

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

Date of report: 03/31/2017

Auditor Information			
Auditor name: Tina Sallee			
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Email: r.fields44@ymail.com			
Telephone number: 270-980-2430			
Date of facility visit: 03/07/2017			
Facility Information			
Facility name: Dismas Charities Kearney			
Facility physical address: 401 Central Avenue, Kearney, NE 68847			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 308-237-0663			
The facility is:	<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		
Facility type:	<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	
Name of facility's Chief Executive Officer: Jack Morgan, Director			
Number of staff assigned to the facility in the last 12 months: Redacted			
Designed facility capacity: Redacted			
Current population of facility: Redacted			
Facility security levels/inmate custody levels: Community (Minimum, Low, Medium, High)			
Age range of the population: 20-64 years of age			
Name of PREA Compliance Manager: Jack Morgan		Title: Director	
Email address: jmorgan@dismas.com		Telephone number: 308-237-0663	
Agency Information			
Name of agency: Dismas Charities, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2500 7 th Street, Louisville, KY 40208			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 502-636-2033			
Agency Chief Executive Officer			
Name: Jan Kempf		Title: Executive Vice-President/COO	
Email address: jkempf@dismas.com		Telephone number: 502-636-2033	
Agency-Wide PREA Coordinator			
Name: Joseph Theriot		Title: Regional Vice-President	
Email address: jtheriot@dismas.com		Telephone number: 502-636-2033 ext.1305	

AUDIT FINDINGS

NARRATIVE

Dismas Charities Kearney, located at 401 Central Avenue, Kearney, NE is a (Redacted)-bed community confinement facility (halfway house) for men and women, current population is (Redacted) residents (Federal, there are no State offenders) which is used to provide quality, cost-effective, community-based services and programs to individuals in the criminal justice system and assist them in becoming positive productive members of their community. The average length of stay is approximately (Redacted) days. The facility was opened on 3/1/2016 by Dismas Charities, Inc. The facility currently employs (Redacted) full-time staff.

This audit was conducted by DOJ Certified PREA Auditor Tina Sallee. During the Pre-Audit phase the auditor reviewed a variety of documents provided by the agency. These documents included policies and procedures, staffing plans, floor plan, protocols, training records, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. This auditor did not receive any correspondence or requests from staff or residents prior to the on-site audit (a notice was posted with contact information for the PREA Auditor/audit date six weeks prior to the on-site audit).

An on-site PREA Audit was conducted on Tuesday, March 7, 2017. An entrance meeting was held with Jack Morgan, Director and Cathy Bellew, Regional Vice-President. The on-site audit work plan was discussed, samples of residents and staff to be interviewed were selected, and specialized staff were identified. Also, additional pre-audit information was obtained. Following the entrance meeting a tour of the facility was led by Jack Morgan, Director. All areas of the facility were viewed including administration area, conference area, CMO (Central Monitoring Office) (Redacted). PREA related informational posters were prominently posted and the PREA audit notice was also observed posted in the facility. Additionally, informational pamphlets regarding PREA and crisis services are given out during the intake/PREA education/orientation for each resident immediately upon arrival at the facility; and PREA information posters/contact information are posted for both resident and staff access. No SAFE or SANE staff are employed at the facility; however, these professionals are provided at CHI Good Samaritan Hospital where forensic examinations would be conducted at no cost to the resident and/or to their family.

Interviews were conducted with the Executive Vice-President/COO; the Regional Vice-President/Agency-Wide PREA Coordinator; the Regional Vice-President; the Director; one Resident Monitor (that conducts intake process which includes orientation of program/education regarding PREA using video, pamphlets, handouts and having each resident sign an acknowledgement form that they have received the PREA information and completes the Risk Assessment for Victimization and/or Abusiveness). Additional PREA information is discussed/processed with the assigned Counselor if/when necessary. Additional interviews were conducted with 1 male resident and 1 female resident.

During the past 12 months Dismas Charities Kearney reported zero (0) allegations/investigations of sexual harassment/sexual abuse. The agency with the authority to conduct criminal investigations would be United States Parole Office/Federal Bureau of Prisons and Office of the Inspector General (which would involve local law enforcement, Kearney Police Department). Mental health services can be provided by Community Treatment Services, Federal Bureau of Prisons Reentry Services Division, Residential Reentry Management Branch and local The S.A.F.E. Center if needed.

The residents interviewed reported that they had been located in another adult correctional facility before coming to Dismas Charities Kearney and had reportedly heard about/knew of PREA and were complimentary of their feelings regarding immediate intake/orientation to the program and PREA education, and the safety and security of this facility. There were no residents with disabilities or that were limited English Proficient (PREA information was available in Spanish if needed).

Documentation, staff and resident interviews confirmed that all residents do receive information on PREA and their right to not be sexually abused/harassed, how to report sexual abuse/harassment, their right not to be punished for reporting such immediately upon arriving at the facility during intake/orientation. Documentation, staff and resident interviews confirmed that all residents are assessed to ascertain risk of being sexually victimized and/or abusive and the facility uses this information to keep residents safe. Additionally, after residents are admitted into the facility they are provided additional information about sexual abuse/harassment with the assigned Counselor. Residents who have experienced trauma, abuse, or victimization and/or request it are provided additional services as needed.

An exit conference was held. Overall, the facility was well prepared for the PREA audit and performed well in all areas.

DESCRIPTION OF FACILITY CHARACTERISTICS

Dismas Charities Kearney is located at 401 Central Avenue, Kearney, NE. The tour of the facility was conducted by Jack Morgan, Director. The facility was housed in one main building (Redacted). There are currently (Redacted) cameras monitoring the facility (inside and outside of building) and all cameras can be viewed at the Central Monitoring Office (CMO) by resident monitoring staff and also by the Director (Redacted).

The PREA Audit notice and posters containing PREA information are prominently posted for resident and staff access.

SUMMARY OF AUDIT FINDINGS

The first PREA community confinement facility audit of the Dismas Charities Kearney was conducted on Tuesday, 3/7/2017. The audit consisted of data review, staff and resident interviews and facility tour. Staff members were interviewed including the Executive Vice-President/COO; the Regional Vice-President/Agency-Wide PREA Coordinator; the Regional Vice-President; the Director; one Resident Monitor; and residents. Documents were timely and complete and included PREA policies and procedures, staffing plans, facility floor plan, PREA training records, example of resident assessment form, resident PREA education acknowledgement forms, and other documents related to demonstrating compliance with the PREA Community Confinement Standards. Staff and resident interviews occurred efficiently. The entire facility was toured. Overall, the facility was well prepared for the PREA audit and performed well in all areas.

Number of standards exceeded: 19

Number of standards met: 16

Number of standards not met: 0

Number of standards not applicable: 4

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.

The agency/facility has a written policy mandating zero tolerance toward all forms of sexual harassment and/or sexual abuse. The policy details the approaches Dismas Charities, Inc. and Dismas Charities Kearney uses to prevent, detect and respond to sexual harassment and/or sexual abuse in the facility. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy. Policy is thorough and mirrors the PREA community confinement standards. Policy is in use and staff were able to explain it to the auditor when asked.

The agency has designated an Agency-Wide PREA Coordinator, Joseph Theriot, Regional Vice-President. He is very knowledgeable of PREA community confinement standards/requirements, devotes sufficient time and effort in assisting agency and facility staff with PREA related topics, and has the authority to implement corrective actions.

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)

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.

NOT-APPLICABLE – this facility does not contract for the confinement of its residents.

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.

Documentation and staff interviews confirmed that the physical layout of this facility, the composition of the resident population, the current cameras/video monitors, and other relevant factors were used to calculate adequate staffing levels when the facility was opened 3/1/2016 and on an ongoing basis for the safety of the residents and the staff. The agency/facility policy meets all the elements of the standard. The staffing plan has been completed and meets all the elements of the standard. The facility has had zero (0) reports/investigations of sexual harassment and/or sexual abuse to date. Staff interviews, resident interviews, and documentation confirmed the practice of supervision and monitoring.

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.

There are no “opposite sex” pat searches. Staff are trained in the various searches and search techniques including use of a metal detector wand (used to search for dangerous contraband and unauthorized cellular telephones). Agency/facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This was confirmed during staff interviews.

None of the cameras field of view included toilet-shower areas. All toilets have doors and all showers have curtains. Both review of policies and interviews with staff and residents confirmed that opposite gender staff announce their presence when entering into the dorm housing areas. Staff and resident interviews confirmed that this is the policy and the practice.

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.

Agency/facility policy has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s/facility’s efforts to prevent, detect, and respond to sexual harassment/sexual abuse.

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.

The agency/facility conducts extensive background and reference checks. There is an agency/facility policy to conduct background checks verified through documentation and staff interviews. The agency/facility policy addresses all the elements of this standard. The Federal Bureau of Prisons must give written approval for employees and volunteers before Dismas Corporate Office can approve a potential employee or volunteer. The following paperwork is submitted to the Bureau of Prison Residential Reentry Office including but not limited to the Employment Application, Educational Verification, Reference Verifications, Authorization for Release of Information (Bureau of Prison Form), complete set of fingerprints and RRC Contractor NCIC/NLETS Request Form (Bureau of Prison Form).

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.

The Dismas Charities Kearney was opened 3/1/2016 by Dismas Charities, Inc. Interviews with the Executive Vice-President/COO, the Regional Vice-President/Agency-Wide PREA Coordinator, the Regional Vice-President, and the Director confirmed that any and all future modifications/updating to this new facility is based on the practice of considering the effect upon the facility's ability to protect residents and staff from sexual harassment/sexual abuse and/or allegations of sexual harassment/sexual abuse.

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.

(a)-(b) The facility does not conduct criminal investigations. The name of the agency that has responsibility would be United States Parole Office/Bureau of Prisons and Office of the Inspector General (would involve local law enforcement, Kearney Police Department). (c)-(g) The facility offers contact information for Community Treatment Services, Federal Bureau of Prisons Reentry Services Division, Residential Reentry Management Branch and local, The S.A.F.E. Center but forensic medical exams, when needed, would be conducted at CHI Good Samaritan Hospital at no cost to the resident or to their family.

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.

The agency/facility policy ensures that an administrative/criminal investigation is completed on all allegations of sexual harassment/sexual abuse. The agency/facility policy requires that all allegations that are criminal in nature are reported to the United States Parole Office/Bureau of Prisons and Office of the Inspector General (which would involve local law enforcement, Kearney Police Department) an agency with the legal authority to conduct criminal investigations.

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.

Documentation and staff interviews indicated that all current staff have completed PREA training (training included all 10 elements of the subsection) and staff have signed acknowledgement forms (documentation through employee signature that employees received the training). That training is tailored to the gender of the residents and that staff can receive additional training if needed, that all employees are made aware of the agency's/facility's zero-tolerance for sexual harassment/abuse policies and procedures.

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.

Agency/facility policy meets the requirements of the standard. The facility does utilize volunteers, vendors, and contractors, and they are all required to complete the PREA training. The facility maintains documentation/acknowledgement forms confirming that volunteers, vendors,

and contractors sign stating that they understand the PREA training that they have received on their responsibilities under the agency's/facility's sexual harassment/sexual abuse prevention, detection, and response policies and procedures.

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.

The agency/facility policy is thorough and mirrors the PREA language. PREA education is conducted immediately during intake/orientation process with video, pamphlets, posters on bulletin boards, and documentation of the residents participation in PREA education sessions with resident signatures verifying they understand the facility's zero-tolerance policy regarding sexual harassment/sexual abuse. Residents acknowledged during interviews they do receive the PREA education immediately upon entering the facility, that they understood their rights to be free from sexual harassment/sexual abuse and their right to be free from retaliation for reporting such incidents. Residents were able to discuss various ways they can report an allegations and/or receive services if needed. The agency/facility does provide residents education in formats accessible to all, including those who are limited English proficient or handicapped.

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.

NOT-APPLICABLE. This facility does not conduct criminal investigations.

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.

NOT-APPLICABLE. This facility does not employ full- or part-time medical or mental health practitioners.

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.

Documentation, staff interviews and resident interviews confirmed that residents are screened for risk of sexual victimization and sexually abusive behavior. The screening instrument contains all 9 criteria to assess residents for risk of sexual victimization and/or 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 initial screening. No resident reported to the auditor that their personal information was used in any exploitative or inappropriate way. The agency/facility policy strictly controls the dissemination of information gathered from the screening.

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.

Documentation and staff interviews indicate that the facility policy reflects PREA language. The facility does use information from the risk screening required by PREA Standard Number 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 residents admitted to the facility but staff have received training for the possibility in future if the need should arise regarding separate shower/housing/programming assignments.

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.

Documentation, staff interviews and resident interviews confirms that the facility policy mirrors PREA language. Residents have multiple internal and external ways to privately report sexual harassment/sexual abuse, retaliation by other residents or staff for reporting sexual harassment/sexual abuse and/ or staff neglect or violation of responsibilities that may have contributed to such reports. Staff interviews confirmed that staff can privately report sexual harassment/sexual abuse of residents also. The agency/facility policy is that all staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document any/all reports.

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)

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 agency/facility has an administrative procedure for dealing with resident grievances regarding sexual harassment/sexual abuse. Documentation and staff interviews confirm the agency/facility policy is in line with expectations in subsections: the agency/facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual harassment/sexual abuse; the agency/facility does not require a resident to use informal grievance processes with the staff of an alleged incident of sexual abuse; the agency/facility ensures that all residents may submit grievance/grievance processes; the agency/facility allows third parties, including family members, parole officers, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual harassment/sexual abuse; the agency/facility policy states that the agency/facility may discipline a resident for filing a grievance related to alleged sexual harassment/sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

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.

The agency/facility utilizes the Federal Bureau of Prisons Reentry Services Division, Community Treatment Services to provide confidential emotional support for providing mental health assessment and counseling services for those residents that fall under PREA while the resident resides in the Residential Reentry Center and/or on home confinement through the local Mental Health Center called The S.A.F.E. Center to provide victim advocate and supportive services to residents upon request. Pamphlets containing contact information are given out during orientation process immediately upon intake and posters are posted throughout the building for resident and staff information/utilization. Resident interviews confirmed that residents are aware of these available services and their right to make contact for services. Residents also have access to family members and parole officers.

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.

Documentation, staff interviews and resident interviews confirmed that the agency/facility provides methods to receive third-party reports of resident sexual harassment/sexual abuse and publicly distributes the information on how to report sexual harassment/sexual abuse on behalf of others. PREA pamphlets are given to residents during the orientation process upon intake and also PREA posters are posted throughout the building for residents and staff information. Residents have access to family members and parole officers.

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.

(a)-(e) The agency/facility policy requires that all staff are to report/document immediately any knowledge, suspicion, or information regarding an incident of sexual harassment/sexual abuse that occurred in the facility; to report any retaliation against resident or staff for reporting such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident and/or retaliation regarding PREA.

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.

Documentation and staff interviews confirm that when the agency/facility learns that a resident is subject to a substantial risk of imminent sexual abuse, the staff have been trained to take immediate action to protect the resident, including but not limited to separating the resident from potential abuser; notifying their supervisor; and completing documentation. Documentation and staff interviews confirmed the primary responsibility at all times is the safety of all residents and staff in the agency/facility.

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.

The agency/facility policy and staff interviews confirm that upon receiving an allegation that a resident was sexually harassed and/or sexually abused while confined at another facility, the Director of the facility must notify the head of the facility/appropriate office at the agency where the alleged harassment/abuse reportedly occurred and requires notifying the appropriate investigative agency immediately which includes the Federal Bureau of Prisons/United States Parole Office.

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.

The agency/facility policy and staff interviews confirm that policy does cover all required elements of staff first responder duties/training and staff could articulate the steps that they are to take when responding to an incident of sexual abuse.

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.

The agency/facility has a detailed coordinated response plan. Documentation and staff interviews confirm agency/facility policy/training for actions required in response to an incident of sexual abuse among staff first responders, investigators, and facility/agency leadership.

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.

NOT-APPLICABLE. This facility does not participate in any collective bargaining agreements.

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.

The agency/facility has detailed policy to confirm protection against retaliation and zero-tolerance for retaliation. Documentation and staff interviews confirmed agency/facility protection against retaliation and zero-tolerance for retaliation.

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.

Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard subsection language. The PREA Audit Report

agency/facility policy requires that all allegations of sexual harassment/sexual abuse be referred immediately for investigation to an agency with the legal authority to conduct criminal investigations United States Parole Office/Federal Bureau of Prisons and Office of the Inspector General (would include the local law enforcement, Kearney Police Department).

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.

Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard language. The agency/facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment or sexual abuse are substantiated for administrative investigations.

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.

Documentation and staff interviews confirm agency/facility policy is in line with the PREA standard language. Including but not limited to, the agency/facility, following an investigation into a resident’s allegation of sexual harassment/abuse suffered in the facility, shall inform the resident as to whether the allegation has been determined to be “substantiated”, “unsubstantiated”, or “unfounded”. If the agency/facility did not conduct the investigation, the agency/facility shall request the relevant information from the investigative agency in order to inform the resident. All such notifications and/or attempted notifications shall be documented.

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.

Documentation and staff interviews confirms agency/facility policy that a staff who violates agency/facility zero-tolerance sexual harassment/sexual abuse policies are subject to disciplinary action. Disciplinary actions include but are not limited to a variety of sanctions, including termination. The agency/facility requires all allegations of sexual abuse to be reported to law enforcement immediately regardless of whether the staff resigns or is terminated.

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.

Documentation and staff interviews confirm agency/facility policy that all volunteers, vendors, and contractors are trained/sign an acknowledgment form stating that they understand the zero tolerance policy for sexual contact with residents and informed how to report any knowledge, suspicion, or information regarding sexual harassment/sexual abuse that occurred in the facility directly to the Director of the facility. Any volunteer, vendor, and/or contractor who were to engage in sexual harassment/sexual abuse would be prohibited from contact with residents and would be reported to law enforcement immediately.

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.

Documentation and staff interviews confirm agency/facility policy that all residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse.

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.

Documentation and staff interviews confirmed agency/facility policy requires that all residents shall have access to unconditional, immediate emergency medical and mental health services at no cost to the resident and/or resident’s family.

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.

Documentation and staff interviews confirmed agency/facility policy requires that all residents shall have access to unconditional ongoing medical and mental health care for sexual abuse victims (evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care (consistent with the community level of care) at no cost to the resident and/or the resident’s family.

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.

Documentation and staff interviews confirmed agency/facility policy identifies staff that serve on an Incident Review Team that does include upper-level management officials, with input from the Regional Vice-President, the Director, the Social Service Coordinator, the Counselors, and the Resident Monitors. The Incident Review Team considerations of all allegations include but are not limited to the following: whether the allegation or investigation indicated 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, status or perceived status, or whether incident was motivated or otherwise caused by other group dynamics in the facility. The Incident Review Team would examine the area where the incident allegedly occurred to assess physical layout, assess the adequacy of staffing level in that area during different shifts, and assess whether monitoring technology should be improved/upgraded. The Incident Review Team documents all findings.

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.

Documentation and staff interviews confirmed agency policy that requires facility collect accurate, uniform data for every allegation of sexual harassment/sexual abuse at the facility using a standardized instrument and set of definitions provided by Agency/Corporate. The facility does maintain, review and collect data as needed from all available incident-based documents and provides reports annually for Federal Bureau of Prisons, United States Parole Office, Pre-Trial, and at least annually at the Agency/Corporate level (also upon request when necessary).

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.

Documentation and staff interviews confirmed agency policy to review data collected pursuant to PREA Standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including but not limited to identifying problem areas, taking corrective action on an ongoing basis, and preparing annual reports of its findings to Federal Bureau of Prisons, United States Parole Office, Pre-Trial, and the Agency/Corporate level, Dismas Charities, Inc. This report is reviewed and approved by the President/CEO of Dismas Charities, Inc. and then posted on the Dismas Charities, Inc. website.

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.

Documentation and staff interviews confirmed agency/facility policy that ensures data collected to PREA Standard 115.287 are securely retained. The agency/facility removes all personal identifiers and maintains sexual abuse data collected for at least ten (10) years after the date of the initial collection.

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.

Tina Sallee

3/31/2017

Auditor Signature

Date