

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## COMMUNITY CONFINEMENT FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b> Dismas Charities Lubbock			
<b>Physical address:</b> 709 E. 49th Street, Lubbock, TX 79404			
<b>Date report submitted:</b> Monday, March 30, 2015			
<b>Auditor Information Tina Sallee</b>			
<b>Address:</b> P.O. Box 373, Campbellsville, KY 42718			
<b>Email:</b> r.fields44@ymail.com			
<b>Telephone number:</b> 270-980-2430			
<b>Date of facility visit:</b> Tuesday, March 17, 2015			
<b>Facility Information Dismas Charities Lubbock</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 806-747-5055			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<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 type="checkbox"/> Other:
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
		<input type="checkbox"/> Alcohol or drug rehabilitation center	
<b>Name of Facility Head:</b> Sam Truelock		<b>Title:</b>	Director
<b>Email address:</b> struelock@dismas.com		<b>Telephone number:</b>	806-747-5055
<b>Name of PREA Compliance Manager (if applicable):</b>		<b>Title:</b>	
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency Information</b>			
<b>Name of agency:</b> Dismas Charities, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 2500 Seventh Street Road, Louisville, KY 40208			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 502-636-2033			

<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Raymond J. Weis	<b>Title:</b>	President/CEO
<b>Email address:</b>	rweis@dismas.com	<b>Telephone number:</b>	502-636-2033
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Joseph S. Theriot	<b>Title:</b>	Regional Vice President
<b>Email address:</b>	jtheriot@dismas.com	<b>Telephone number:</b>	502-636-2033

## AUDIT FINDINGS

### NARRATIVE:

The first PREA community confinement facility audit of the Dismas Charities Lubbock Facility located at 709 E. 49 th Street, Lubbock, Texas took place on Tuesday, March 17, 2015. The audit consisted of data review, staff and resident interviews and facility tour and observations. Staff members were interviewed, including the Designee for the Agency Head; the Agency Wide PREA Coordinator; the Regional Vice President for Texas area; the Facility Director; and random monitoring staff. A number of residents (both male and female) were interviewed. Documents were timely and complete. Staff and resident interviews occurred efficiently. The entire facility was toured. Overall, the facility was well prepared for the audit and performed well in all areas.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Dismas Charities Lubbock facility is located at 709 E. 49 th Street, Lubbock, Texas. It is a small community confinement facility (halfway house) that houses both male and female Federal offenders. The facility is a one story building. The facility floor plan is well monitored. Residents (both male and female) are between the age of 20-60 years old and their average length of stay is 105 days.

### SUMMARY OF AUDIT FINDINGS:

On Tuesday, March 17, 2015, a site visit and PREA certified facility audit was conducted at the Dismas Charities Lubbock and found that of the 39 standards:

Number of standards exceeded: 3

Number of standards met: 36

Number of standards not met: 0

<b>Standard number here</b>	STANDARD INSERTED HERE 115.211 (a)-(b) Prevention Planning: Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator.
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- ☒ 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 comments, including corrective actions needed if does not meet standard**

Policy is thorough and documented in the following ways: Dismas Charities Mission Statement; Facility Floor Plan; Sexual Abuse/Harassment/Misconduct Prevention Intervention Policy Statement Implementation Page 1-2 of 2; Sexual Abuse/Harassment/Misconduct Prevention Intervention Procedure 24.1 Page 1-2 of 2; Human Resources Policies and Procedures Manual, Section #5, Development & Training, on Page #54, Page #15, Page #17, Page #18, Page #19; Initial Employee Orientation Checklist that does require Employee/Supervisor signature of receipt and understanding; Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention that requires Staff/Volunteer Signature and Facility Director Signature of receipt and understanding on Page #1 of 1; Employee Handbook Page #10, Page #36 and Page #37; Resident education using resident manual and pamphlet given to each new resident during intake titled "Understanding the Prison Rape Elimination Act (PREA) for Residents (March 21, 2014). Agency Policy, procedures, and staff/resident interviews (including male and female residents), Resident Monitoring Staff, the Facility Director, the Regional Vice President for Texas area, the Agency Wide PREA Coordinator and the Designee for the Agency Head confirmed that the policy is thorough and mirrors the PREA language and that the policy is in use on a continual and consistent basis.

<b>Standard number here</b>	STANDARD INSERTED HERE 115.212 (a)-(c) Contracting with other entities for the confinement of residents.
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- ☐ 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 comments, including corrective actions needed if does not meet standard**

Non applicable – does not contract for the confinement of its residents.

<b>Standard number here</b>	STANDARD INSERTED HERE 115.213 (a)-(c) Supervision and monitoring.
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- ☒ 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 comments, including corrective actions needed if does not meet standard**

In the past 12 months there have been NO reports of sexual abuse. Video monitoring is in place to protect residents and staff from sexual abuse. The Agency Wide PREA Coordinator, Agency Head Designee, Facility Director, and Regional Vice President for Texas area all voiced that the physical layout of each facility including the Dismas Charities Lubbock Facility, the composition of the resident population, and other relevant factors are used to calculate adequate staffing levels and to determine needs for further technologies, etc...on an ongoing basis for the safety of the residents and staff. Cameras were viewed and were mounted in hallways and common areas both inside and outside the facility and has good coverage with current camera system.

**Standard  
number here**

STANDARD INSERTED HERE115.215 (a)-(f) 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 comments, including corrective actions needed if does not meet standard**

(a) (b)There are NO CROSS GENDER strip searches permitted. (c)There are NO CROSS GENDER pat searches permitted. (d) All residents have the ability to shower/perform bodily functions/change clothes with out being viewed (there are NO cameras in dorm rooms/restrooms). (e) N/A – there have been no transgender or intersex residents admitted to date. (f) All staff are trained in using a professional and respectful manner with transgender and intersex residents per documentation of training forms and staff reports during interviews (even though they have not had to address this issue to date) they have received training.

**Standard  
number here**

STANDARD INSERTED HERE115.216 (a)–(c) 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 comments, including corrective actions needed if does not meet standard**

Agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment but there were no residents with disabilities or LEP residents to interview.

## AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

\_\_\_\_\_  
Tina Sallee  
Auditor Signature

3/30/15\_\_\_\_\_  
Date

### **Standard number here: 115.217 (a)-(h) 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 comments, including corrective actions needed if does not meet standard:** Agency has policy which is clear and thorough in place to conduct background checks. Interviews with the Agency Wide PREA Coordinator, the Regional Vice President for Texas area, and the Facility Director confirmed policy and confirmed practice is in line with policy.

### **Standard number here: 115.218 (a)-(b) 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 comments, including corrective actions needed if does not meet standard:** N/A – The facility has NOT made a substantial expansion or modification to existing facility since August 2012. But interviews with the Agency Wide PREA Coordinator and the Designee for the Agency Head confirmed the practice is in line for future that the agency shall consider the effect of the design, modification, or updating of video monitoring system, upon the agency's ability to protect residents from sexual abuse.

### **Standard number here: 115.221 (a)-(h) Responsive Planning: 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 comments, including corrective actions needed if does not meet standard:** (a) and (b) N/A – The name of the agency that has responsibility would be Federal Bureau of Prisons Residential Reentry Office and/or Lubbock Police Department. (c) – (g) The facility offers contact information for the

following: Rape Crisis Center with the Toll Free 24 hours Crisis Line. (h) The Director and documentation confirmed staff have completed training on investigations of allegations of sexual abuse and the 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 or prosecution referral but this facility does NOT conduct its own criminal investigations. The Director during interview emphasized that the facility has had and continues to have a good working relationship with the local Lubbock Police Department.

**Standard number here: 115.222 (a)–(e) Policies to ensure referrals of allegations for investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Within the past 12 months there have been 0 reports of sexual abuse and/or sexual harassment to report. The agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

<http://www.dismas.com/wp-content/uploads/2014/07/PREA-Annual-Report-2013.pdf>

There were no referrals of allegations made during the last 12 months for sexual abuse and/or sexual harassment.

**Standard number here: 115.231 (a)-(d) Training and Education: Employee training.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation and staff interviews indicated that staff were trained in all 10 elements of the subsection. That training is tailored to the gender of the residents and that staff can receive additional training if needed, that employees are made aware of the facility's no tolerance for sexual abuse and/or sexual harassment policies and procedures. The facility does document through employee signature that employees received the training.

**Standard number here: 115.232 (a)-(c) Volunteer and contractor training.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The facility maintains documentation/acknowledgement forms confirming that volunteers, vendors and contractors sign stating that they understand the training that they have received on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interview with Facility Director confirm volunteer/contractor training.

**Standard number here: 115.233 (a)-(e) Resident education.**

X Exceeds Standard (substantially exceeds requirement of standard)

0 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency/facility policy is thorough and mirrors the PREA language. PREA education is conducted during intake with pamphlets, posters on bulletin boards, notices posted by pay phones and documentation of the resident participation in these education sessions with resident signatures verifying they understand the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Residents acknowledged during interviews they do receive the education upon entering the program, that they understood their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation for reporting such incidents. The agency does provide residents education in formats accessible to all, including those who are limited English proficient or handicapped (but there were no residents to interview at this time with either condition).

**Standard number here: 115.234 (a)-(d) Specialized training: Investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The Federal Bureau of Prisons Residential Reentry Office/Lubbock Police Department handles the criminal investigations. There were no referrals of allegations made during the last 12 months for sexual abuse and/or sexual harassment. The Director during interview confirmed they have completed training on investigations of allegations of sexual abuse and that 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 or prosecution referral but this facility does NOT conduct its own criminal investigations.

**Standard number here: 115.235 (a)-(d) Specialized training: Medical and mental health care.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** N/A- Dismas Charities Lubbock does not employ nor have any full or part-time medical or mental health practitioners who work in the facility.

**Standard number here: 115.241 (a)-(i) Screening for Risk of Sexual Victimization and Abusiveness: Screening for risk of victimization and abusiveness.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Residents are screened during intake for risk of sexual victimization and sexually abusive behavior. Screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and sexually abusive behavior. Documentation of the screening instrument is maintained in each resident file and the facility reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. No resident reported to the auditor that their personal information was used in any exploitative or inappropriate way.

**Standard number here: 115.242 (a)-(f) Use of screening information.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation and staff interviews indicate that the agency policy reflects PREA language. The agency uses information from the risk screening required by 115.241 to decide housing and program assignments with the goal of keeping all residents safe. To date there have been NO transgender or intersex resident's admitted to the program but staff receive training for the possibility in future if the need should arise regarding separate shower/housing/and programming assignments.



**Standard number here: 115.251 (a)-(d) Reporting: Resident reporting.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Documentation, staff interviews and resident interviews indicate that the agency policy mirrors PREA language. Residents have multiple internal and external ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and/or staff neglect or violation of responsibilities that may have contributed to such reports. Staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document any report. In the past 12 months there have been NO reports of sexual abuse or sexual harassment.

**Standard number here: 115.252 (a)-(g) Exhaustion of administrative remedies.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Policy is also in line with expectations in subsections. There were no grievances of sexual abuse or harassment to review in the past 12 months.

**Standard number here: 115.253 (a)-(c) Resident access to outside confidential support services.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Policy, procedures and practice is in line with subsections as evidenced by documentation of Sexual Abuse/Harassment/Misconduct Prevention Intervention Policy Statement (Procedure 24.3 Page #1-3) and also by staff and resident interviews conducted.

**Standard number here: 115.254 Third-party reporting.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency and facility provides methods to receive third-party reports of resident sexual abuse or sexual harassment and publicly distributes the information on how to report sexual abuse and sexual harassment on behalf of a resident.

**Standard number here: 115.261 (a)–(e) Official Response Following a Resident Report: Staff and agency reporting duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, procedures, and staff interviews confirm that staff are required to and would report allegations or suspicions immediately to the facility's designated investigators/facility director.

**Standard number here: 115.262 Agency protection duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, procedures, and staff interviews confirm that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

**Standard number here: 115.263 (a)-(d) Reporting to other confinement facilities.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy and staff interviews confirm that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

**Standard number here 115.264 (a)–(b) Staff first responder duties.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, procedure, and staff interviews confirm that policy does cover all required elements of staff first responder duties – NO incidents have been reported in the past 12 months.

**Standard number here: 115.265 Coordinated response.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Facility has a written plan and staff interviews confirm agency/facility policy to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators, and facility leadership – NO incidents have been reported in the past 12 months.

**Standard number here: 115.266 (a)-(b) Preservation of ability to protect residents from contact with abusers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** NOT APPLICABLE

**Standard number here: 115.115.267 (a)-(f) Agency protection against retaliation.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy, staff interviews, and interview with the Agency Head Designee confirm agency protection against retaliation and zero tolerance for retaliation – there have been NO reports of incidents of retaliation in the past 12 months.

**Standard number here: 115.271 (a)-(l) Criminal and administrative agency investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy and staff interviews confirm agency policy is in line with the PREA subsection language.

**Standard number here: 115.272 Evidentiary standard for administrative investigations.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy is in line with the PREA language.

**Standard number here 115.273 (a)-(f) Reporting to residents.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** Agency policy and staff interviews indicates that this would be the practice should an investigation occur.

**Standard number here: 115.276 (a)-(d) Discipline: Disciplinary sanctions for staff.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** There were no examples reportedly but agency policy confirm that this is the practice.

**Standard number here: 115.277 (a)-(b) Corrective action for contractors and volunteers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** There were no examples reportedly but agency policy, Procedure 24.7 page 2 of 2, documentation that all vendors must sign acknowledging that they are aware of the agencies zero tolerance policy for sexual contact with residents and that they will report any incidents to the Facility Director, interview with the Facility Director, interview with the Agency Wide PREA Coordinator confirm that any contractor/vendor that violated any sexual abuse or harassment policy would be terminated, reported to law enforcement when warranted and immediately not allowed any further contract with the residents.

**Standard number here: 115.278 (a)-(g) Disciplinary sanctions for residents.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, Procedure 24.7 page 2 of 2 is clear and reflect the PREA subsections intent.

**Standard number here: 115.282 (a)–(d) Medical and Mental Care: Access to emergency medical and mental health services.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation Sexual Abuse/Harassment/Misconduct Prevention Intervention Policy Statement page 2 of 2, Medical Services Procedure 15B page #1 and #2, pamphlet given to residents during intake, along with staff interviews confirms that all residents would have access to emergency medical and mental health services without financial cost and reflect the PREA subsections intent. There have been NO incidents to review in the past 12 months.

**Standard number here: 115.283 (a)–(h) Ongoing medical and mental health care for sexual abuse victims and abusers.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation Sexual Abuse/Harassment/Misconduct Prevention Intervention Policy Statement page 2 of 2, Medical Services Procedure 15B page # 1 and #2, pamphlet given to residents during intake, along with staff interviews confirms and reflects the PREA subsections intent. There have been NO incidents to review in the past 12 months.

**Standard number here: 115.286 (a)-(e) Data Collection and Review: Sexual abuse incident reviews.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy and staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.287 (a)-(f) Data Collection.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy and staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.288 (a)-(d) Data review for corrective action.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation Procedure 24.9 page 1 and 2, 2013 Annual Report (dated June 2014), along with staff interviews confirms and reflects the PREA subsections intent.

**Standard number here: 115.289 (a)-(d) Data storage, publication, and destruction.**

0 Exceeds Standard (substantially exceeds requirement of standard)

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

0 Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard:** The agency policy, documentation Procedure 24.9 page 1 and 2, along with staff interviews confirms and reflects the PREA subsections intent.