file review, and review of documentation provided (power points, certificates, sign in sheets, signed acknowledgement forms, training curriculums and handouts). The following delineates the audit findings regarding this standard:

115.232 (a) Midway Rehabilitation Center ensures all volunteers and contractors who have contact with residents have been trained on their responsibilities under Midway Rehabilitation Center sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of Midway Rehabilitation Center's zero-tolerance policy 115.211 regarding sexual abuse and sexual harassment and their requirements to report such incidents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) Midway Rehabilitation Center documents through employee signature on an acknowledgement form that volunteers and contractors understand the training they have received. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.233 Resident Education**

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

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

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

115.233 (a) During the intake process, residents receive information explaining Midway Rehabilitation Center's zero-tolerance PREA 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 type of incidents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.233 (c) Midway Rehabilitation Center provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) There was documentation provided of resident's participation in PREA educational sessions as required by this part of the standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) Midway Rehabilitation Center does provide the residents with posters, pamphlets, and a resident handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.234 Specialized Training: Investigations**

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

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

Based on review of the Midway Rehabilitation Center PREA policy 115.234, as well as the PREA Specialized Investigator Training curriculums provided, 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 Midway Rehabilitation Center ensures that their investigator receives training in conducting investigations in confinement settings. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) Specialized training includes 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) Midway Rehabilitation Center maintains documentation the agency investigator has completed the required specialized training in conducting sexual abuse investigations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) There is no State entity or Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at this agency. Therefore, this part of the standard is not applicable.

### **Standard 115.235 Specialized training: Medical and mental health care**

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

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

Based on review of the Midway Rehabilitation Center PREA policy 115.235, documentation provided, and administrative staff interviews. The following delineates the audit findings regarding this standard:

The Midway Rehabilitation Center does not have any full-time or part-time medical staff at the facility. Inmates are transported off-site to Physician’s Regional Hospital in Knoxville, Tennessee for all medical treatment at no cost to the residents. All treatment cost is billed to the Federal Bureau of Prisons. The facility has an agreement with Physician’s Regional Hospital to provide Medical and Mental health services by qualified medical providers. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.241 Screening for risk of victimization and abusiveness**

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

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

Based on Midway Rehabilitation Center PREA policy 115.241, resident and staff interviews, resident file reviews, and a review of the objective “Sexual Abuse Screening” tool. The following delineates the audit findings regarding this standard:

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

115.241 (b) Midway Rehabilitation Center documentation provided mandates that screenings be conducted within 72 hours of arrival 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 resident file reviews the facility utilizes an objective screening instrument that covers all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

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

115.241 (f) Within 30 days from the resident's arrival, Midway Rehabilitation Center reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by Midway Rehabilitation Center since the intake screening. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (g) Midway Rehabilitation Center will reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) Midway Rehabilitation Center does not discipline residents for refusing to answer screening questions or not disclosing complete information. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) Midway Rehabilitation 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 resident's detriment by staff or other residents. Based on policy review, interview with the Program Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work and program assignments. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.242 Use of screening information**

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

#### **Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**



**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on Midway Rehabilitation Center PREA policy 115.242, resident and staff interviews, file review, and a review of the objective “Sexual Abuse Screening” tool. The following delineates the audit findings regarding this standard:

115.242 (a) Midway Rehabilitation Center uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) Midway Rehabilitation Center makes individualized determinations about how to ensure the safety of each resident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) Midway Rehabilitation Center outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for male or female residents, and the process for making housing and programming assignments, on case by case basis as required by this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) Midway Rehabilitation Center requires that a transgender and intersex resident’s own views regarding their own safety be given serious consideration. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) Midway Rehabilitation Center requires that transgender and intersex residents be given the opportunity to shower separately from other residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

### **Standard 115.251 Resident reporting**

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

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

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

115.251 (a) Midway Rehabilitation Center PREA policy 115.251 outlines multiple internal ways for residents to report incidents of sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents

reported and documentation confirmed they can report verbally, in writing, dialing the hotline provided and/or through report of a third party. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (b) Midway Rehabilitation Center provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of Midway Rehabilitation Center, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The Midway Rehabilitation Center has by Memorandum of Understanding provided the address and phone number for the Sexual Assault Center of East Tennessee to the residents satisfying the requirements of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (c) Midway Rehabilitation Center PREA policy 115.251 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 Program Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) Midway Rehabilitation Center staff may privately report sexual abuse and sexual harassment to the Program Director or the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.252 Exhaustion of administrative remedies**

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

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

The Midway Rehabilitation Center PREA policy 115.252 does not require a resident to submit a grievance or allow a PREA incident reported on a grievance to be processed through the facility's grievance process. Should a report be submitted, it is the policy to immediately forward the complaint to the Investigator or the PREA Coordinator. Therefore, this standard was found not applicable to this facility.

### **Standard 115.253 Resident access to outside confidential support services**

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

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

Based on Midway Rehabilitation Center PREA policy 115.253, staff interviews, resident interviews and documentation review. The following delineates the audit findings regarding this standard:

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

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

115.253 (c) Midway Rehabilitation Center maintains a Memorandum of Understanding with Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.254 Third-party reporting**

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

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

Based on the review of Midway Rehabilitation Center PREA policy 115.254 as well as a review of the website outlining third party reporting. The following delineates the audit findings regarding this standard:

115.254 The Midway Rehabilitation 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 explains how to report sexual abuse and sexual harassment on behalf of a resident. The facility takes all reports seriously no matter how they are received and investigates each reported incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.261 Staff and agency reporting duties**

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

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

### **corrective actions taken by the facility.**

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

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

115.261 (b) Midway Rehabilitation Center requires apart from reporting to designated supervisors or officials, staff do not reveal 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (c) Midway Rehabilitation Center requires medical and mental health practitioners to report sexual abuse immediately to the Program Director. Medical and mental health practitioners are required to inform the residents of their duty to report, and the limitations of confidentiality, at the initiation of services. Therefore, the facility demonstrated compliance with this part of the standard 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, Midway Rehabilitation Center reports the allegation to the designated state or local services agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) Midway Rehabilitation Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility investigator as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.262 Agency protection duties**

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

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

Based on Midway Rehabilitation Center PREA policy 115.262, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.262 Policy and staff training requires all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a resident at the Midway Rehabilitation Center is subject to a substantial risk of imminent sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.263 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Based on Midway Rehabilitation Center PREA policy 115.263, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.263 (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director of Midway Rehabilitation Center that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Midway Rehabilitation Center. The allegation is referred immediately to the facility investigator to be investigated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

#### **Standard 115.264 Staff first responder duties**

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

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

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

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

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.264 (b) Midway Rehabilitation Center PREA policy 115.264 mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.265 Coordinated Response**

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

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

Based on Midway Rehabilitation Center PREA policy 115.265, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

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

Part of the response plan is the “Allegation Log” form which is initiated upon receiving a PREA allegation and ensures all steps in the plan are carried out in a timely manner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

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

Based on Midway Rehabilitation Center PREA policy 115.266, interviews with the Program Director, the PREA Coordinator, and documentation provided. The following delineates the audit findings regarding this standard:

115.66 (a) Employees are subject to disciplinary sanctions up to termination for violating Midway Rehabilitation Center policies on sexual abuse and sexual harassment. The Midway Rehabilitation Center has not entered into any collective

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

### **Standard 115.267 Agency protection against retaliation**

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

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

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

115.267 (a) Midway Rehabilitation Center has a policy (115.267) to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and designates which staff members or departments are charged with monitoring retaliation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation Midway Rehabilitation Center takes appropriate measures to protect that individual against retaliation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.271 Criminal and administrative agency investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based upon review of the Midway Rehabilitation Center PREA policy 115.271, investigative staff interviews, training certificates, investigative reports, as well as interviews with the PREA Coordinator, and the Program Director. The following delineates the audit findings regarding this standard:

115.271 (a) Midway Rehabilitation Center investigator conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. During the 12 months prior to the on-site visit there have been no PREA allegations filed by residents at this facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training curriculums provided, 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) Midway Rehabilitation Center 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. 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, Midway Rehabilitation Center refers the case to the Knoxville Police Department for the criminal investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. The resident who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) Midway Rehabilitation 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 facts and findings. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Midway Rehabilitation Center, criminal investigations are documented by the Knoxville Police Department in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) Midway Rehabilitation Center refers all allegations to the Knoxville Police Department for investigation and prosecution when warranted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) Midway Rehabilitation Center retains all written reports for as long as the alleged abuser is incarcerated or employed by Midway Rehabilitation Center, plus five years. 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 Midway Rehabilitation Center or agency does not provide a basis for terminating an investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Knoxville Police Department conducts criminal sexual abuse investigations pursuant to the requirements of this standard. Midway Rehabilitation Center PREA policy 115.271, outlines the requirements of the criminal investigation



and complies with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (l) Midway Rehabilitation Center refers all criminal cases to the Knoxville Police Department and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the facility investigator and the Knoxville Police Department agent handling the case. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.272 Evidentiary standard for administrative investigations**

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

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

Based upon review of Midway Rehabilitation Center PREA policy 115.272 and investigative staff interviews. The following delineates the audit findings regarding this standard:

Midway Rehabilitation Center imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.273 Reporting to residents**

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

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

Based upon review of Midway Rehabilitation Center PREA policy 115.273 and investigative staff interviews. The following delineates the audit findings regarding this standard:

115.273 (a) Based on Midway Rehabilitation Center PREA policy it was confirmed that following an investigation into a resident’s allegation he suffered sexual abuse in the facility, the resident was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that residents will be provided this notification on the “Notification of Alleged Abuse” form. The residents will be required to sign the form documenting acknowledgement of this notification as required. However, there were no PREA incidents reported during this audit cycle so compliance was determined on policy and sample forms. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Knoxville Police Department in order to inform the resident as required by this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

The documentation provided confirmed the residents will be provided this notification on the "Notification of Alleged Abuse" form. The residents are required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following a resident's allegation they had been sexually abused by another resident, Midway Rehabilitation Center subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or Midway Rehabilitation Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that residents will be provided this notification on the "Notification of Alleged Abuse" form. The residents are required to sign the form documenting acknowledgement of this notification as required. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e) All such notifications or attempted notifications are documented, based on the "Notification of Alleged Abuse" form. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the resident is released from Midway Rehabilitation Center custody. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.276 Disciplinary sanctions for staff**

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

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

Based upon review of Midway Rehabilitation Center PREA policy 115.276, documentation provided, Program Director, 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other

than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.277 Corrective action for contractors and volunteers**

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

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

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

115.277 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) Midway Rehabilitation Center takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### **Standard 115.278 Disciplinary sanctions for residents**

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

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

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

115.278 (a) Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt

for resident-on-resident sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.278 (d) There is no therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility. Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) Midway Rehabilitation Center disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Program Director, PREA Coordinator and the Investigator all 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

### **Standard 115.282 Access to emergency medical and mental health services**

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

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

Based on Midway Rehabilitation Center PREA policy 115.282, Program Director interview, and the PREA Coordinator interview. The following delineates the audit findings regarding this standard:

115.282 (a) Midway Rehabilitation Center has an agreement with the Sexual Assault Center of East Tennessee to ensure resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment, and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) Midway Rehabilitation Center policy 115.282 outlines the procedures to be followed in the event of a sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services are provided by the Sexual Assault Center of East Tennessee. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the hospital for treatment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c) Midway Rehabilitation Center ensures resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. These services are offered by the Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d) Midway Rehabilitation 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. 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**

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

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

Based on the Program Director and PREA Coordinator interviews, documentation provided, and Midway Rehabilitation Center PREA policy 115.283. The following delineates the audit findings regarding this standard:

115.283 (a) Midway Rehabilitation Center offers medical and mental health evaluations at the Physicians Regional Hospital in Knoxville, Tennessee and, as appropriate, treatment to all residents 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) Midway Rehabilitation 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) Midway Rehabilitation Center provides all victims with medical and mental health services at the Physicians Regional Hospital in Knoxville, Tennessee that is a community level of care facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) Midway Rehabilitation Center ensures female victims of sexual abuse are given a pregnancy test when vaginal penetration took place. If a pregnancy results from the sexual abuse, Midway Rehabilitation Center ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy related services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.283 (g) Midway Rehabilitation Center 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) Midway Rehabilitation Center will attempt to have a mental health evaluation conducted on all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate

by the mental health practitioners. However, as of this audit there have been no sexual abuse cases reported requiring these services. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

### Standard 115.286 Sexual abuse incident reviews

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

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

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

115.286 (a) Midway Rehabilitation 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. However, there have been no incidents of sexual abuse reported during the audit cycle to document a review. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.286 (c) The review team consist of upper-level management officials, with input from line supervisors, investigators, and members of the Sexual Assault Center of East Tennessee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

### Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

115.287 (a), (b) and (c) Midway Rehabilitation 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) Midway Rehabilitation Center maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

115.287 (f) Upon request, Midway Rehabilitation Center 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**

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

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

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

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

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

115.288 (c) Midway Rehabilitation Center's report is approved by the Program Director 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) Midway Rehabilitation 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**

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

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

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as Midway Rehabilitation Center PREA policy 115.289. The following delineates the audit findings regarding this standard:

115.289 (a) through (d) Midway Rehabilitation Center agency PREA Coordinator 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. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

Rodney P. Sivens  
Auditor(s) Signature

September 18, 2016  
Date