

# PREA Facility Audit Report: Final

**Name of Facility:** Dismas Charities Montgomery

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/02/2021

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Trish Brockman-Bernhards  | <b>Date of Signature:</b> 07/02/2021 |

| AUDITOR INFORMATION                 |                             |
|-------------------------------------|-----------------------------|
| <b>Auditor name:</b>                | Brockman-Bernhards, Trish   |
| <b>Email:</b>                       | trish.brockman@nebraska.gov |
| <b>Start Date of On-Site Audit:</b> | 05/24/2021                  |
| <b>End Date of On-Site Audit:</b>   | 05/25/2021                  |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Dismas Charities Montgomery                      |
| <b>Facility physical address:</b> | 125 E. Fleming Road, Montgomery, Alabama - 36105 |
| <b>Facility Phone:</b>            |  |
| <b>Facility mailing address:</b>  |  |

| Primary Contact          |                     |
|--------------------------|---------------------|
| <b>Name:</b>             | Lakesia Clemons     |
| <b>Email Address:</b>    | lclemons@dismas.com |
| <b>Telephone Number:</b> | 334-281-0322        |

| Facility Director        |                     |
|--------------------------|---------------------|
| <b>Name:</b>             | Lakesia Clemons     |
| <b>Email Address:</b>    | lclemons@dismas.com |
| <b>Telephone Number:</b> | 334-281-0322        |

| Facility PREA Compliance Manager |  |
|----------------------------------|--|
| <b>Name:</b>                     |  |
| <b>Email Address:</b>            |  |
| <b>Telephone Number:</b>         |  |

| Facility Characteristics   |                        |
|--|------------------------|
| <b>Designed facility capacity:</b>   | (Redacted)             |
| <b>Current population of facility:</b>   | (Redacted)             |
| <b>Average daily population for the past 12 months:</b>  | (Redacted)             |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                       | No                     |
| <b>Which population(s) does the facility hold?</b>   | Both females and males |
| <b>Age range of population:</b>  | 18-75                  |
| <b>Facility security levels/resident custody levels:</b>   | Community              |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | (Redacted)             |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | (Redacted)             |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | (Redacted)             |

| AGENCY INFORMATION   |   |
|--|---|
| <b>Name of agency:</b>                                       | Dismas Charities, Inc.                                  |
| <b>Governing authority or parent agency (if applicable):</b> |   |
| <b>Physical Address:</b>                                     | 2500 South Seventh Street, Louisville, Kentucky - 40208 |
| <b>Mailing Address:</b>                                      |   |
| <b>Telephone number:</b>                                     | 502 636-2033  |

| Agency Chief Executive Officer Information: |                     |
|---|---------------------|
| <b>Name:</b>                                | Jan Kempf, EVP, COO |
| <b>Email Address:</b>                       | jkempf@dismas.com   |
| <b>Telephone Number:</b>                    | (502) 636-2033      |

|   |                |                       |                     |
|---|----------------|-----------------------|---------------------|
| <b>Agency-Wide PREA Coordinator Information</b> |                |                       |                     |
| <b>Name:</b>                                    | Joseph Theriot | <b>Email Address:</b> | jtheriot@dismas.com |

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Dismas Charities, Inc. contracted with DX Consultants, LLC, 914 Gasparilla Dr., St. Petersburg, FL 33702 for PREA Auditing Services of the Dismas Charities-Montgomery. The purpose of the audit was to determine the Dismas Charities-Montgomery's level of compliance with the standards of the Prison Rape Elimination Act of 2003. The PREA audit of the Dismas Charities-Montgomery (Dismas Charities-Montgomery) was conducted on May 24-25, 2021 by Trish Brockman-Bernhards, US DOJ Certified PREA Auditor. The facility is a residential reentry center located at 125 East Fleming Road, Montgomery, Alabama 36105. The most recent PREA audit was on March 22, 2018.

### **Pre-Onsite Audit Phase**

The audit process began on April 12, 2021, when an informational email was sent to the Dismas Charities, Inc. PREA Coordinator. The e-mail contained information regarding who the assigned auditor was, the date the pre-audit notices were to be posted, when the Pre-Audit Questionnaire was due and the actual date of the onsite audit. The email also addressed the posting of the attached bilingual PREA Audit Notices containing the address residents could write to and confidentially contact the auditor prior to the auditor's arrival at the facility. The auditor received no correspondence from any residents prior to the onsite portion of the audit. While onsite, there were no special requests from the resident population to speak with the auditor either.

Facility staff were instructed in the informational email as to what areas of the facility the audit notices should be posted to and to take photos of the notices when posted, dated if possible and identify the location of where the notices were posted. The auditor received correspondence in the form of email and photos that the notices were posted were loaded on the Online Audit System on March 9, 2021. The bilingual audit notices were verified during the onsite tour in various locations throughout the facility including the main lobby, cafeteria and staff copy area.

The auditor received notification that the PAQ was updated and submitted to the Online Audit System (OAS) on May 11, 2021. The pre-audit review of the updated documentation commenced. The auditor completed a documentation review using the Pre-Audit Questionnaire. The Dismas Charities, Inc. PREA Coordinator and Dismas Charities-Montgomery PREA Compliance Manager uploaded information, that included policies, procedures, training records, internet research, and supporting documentation for all forty-one (41) standards. The documentation uploaded to the OAS for each standard contained the supporting documentation in-regards to the Pre-Audit Questionnaire; however, the information did not sufficiently address each standard and minimal additional information had to be requested. Additional supporting documentation was provided to the auditor during the on-site and after the facility's on-site visit. The supporting documentation was uploaded to the OAS under the supplemental files.

A conference call was scheduled for May 21, 2021, with the PREA Compliance Manager (PCM) to review the schedule for the on-site visit, discuss the auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the OAS and review information to be sent to the auditor prior to the on-site visit to the facility. The information requested was to include the following:

- Interview Preparation Shee
  - Hours of each security shift
  - Employees assigned to the facility (name, title, working hours/shift)
  - Physical location of records
    - Employee training
    - Employee human resources records
    - Criminal background checks (employee & contractor)
    - Volunteer and contractor PREA training records
    - Resident medical
    - Resident mental health
    - Resident grievances
    - Resident PREA Intake screenings/reassessments
    - Resident PREA Education (intake/comprehensive within 30 days)
    - Sexual abuse, sexual harassment and retaliation investigations-administrative (staff-on-resident and resident-on-resident)
    - Sexual abuse, sexual harassment and retaliation investigations-criminal (staff-on-resident and resident-on-resident)
  - Specialized staff
  - List of staff with shift/days off needed to appropriately conduct PREA interviews
    - Security and non-security staff who have acted as first responders

- Medical staff
- Mental health staff
- Staff who performs screening for risk of victimization and abusiveness
- Staff who supervise residents in segregated housing
- Intermediate/higher-level facility staff
- Intake staff
- Non-medical staff involved in cross-gender strip or visual searches
- Volunteers who have contact with residents
- Contractors who have contact with residents
- Administrative investigators
- Criminal investigators
- Resident roster with age/housing unit assignments and list(s) of identified categories of the following inmates
  - Physically disabled, cognitively disabled, blind, deaf or hard of hearing, and limited English proficient residents
  - Transgender and Intersex residents, Gay and Bisexual residents
  - Residents in segregated housing (for risk of sexual victimization)
  - Residents who reported sexual abuse
  - Residents who disclosed sexual victimization during risk screening
- PREA Investigations Request (from prior 12-months)
  - Staff-on-resident allegations of sexual abuse and sexual harassment
  - Resident-on-resident allegations of sexual abuse and sexual harassment
  - Overview of administrative and criminal cases and dispositions
    - Pending cases
    - Closed cases
    - Substantiated cases
    - Unsubstantiated cases
    - Unfounded cases
    - Criminal cases referred to prosecutor
    - Prosecutor refused cases
    - Indictment
    - Conviction
    - Acquittal
- Total Number of Hotline Calls
- Resident Grievances-Allegations of sexual abuse and sexual harassment

The PCM sent the documentation (staff roster, staff schedule for random and specialized staff etc.) to the auditor prior to arrival at the facility. Also, additional supporting documents were provided during the on-site visit to address the deficiencies.

## Research

During the pre-onsite audit phase, the auditor conducted internet searches on the facility and agency and reviewed the Dismas Charities, Inc. web page at [www.dismas.com](http://www.dismas.com). The website includes the PREA zero-tolerance policy, investigative information, previous PREA audit reports, PREA reporting information and annual reports. The prior PREA report was also reviewed. The general public can access the PREA policy on the website.

Dismas Charities Montgomery is attempting to establish an MOU with the One Place Family Justice Center for emotional support services for resident victims of sexual abuse. The auditor was able to make telephone contact with a victim advocate from the One Place Family Justice Center. Details of the telephone interview are provided in the applicable sections of this report. Just Detention International and RAINN (the Rape, Abuse & Incest National Network) were contacted to determine if the agency had reported any complaints from the facility in the past twelve (12) months. Both organizations reported they did not have any contact from residents of Dismas Charities-Montgomery.

Contact was also made with a Sexual Assault Nurse Examiner (SANE) with the Baptist South Medical Center Hospital by telephone. The auditor and the SANE discussed the forensic services offered to resident victims of sexual abuse. During the call, the SANE was able to explain that community level of care is offered to all patients, even resident victims of sexual abuse. Details of the telephone interview are provided in the applicable section of this report.

## Onsite Review

Dismas Charities-Montgomery (Dismas Charities-Montgomery) is located in Pender County North Carolina. The address is 125 East Fleming Road, Montgomery, AL 36105.

The facility's design capacity is (Redacted) with an average daily population of (Redacted) (total residential and home confinement). The resident count on the first day of the audit was (Redacted).

The on-site audit was conducted on May 24-25, 2021. The auditor arrived at the Dismas Charities-Montgomery the morning of May 24,

2021. An entrance briefing was conducted with the Director and Assistant Director. During the entrance briefing, the audit process was explained and a tentative schedule for two (2) days to include facility tour, conducting interviews with the staff and residents and reviewing the documentation. A brief discussion was held regarding current facility operations due to Covid-19 impacting the resident population. The discussion involved how interviews could be conducted safely and proper sanitizing between interviews could be maintained.

A complete guided tour of the entire facility was conducted by the Director and Assistant Director. The tour included the administrative office area, resident dorm rooms (male and female), cafeteria and outside recreational area. The tour ended after approximately a half (.5) hour.

During the tour, the auditor was allowed unimpeded access to any area of the facility. While touring, the auditor was seeking to find blind spots, listening for opposite gender announcements, observing staff and resident interactions as well as searches conducted by staff and locating camera and security mirror placements. The auditor also reviewed the facility schematics. Dismas Charities-Montgomery has (Redacted) cameras. Camera placement was internal and external included stationary and PTZ cameras. The cameras are monitored in the various offices and have an approximate (Redacted) recording capability.

Informal and formal conversations with employees and residents were conducted. Notifications of the PREA audit was posted in all locations throughout the facility as well as postings informing residents of the telephone numbers to call and report sexual abuse and sexual harassment and to call the victim advocate for emotional support services.

**Staff Interviews**

The PREA Auditor handbook requires auditors to interview at least twelve (12) random sample of staff. The auditor conducted seventeen (17) random sample of staff interviews which were all of the staff working during the onsite visit. The auditor interviewed a variety of staff from a diverse cross-section of work assignments, supervisors and line staff, males and females and staff of various races. There were (Redacted). The hours for each shift were (Redacted). Hours for Administrative staff were (Redacted). The facility reported (Redacted) staff positions at the facility with (Redacted) staff positions being filled. Private interviews with staff were conducted in the Conference room while practicing social distancing. There were eighteen (18) specialized interviews conducted with eleven (11) staff as some staff were interviewed for multiple categories. Specialized individuals were selected based upon their subject matter expertise in the various areas. The facility does not house youthful residents, therefore, interviews for line staff who supervise youthful residents and education and program staff who work with youthful residents were not conducted. The facility personnel were found to be cooperative and professional. Staff morale appeared to be very good and the observed staff/resident relationships were determined to be professional.

The facility reported in its PAQ that zero (0) volunteers had been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response policies and procedures. Due to restrictions in place at the facility because of the coronavirus, outside volunteers not employed by the facility have not been allowed to enter the facility. Interviews with volunteers were conducted over the telephone.

There is evidence of Dismas Charities-Montgomery's Director attempting to obtain a Memorandum of Understanding with the One Place Family Justice Center to provide free confidential crisis intervention and emotional support services related to sexual abuse residents. Any resident seeking services can call the telephone number at no additional cost to the resident. The auditor contacted a representative from the One Place Family Justice Center and she explained the services the One Place Family Justice Center. offers. She reported there were no calls made to the One Place Family Justice Center. in the past twelve (12) months from Dismas Charities-Montgomery. Baptist South Medical Center Hospital provides the emergency services and the forensic medical examinations at no financial cost to the victim. In an interview with the SANE nurse, no Dismas Charities-Montgomery residents had been provided forensic exams at the Baptist South Medical Center Hospital

All staff interviews were conducted with the guidance of the national PREA Resource Center, PREA Compliance Audit Instruments-Interview Guide. The Interview Preparation Sheet and employee rosters received when arriving onsite assisted the auditor with the selection process for the random and targeted staff. A detailed list and quantity of staff interviewed are noted below.

| Staff Categories        | Number of Interviews Conducted |
|-------------------------|--------------------------------|
| Random staff            | 17                             |
| Agency and PREA Staff:  |                                |
| Agency head or designee | 1                              |
| Director                | 1                              |
| PREA Coordinator        | 1                              |
| PREA Compliance Manager | 1                              |

|  |    |
|--|----|
|  |    |
| Specialized Staff  |    |
| Agency Contract Administrator  | 0  |
| Intermediate or higher level facility staff                                | 1  |
| Medical staff  | 0  |
| Mental health staff  | 0  |
| Non-medical staff involved in cross-gender strip search or visual searches | 0  |
| Administrative Staff (HR)  | 1  |
| SAFE/SANE Nurse-Baptist South Medical Center Hospital                      | 1  |
| Volunteers   | 0  |
| Contractor staff   | 0  |
| Investigative Staff  | 1  |
| Staff who perform screening for risk of victimization and abusiveness      | 3  |
| Staff who supervise residents in segregation unit                          | NA |
| Staff of the sexual abuse review team                                      | 1  |
| Designated staff member charged with monitoring retaliation                | 1  |
| First responders (security)  | 2  |
| First Responders (non-security)  | 1  |
| Intake Staff   | 3  |
| Staff trained as advocates   | NA |
| Advocacy Center Staff  | 1  |
|  |    |
| Total random staff interviewed   | 17 |
| Total agency and facility PREA staff                                       | 4  |
| Total specialized interviews   | 18 |
| Total staff interviewed  | 39 |

### **Resident Interviews**

During the two (2) day on-site visit, there was a total of (Redacted) residents in the facility while the auditor was onsite. There were no females assigned to the facility during the onsite portion of the audit. The resident population of the facility, including home confinement, In-House, Out-Of-house, Home Confinement and Furlough (Redacted) total. The PREA Auditor Handbook requires auditors to interview at least ten (10) random sample of residents. The auditor conducted twenty (20) random sample of resident interviews. The PCM provided the auditor with a resident list provided for the interview process. The random residents were selected from all (Redacted)dorm rooms. The interviewed residents were of various ages, nationalities and ethnic backgrounds.

All resident interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instruments- Interview Guide. The Interview Preparation Sheet and resident rosters received when arriving onsite assisted the auditor with the selection

process for the random and targeted residents. Private interviews were conducted in the Assistant Director and Director. The PREA Auditor handbook requires auditors to interview at least ten (10) targeted residents. There were no residents that met any of the targeted area categories, thus the reason for the extra random inmate interviews. During staff interviews, questions were asked to ascertain if residents in these three categories were known among the population. Additional random residents were interviewed.

All resident interviews indicated they were well informed of their right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, the Director, from the kiosk and the One Place Family Justice Center. for crisis intervention and victim advocate services. Overall, the residents interviewed demonstrated an understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms Dismas Charities-Montgomery had in place. Residents interviewed further stated that staff members were responsive to their needs and reported that they felt safe at this facility.

### **File Review**

Based upon the information provided on the PREA Audit Request for Information form completed by the Dismas Charities-Montgomery staff, the auditor was able to determine the facility had zero (0) sexual abuse allegations and zero (0) sexual harassment allegations for the last twelve month time period, as such there were no investigation files to review.

Employee personnel files were maintained in the Director's Office. The criminal background records check documentation was maintained in the employee personnel files. The auditor reviewed documentation from five (5) employee personnel files. When selecting the files, the auditor considered reviewing employee files of newer employees who were recently hired as well as staff who had been employed with the facility and staff that were recently promoted to positions at the facility. Training files were reviewed on the same staff.

The auditor reviewed documentation from five (5) resident files. Documentation in the files included resident education participation acknowledgement forms as well, initial as completion of the facility Orientation Program that included additional information regarding PREA.

### **Close-Out>**

At the end of the onsite portion of the audit, an exit debriefing May 25, 2021 a summary of the findings was conducted with the Director and Assistant Director. At the exit debriefing, the auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Discussion regarding follow up on the hiring process, specific to PREA related questions being asked of applicants was also held and changes were already underway. There was a discussion to send the auditor additional documentation for a few minor issues and Dismas Charities, Montgomery staff ensured the information would be sent to the auditor within short stead. The auditor thanked the Director and Assistant Director and her staff for their hard work and dedication to the PREA process.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Dismas Charities Montgomery is operated by Dismas Charities, Inc. The facility is located at 125 East Fleming Road in Montgomery, Alabama. The facility is a residential reentry center and opened in 2014 with a rated capacity of (Redacted) beds. The facility operates under a contract with the Bureau of Prisons (BOP)/US Probation Office and provides community-based services and programs to the residents assigned to the facility. The facility currently has (Redacted) staff full and part time positions. Prior to Covid, volunteers and interns may have also had contact with the residents. The facility is one single story structure with multiple dormitory style rooms. The Central Monitoring Office (CMO) contains camera monitoring equipment that allows video monitoring from internally and externally placed cameras strategically located throughout the facility. Staff are assigned to the CMO and are required to monitor the cameras. CMO staff are also responsible for monitoring the internal movement of the resident population, staff and any visitors throughout the facility as well as the resident population assigned to Home Confinement status.

The facility is required to minimally have one male and one female staff member onsite at all times. Staffing includes resident monitors, counselors, an employment specialist, cooks, an Assistant Director and the Director.

The age range of the resident population during the onsite portion of the audit was 26-65 years old. The facility does not house youthful residents. The design capacity is (Redacted). The resident count on the first day of the audit was (Redacted). The facility staffing consists of security and non-security employees. Non-security staff include administrative staff, case management and programming staff, maintenance, medical and food service staff. The PAQ indicated there were (Redacted) staff assigned to the facility. The daily operations are managed by resident monitors. There are (Redacted) security shifts at the facility. The shift times (Redacted).

The facility has a total of (Redacted) dorm rooms. Residents sleep in bunk beds in each area. The auditor observed PREA materials posted on the housing units, and PREA posters throughout all areas of the facility. Residents have access to televisions, telephones, chairs and microwaves in the male dayroom and female dayroom. The female dormitory has one shower with a privacy curtain and one bathroom stall with a locking solid door. The male residents share one restroom that is equipped with six (6) shower stalls, five (5) toilet stalls and one (1) urinal stall. Each shower and toilet/urinal area have barriers that allow residents the ability to shower, use the restrooms and change clothing without staff of the opposite gender being able to view them.

The facility has not made any substantial expansion or modification to the existing facility since the last PREA audit in 2018. Documentation and interviews confirmed the practice that if any expansion or modifications to the existing facility would occur, consideration is to be given of the effect of any modifications, expansion, and/or updating of video monitoring system would have on the facility's ability to protect the residents and staff from sexual abuse/harassment.

The facility has a memorandum of understanding with with the Bureau of Prisons to provide confidential emotional support services as it relates to sexual abuse through community service providers. CTS is responsible for providing mental health assessments and counseling for those residents who fall under PREA while the resident resides in the Residential Reentry Center and/or on home confinement. Forensic medical exams are completed at the Baptist South Medical Center Hospital.

**AUDIT FINDINGS****Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 1  |
| <b>Number of standards met:</b>      | 40 |
| <b>Number of standards not met:</b>  | 0  |

The Auditor found the Dismas Charities, Inc./Dismas Charities-Montgomery have developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. The Auditor found the facility's staff are well trained and retained information provided through the agency's training efforts. The Auditor formally interviewed staff and determined staff understood their responsibilities in the agency's policies and procedures regarding the prevention, detection and response towards acts of sexual abuse and sexual harassment. Staff understand their roles as first responders to incidents of sexual abuse and sexual harassment. The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor discovered the facility's leadership support its staff in the prevention, detection and response efforts.

The facility's population was educated regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. Most residents interviewed informed the Auditor they were confident in staff's abilities and felt staff would maintain confidentiality with sexual abuse related information. The Auditor observed staff interactions with the resident population while on site. All interactions were professional and appeared as if staff have developed appropriate working relationships with the population. The overall population interviewed by the Auditor felt sexually safe in the facility. Each resident informed the Auditor facility staff are professional and take incidents and threats of sexual abuse or sexual harassment seriously. Formal interviews with staff revealed they are knowledgeable in the policies and procedures to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

The agency ensures its investigators are trained to conduct sexual abuse and sexual harassment investigations in confinement settings. Investigators understand how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. The facility's investigator understands the requirement to refer criminal acts of sexual abuse to the local law enforcement agency for criminal investigation. Policy requires investigations be objective and are conducted promptly and thoroughly. Investigators are required to inform residents of investigative determinations at the conclusion of each investigation. A post incident review would occur upon the conclusion of the investigation.

**Audit Findings:**

Standards Exceeded: 115.241

Standards Met:

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.268, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.281, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met: None

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|         |  |
|---------|--|
| 115.211 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 353"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 407 1436 568" style="list-style-type: none"> <li>• Dismas Charities Human Resources Policy-Procedure, dated June 2019</li> <li>• Dismas Charities Team Member Handbook, dated 1/1/2021</li> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure, dated 9/17/2015</li> <li>• Dismas Charities, Montgomery PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 595 368 622"><b>Interviews:</b></p> <ul data-bbox="284 676 900 739" style="list-style-type: none"> <li>• Dismas Charities, Inc. PREA Coordinator</li> <li>• Dismas Charities-Montgomery PREA Compliance Manager</li> </ul> <p data-bbox="245 766 352 792"><b>Findings:</b></p> <p data-bbox="245 819 1468 1151">This auditor reviewed the Dismas Charities procedure that addresses the facility’s support of the Prison Rape Elimination Act. The Dismas Charities, Montgomery facility, as well as all other Dismas Charities facilities, utilize agency procedure Sexual Abuse/Harassment/Misconduct/Prevention Intervention mandating zero tolerance relating to the sexual behavior of clients, staff, volunteers, contractor and work crew supervisors. The procedure included definitions and provided training requirements of staff. The procedure also outlines the agency and facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The procedure defines sexual behavior as any “Verbal and physical conduct of a sexual nature directed toward a resident by another resident, staff member, agent or volunteer of a correction agency, department or private organization. Sexual misconduct by staff against a resident is prohibited by policy. Sexual misconduct, as it relates to residents, is a sexual advance, welcome or not, by a resident, staff member, agent or volunteer. It is illegal and a violation of Federal law.”</p> <p data-bbox="245 1178 1436 1240">Discipline for Violating Sexual Abuse/Harassment procedure, details sanctions that may be assessed to offenders found guilty of sexual assaultive behavior as well as corrective action for staff, contractors and volunteers.</p> <p data-bbox="245 1267 1465 1397">Dismas Charitie-Montgomery commitment of ensuring zero tolerance for sexual misconduct in the facility was observed during the onsite visit. This commitment was clearly observed by the posters, flyers and reporting systems in place for staff and offenders. Staff receive information regarding PREA during their initial onboarding as well as on-going training of staff during their annual in-service training.</p> <p data-bbox="245 1424 1484 1554">The Dismas Charities, Inc., agency-wide PREA Coordinator reports directly to the Executive Vice President, who in turn reports directly to the Director. This position works with thirty-six (36) Dismas Charities Inc. facilities throughout the United States implementing and guiding the agency’s efforts toward PREA compliance. The PREA Coordinator reported that he had sufficient time to develop, implement and oversee the agency’s efforts to comply with the PREA standards.</p> <p data-bbox="245 1581 1481 1711">Each community confinement facility has a director who is the facility PREA Compliance Manager (PCM) for that facility. The PREA Compliance Manager at Dismas Charities-Montgomery is responsible for addressing all PREA concerns that occur throughout the facility. She reported that she would have sufficient time and authority to coordinate efforts to comply with PREA standards.</p> <p data-bbox="245 1738 1484 1845">There is a definite commitment to the sexual safety and security of the staff and offenders at the facility. Based on interviews, documentation provided and observation of operations at the Dismas Charities-Montgomery, this auditor believes the facility meets this standard.</p> <p data-bbox="245 1872 437 1899"><b>Corrective Action</b></p> <p data-bbox="245 1926 303 1953">None</p> |

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| 115.212 | <b>Contracting with other entities for the confinement of residents</b>   |
|         | Auditor Overall Determination: Meets Standard   |
|         | Auditor Discussion  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities, Inc. PREA Coordinator</li> <li>● Dismas Charities-Montgomery PREA Compliance Manager</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities, Inc./Dismas Charities Montgomery is a private, not for profit, halfway house which contracts with the federal Bureau of Prisons (BOP) and does not contract for the confinement of its inmates.</p> <p>Based on interviews, documentation provided and observation of operations during the onsite portion of the audit, this auditor believes the facility meets this standard.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.213 | <b>Supervision and monitoring</b>   |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1420 636" style="list-style-type: none"> <li>● Dismas Charities-Montgomery Procedure 2.1 Personnel, Staff Coverage and Staffing Pattern, dated 11/18/2020</li> <li>● Dismas Charities-Montgomery, Center Organizational Chart, dated July 2013</li> <li>● Dismas Charities-Montgomery Staff Schedule</li> <li>● Dismas Charities-Montgomery Site Fact Sheet</li> <li>● Dismas Charities-Montgomery, Personnel Needs memo, dated 1/3/2020</li> <li>● Dismas Charities-Montgomery PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 667 367 694"><b>Interviews:</b></p> <ul data-bbox="284 748 900 806" style="list-style-type: none"> <li>● Dismas Charities, Inc. PREA Coordinator</li> <li>● Dismas Charities-Montgomery PREA Compliance Manager</li> </ul> <p data-bbox="245 837 351 864"><b>Findings:</b></p> <p data-bbox="245 896 1477 1151">Review of the Dismas Charities-Montgomery Procedure 2.1, Personnel, Staff Coverage and Staffing Pattern, dated 11/18/2020 contains appropriate information requiring the Director of each facility to maintain a full complement of staff that provides a professional, safe and secure atmosphere for each resident assigned to the facility. Facility staffing is determined by contract requirements and population needs. Initial facility staffing is determined by the corporate office and ensures staff are available at the facility 24 hours per day. Established facility staffing is not to be changed unless authorized by the Executive Vice President. Facility staffing is reviewed annually and adjusted when needed. The facility Director submits a justification memo to Corporate. The staff/offender ratio can be adjusted by the Bureau of Prisons, if warranted and with the approval by the Executive Vice President.</p> <p data-bbox="245 1182 1487 1240">Based on the custody level/status of the residents at the facility, there are very few cameras placed throughout the facility but their placement is strategic and supplement</p> <p data-bbox="245 1272 1477 1366">The staffing pattern is designed to ensure maximum benefit for the residents; therefore, the majority of staff are scheduled to be on duty when most of the residents are in the facility. This allows for closer attention to be given to safety, security and resident programming.</p> <p data-bbox="245 1397 1015 1424">The facility reported no deviations from the staffing plan in the last 12 months.</p> <p data-bbox="245 1456 1414 1514">After thorough review of procedures, other supporting documents, interviews conducted, and observations this auditor determines the facility has met the requirements of this standard based on the above information.</p> <p data-bbox="245 1545 443 1572"><b>Corrective Action:</b></p> <p data-bbox="245 1603 303 1630">None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Procedure 12.3, Pat Searches, dated 11/18/2020
- Dismas Charities-Montgomery Facility Procedure 3.8, Resident Living Area-Privacy, dated 11/18/2020
- Dismas Charities-Montgomery Operations Manual Personnel Training, dated 11/18/2020
- PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum, dated 2/2015
- Transgender or Intersex Pat Searches Memorandum
- Dismas Charities-Montgomery PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Dismas Charities-Montgomery PREA Compliance Manager
- Random sample of Staff
- Random sample of Residents

**Findings:**

Review of the Dismas Charities, Inc. Procedure 12.3, Pat Searches, dated 11/18/2020, prohibits any cross-gender pat searches, strip searches or visual body cavity searches by staff of the opposite gender. The PREA Compliance Manager indicated the facility has had no cross-gender searches (pat, strip or visual body cavity) conducted over the past twelve (12) months. There were also no exigent circumstances of cross gender searches (pat, strip or visual body cavity) conducted over the past twelve (12) months. The procedure also requires that staff shall not search or physically examine transgender or intersex residents for the sole purpose of determining their genital status. Staff may determine the genital status through conversations with the resident or by reviewing medical records that may be sent.

Dismas Charities-Montgomery Facility Procedure 3.8, Resident Living Area-Privacy, dated 11/18/2020 explains that the design of the resident rooms is such that a significant amount of privacy is afforded to the residents. Dismas Charities-Montgomery staff is required to announce their presence when entering a housing unit of the opposite sex by knocking and loudly making an announcement of opposite gender staff entering a room. Both male and female resident bathrooms allow for privacy for each resident. Toilet areas are each separated by barriers with side panels and doors with locks similar to what would be found in public restrooms. Each shower area has a shower curtain that prevents staff of the opposite gender being able to view a resident in a state of undress, using the restroom or showering.

Staff and resident interviews both confirm that residents are required to be clothed while going to and from the restroom and shower areas. Resident interviews indicated that residents felt they had the adequate ability to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing them. Staff were all able to articulate the search procedures and situations that would be considered exigent circumstances as well as the required authorizations and the required documentation to be completed. Staff were also aware that staff are not allowed to complete searches of transgender or intersex residents to solely determine the genital status of the resident.

During the tour, the auditor observed that residents had the ability to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing them.

Review of the training curriculum, PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum, dated 2/2015, indicated compliance with policy and the standard. The curriculum indicated pat searches, cross-gender pat searches, searches of transgender and intersex offenders are conducted in a respectful, professional manner and prohibits cross-gender strip searches as well as cross-gender visual body cavity searches of any offender. Curriculum also explains that a transgender or intersex offender should not be searched or physically examined for the sole purpose of determining the offender's genital status. Training records provided indicated that 100% of all staff received training on conducting cross-gender searches and searches of transgender and intersex offenders in a professional and respectful manner consistent with security needs. Å

After reviewing agency policy, training curriculum, training records, visually observing the shower and bathroom areas of the facility, observation of staff, interviewing staff and residents, this auditor finds this standard in compliance.

**Corrective Action:**

None

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| 115.216 | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities-Montgomery Operations Manual Procedure 10.1, Program Planning and Progress, dated 11/18/2020</li> <li>● Dismas Charities-Montgomery Operations Manual Procedure 9.1, Referral and Intake Processing, dated 11/18/2020</li> <li>● Memorandum from PREA Coordinator, dated 6/25/2021</li> <li>● Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Prisons and Jails)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities Inc. PREA Coordinator</li> <li>● Dismas Charities-Montgomery PREA Compliance Manager</li> <li>● Random sample of Staff</li> </ul> <p><b>Findings:</b></p> <p>Review of the Dismas Charities-Montgomery Operations Manual Procedure 10.1, Program Planning and Progress, dated 11/18/2020 and Dismas Charities-Montgomery Operations Manual Procedure 9.1, Referral and Intake Processing, dated 11/18/2020 provided information and guidance to ensure that residents with disabilities, such as those who are deaf or hard of hearing, those who are blind or have low vision or those who have intellectual, psychiatric or speech disabilities have an equal opportunity to participate in and benefit from all of the protections of PREA. If adequate comprehension cannot be obtained, staff will first use an in-house staff member having the necessary skills. If no staff having the necessary skills, the director will reach out to other Dismas facilities for assistance from one of their staff who can provide interpretation services. If staff from another facility are not available, the director, with assistance of the assigned Regional Vice-President will reach out to the local community for interpretation services. The Supervising Authority for the client will be informed for assistance also if needed.</p> <p>In cases where there is suspected or documented difficulty with comprehension, reading or spelling, staff read the entire program rules and guidelines to the resident. In addition, comprehension of program goals, procedures, rules, disciplinary system etc., is then checked by asking the resident to explain each major section of the rules/guidelines. This procedure of verifying comprehension by obtaining the resident's verbal understanding of the rules etc., also occurs when there is a change in the resident's program status. In all cases, staff attempts to ensure each resident's comprehension of his/her rights and responsibilities, disciplinary system and program goals.</p> <p>Initial PREA Education is provided by intake staff in a manner that ensures the resident comprehends the material presented and it is read to the resident during the intake process. Each resident receives a thorough orientation to the program, its rules and expectations. Spanish or English versions of the Prison Rape Elimination Act (PREA) Brochure are provided to the resident. The Orientation takes place after the Intake Interview, and occurs within 24 hours of program entrance. Review the Resident Orientation and Acknowledgement Form (dci 223) for the Specific Content of the Resident Orientation.</p> <p>During the on-site visit, there were no residents with Physical Disabilities, Blind, Deaf, Hard of Hearing, LEP or any residents with Cognitive Disabilities. Although there were no residents onsite that met any of the previously listed categories, the entire population was interviewed. Case management services are provided for any resident with any identified special needs. The PREA Compliance Manager reported there were no resident interpreters, assistance or readers that assisted another resident with reporting allegations of sexual abuse or sexual harassment.</p> <p>After reviewing agency policy, resident PREA Education presentation, interviewing staff and residents, this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.217 | <b>Hiring and promotion decisions</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="245 210 453 232"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1083 293"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 349"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 409 1473 566" style="list-style-type: none"> <li>• Dismas Charities, Inc Recruiting Procedures Manual, dated 1/24/2019</li> <li>• Dismas Charities-Montgomery Operations Manual, Procedure 2.12 Employee Background Checks, dated 11/18/2020</li> <li>• PREA Questions for new Applicants and Existing Teammates document, dated 5/27/2021</li> <li>• Dismas Charities-Montgomery PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 600 368 622"><b>Interviews:</b></p> <ul data-bbox="284 678 547 734" style="list-style-type: none"> <li>• Human Resources staff</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="245 768 352 790"><b>Findings:</b></p> <p data-bbox="245 824 1481 1149">Review of the Dismas Charities, Inc Recruiting Procedures Manual, dated 1/24/2019 and the Dismas Charities-Montgomery Operations Manual, Procedure 2.12 Employee Background Checks, dated 11/18/2020, prohibits the Dismas Charities-Montgomery from hiring or promoting anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Although the policy did not contain any language at the time of the onsite audit, HR created a form, PREA Questions for New Applicants and Existing Teammates that is being utilized as of 6/1/2021.</p> <p data-bbox="245 1182 1489 1272">Information on substantiated allegations of sexual abuse or sexual harassment involving a former Dismas Charities-Montgomery employee shall be furnished to any institutional employer the former employee has applied to work if the request was in writing.</p> <p data-bbox="245 1305 1477 1361">Dismas Charities-Montgomery performs criminal background records checks on any potential new employee and contractor. Background checks are automatically triggered for current employees at their annual evaluations or when promoted.</p> <p data-bbox="245 1395 1449 1485">With the newest contract between Bureau of Prisons and Dismas Charities-Montgomery, all employees were required to have a background records check completed. Material omissions or providing false information is grounds for termination. Staff are obligated to disclose any arrests or previous misconduct within 24-hours of the event.</p> <p data-bbox="245 1518 1430 1608">Documentation received and reviewed prior to the onsite audit currently being utilized by Dismas Charities-Montgomery indicate that there is any requirement for consideration of any incidents of sexual harassment when hiring or promoting employees or enlisting the services of any contractor.</p> <p data-bbox="245 1641 1473 1933">Dismas Charities-Montgomery policy requires the facility to perform criminal background records checks. However, policy is not consistent with PREA requirements in making best efforts to contact all prior institutional employers for any information on substantiated allegations of sexual abuse or any resignation during a pending allegation of sexual abuse. In the past twelve (12) months, the facility reported that five (5) individuals were hired who may have contact with residents. In addition to employee applicants, zero (0) criminal background checks were completed on contracted staff over the past twelve (12) months as there were no contract staff hired by the facility in the past twelve (12) months. The criminal records checks completed search for criminal convictions, pending criminal charges and driving records on a federal, state and local level. The criminal background checks (NCIC/NLETS) are not conducted onsite as clearance must be gained from the Bureau of Prisons (BOP).</p> <p data-bbox="245 1966 1485 2022">All HR files contained the appropriate applications and hiring forms that include the questions regarding any prior incidents of sexual misconduct.</p> <p data-bbox="245 2056 1345 2112">After reviewing agency policy and procedures, a review of HR files, staff interviews, and the receipt of follow-up documentation, this auditor finds this standard in compliance.</p> |

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|  | <b>Corrective Action:</b> |
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| 115.218 | <b>Upgrades to facilities and technology</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities-Montgomery Facility Schematic/Diagrams with camera locations</li> <li>● Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities-Montgomery PREA Compliance Manager</li> </ul> <p><b>Findings:</b></p> <p>The Dismas Charities-Montgomery has not acquired a new facility or made substantial expansion or modification to its existing facility since August 20, 2012 or since the last PREA Audit in 2018. Dismas Charities-Montgomery has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the facility’s last PREA audit in 2018. Dismas Charities-Montgomery has (Redacted) cameras. Camera placement was internal and external included stationary and PTZ cameras. The cameras are monitored in the Central Monitoring Office and have an approximate (Redacted) recording capability. The auditor viewed the cameras during the onsite audit and did not observe camera locations in areas where residents use the restroom, shower or change clothes.</p> <p>After reviewing agency policy and procedures, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015
- Dismas Charities Inc. Procedure Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedure
- Requirements For a PREA Investigative Report Document
- Dismas Charities-Montgomery Operations Manual, Emergency Medical Care, dated 11/18/2020
- Bureau of Prisons Community Treatment Services (CTS) PREA Referral Procedures Memorandum, date stamped 2/11/2015
- Standing Together Against Rape Informational Packet
- Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Agenda
- Dismas Charities-Montgomery PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Dismas Charities PREA Coordinator
- SANE from Baptist South Medical Center Hospital
- One Place Family Justice Center representative
- Random sample of staff

**Findings:**

Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations dated 2/10/2015, requires administrative and/or criminal investigations be completed on all incidents of resident-on-resident sexual abuse or staff sexual misconduct. Investigations are to be conducted promptly, thoroughly, and objectively for all allegations. Evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings or criminal proceedings are utilized. Dismas Charities refers allegations of Sexual Abuse, Harassment and Staff misconduct to the appropriate Authority Having Jurisdiction (AHJ) over the resident concerned for investigation. The Authority Having Jurisdiction (AHJ) is dependent on the resident's status so the investigation may be conducted by the Bureau of Prisons, Department of Corrections or potentially the Montgomery Police Department for those residents on parole.

Individuals assigned to investigate allegations of sexual abuse or sexual harassment are required to attend specialized training that provides the skills and knowledge necessary to investigate Sexual Abuse and Harassment allegations that are made. Investigators attend Specialized Training: Investigating Sexual Abuse in Confinement Settings that cover PREA Investigative Standards, Legal Issues and Agency Liability, Trauma and Victim Response, the Role of Medical and Mental health Practitioners in Investigations, Interviewing Techniques, First Responder and Evidence Collection, Report Writing and Prosecutorial Collaboration. Investigators are also required to complete the same PREA training courses that all staff are required to complete. Dismas Charities, Inc. investigators only conduct administrative investigations. The Montgomery Police Department would conduct an investigation involving potential criminal allegations.

The facility reports that they do not house youthful residents. The facility reports in their PAQ that the evidence protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The above policies require and the facility reports that all residents who experience sexual abuse are provided access to forensic medical examinations by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) at no financial cost to the resident. The facility would utilize the Baptist South Medical Center Hospital to conduct all forensic exams. An interview with the SANE at the Baptist South Medical Center Hospital indicated they are responsible for conducting all forensic exams from Dismas Charities-Montgomery. Both the facility and the SAFE/SANE reported no forensic medical exams had been conducted over the last twelve (12) months on residents from Dismas Charities-Montgomery. Any evidence collected from a forensic exam is sent to the state's crime lab. Baptist South Medical Center Hospital has a SANE on call after normal operating hours.

In addition, the Bureau of Prisons (BOP) Program Statement 5324.11, Sexually Abusive Behavior Intervention and

Prevention Program, requires Psychology staff to establish an agreement with community service providers that are able to provide confidential emotional support services as it relates to sexual abuse. Community Treatment Services (CTS) is responsible for providing a community provider that will conduct a mental health assessment and counseling for those inmates who fall under PREA while the inmate resides in a Residential Reentry Center and/or on home confinement.

One Place Family Justice Center may also provide victim advocacy services for potential sexual assault victims. The One Place Family Justice Center will provide confidential emotional support to residents who are victims of sexual abuse and will accompany a resident during a forensic exam. Residents are provided information from the One Place Family Justice Center during their orientation. A telephonic interview was held with a representative from the One Place Family Justice Center. She indicated there had been no calls from residents assigned to Dismas Charities-Montgomery in the last twelve (12) months. In addition, the Bureau of Prisons (BOP) Program Statement 5324.11, Sexually Abusive Behavior Intervention and Prevention Program, requires Psychology staff to establish an agreement with community service providers that are able to provide confidential emotional support services as it relates to sexual abuse. Community Treatment Services (CTS) is responsible for providing mental health assessment and counseling for those inmates who fall under PREA while the inmate resides in a Residential Reentry Center and/or on home confinement.

After reviewing agency policy and procedures, staff interviews, training records, supplemental documentation and observations made during the onsite portion of the audit, this auditor finds the facility compliant with all provisions of the standard.

**Corrective Action:**

None

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| 115.222 | <b>Policies to ensure referrals of allegations for investigations</b>  |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1085 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1484 600" style="list-style-type: none"> <li>• Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015</li> <li>• Requirements For a PREA Investigative Report Document</li> <li>• Dismas Charities, Inc. Website</li> <li>• Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 631 367 658"><b>Interviews:</b></p> <ul data-bbox="284 712 695 770" style="list-style-type: none"> <li>• Dismas Charities- PREA Investigator</li> <li>• Dismas Charities-Montgomery Director</li> </ul> <p data-bbox="245 801 351 828"><b>Findings:</b></p> <p data-bbox="245 860 1474 1187">Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015, require that administrative and/or criminal investigations be completed on all incidents of resident-on-resident sexual abuse or staff sexual misconduct. Dismas Charities Inc. refers all allegations of Sexual Abuse, Harassment and Staff misconduct to the appropriate Authority Having Jurisdiction (AHJ) over the resident(s) concerned for investigation. The Authority Having Jurisdiction (AHJ) is dependent on the resident's status so the investigation may be conducted by the Bureau of Prisons, Department of Corrections or potentially the Montgomery Police Department for those residents on parole. Investigative referrals are to be documented. Dismas Charities Inc. investigators only conduct administrative investigations while criminal investigations are referred to Montgomery Police Department. The Montgomery Police Department provides investigative services on a 24-hour basis for allegations of sexual abuse has the legal authority to conduct criminal investigations in the facility.</p> <p data-bbox="245 1218 1474 1375">The Auditor reviewed the Dismas Charities, Inc. website. While the website does not include the actual policy, it does contain information regarding the agency's responsibilities while investigating allegations of sexual abuse and sexual harassment. The policy and information on the website provides information that all allegations that appear to be criminal in nature are referred to the local law enforcement agency. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment.</p> <p data-bbox="245 1406 1449 1532">Dismas Charities-Montgomery reported zero (0) allegations of sexual abuse and sexual harassment resulting in an administrative investigation in the past twelve (12) months. There were zero (0) allegations of sexual abuse and sexual harassment referred for criminal investigation in the past twelve (12) months. The PCM tracks all of the sexual abuse and sexual harassment investigations at the facility.</p> <p data-bbox="245 1563 1474 1724">Interviews with the Director and Investigative staff confirmed that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. Any internal investigation that identifies criminal activity or reveals that a staff member is involved is immediately referred to the Montgomery Police Department. The agency investigator would act as a liaison with investigator from the Montgomery Police Department as well as keeping the Director updated on the progress of the sexual abuse investigation.</p> <p data-bbox="245 1756 1474 1814">After reviewing agency policy and procedures, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1845 443 1872"><b>Corrective Action:</b></p> <p data-bbox="245 1904 303 1930">None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities-Montgomery Operations Manual, Employee Orientation, dated 11/18/2020
- Dismas Charities-Montgomery Operations Manual, Training, dated 11/18/2020
- A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Staff, Work Crew Supervisors (KY), Volunteers, Contractors and Vendors
- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, PREA, dated 9/17/2015
- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Prevention and Reporting, dated 9/17/2015
- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures, dated 9/17/2015
- Community Confinement PREA Refresher Trainings #1-#12
- Dismas Charities-Montgomery Staff Training Logs, October 2020
- Dismas Charities-Montgomery Initial Employee Orientation Checklist of all employees
- Dismas Charities, Inc. Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention Acknowledgement Forms of Dismas Charities-Montgomery Staff
- Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Random sample of Staff

**Findings:**

In accordance with the Dismas Charities-Montgomery Operations Manual, Training, dated 11/18/2020, require that all staff be trained (at hire and annually) to recognize the signs of resident sexual victimization and understand their responsibility in the detection, prevention, prohibition, reporting, and consequences of sexual abuse/harassment. The training contains all ten required components of the standard which include: (1) The agency's zero tolerance policy for sexual abuse and sexual harassment, (2) How to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, (3) Resident's rights to be free from sexual abuse and sexual harassment, (4) The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, (5) The dynamics of sexual abuse and sexual harassment in confinement, (6) The common reactions of sexual abuse and sexual harassment victims, (7) How to detect and respond to signs of threatened and actual sexual abuse, (8) How to avoid inappropriate relationships with residents, (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Within the first week of employment with Dismas Charities Inc., all new employees are required to read and understand the PREA information presented to them and acknowledge by signing and dating the Staff Initial Orientation Checklist and the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form (dci903 form). The Staff Initial Orientation Checklist and the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form (dci903 form) are stored in each employee's personnel file in the Director's office. This auditor observed the PREA Acknowledgement Forms in all staff personnel files that were reviewed. By signing the form, staff acknowledge that they received the training and understand their responsibilities in reporting incidents of sexual abuse and sexual harassment. All employees are trained as new hires, regardless of their previous experience. Training is tailored to both genders so additional training is not necessary.

All staff receive Sexual Abuse/Harassment/Misconduct/Prevention/Intervention training upon hire and annually. Refresher training is conducted every month during staff meetings. Training records indicate staff completed the required training during the last training year. Employee training records are maintained in each employee's personnel file. Upon completion of courses staff acknowledge their completion through a signature.

After reviewing agency policy and procedures, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.

**Corrective Action:**

None

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| 115.232 | <b>Volunteer and contractor training</b>  |
|         | <p data-bbox="245 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 239"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 356"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="282 407 1453 568" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Operations Manual, Use of Volunteers Procedure, dated 11/18/2020</li> <li>• Dismas Charities, Inc. Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form of Dismas Charities-Montgomery volunteer dated 4/15/2021</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 598 367 627"><b>Interviews:</b></p> <ul data-bbox="282 678 603 707" style="list-style-type: none"> <li>• Random Volunteer/Contractor</li> </ul> <p data-bbox="245 734 349 763"><b>Findings:</b></p> <p data-bbox="245 790 1485 1084">Dismas Charities-Montgomery Operations Manual, Use of Volunteers Procedure, dated 11/18/2020 require that all volunteers and contractors who will have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The volunteer/contractor is required to verify their understanding of the training by signing the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form indicating completion of the Orientation Program. The facility reported in its PAQ that zero (0) volunteers and one (1) contract staff have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response policies and procedures. The auditor interview with the volunteer/contractor indicated they had received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="245 1113 1485 1476">The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with the residents. All volunteers and contractors who have contact with residents are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Volunteers and contractors are required to completed the Sexual Abuse/Harassment/Misconduct/Prevention/Intervention training upon hire and annually and sign the PREA Acknowledgement Form upon completing the training. Volunteer/Contractor record files were reviewed and documentation existed acknowledging their requirement for confidentiality, their duty to report incidents of sexual abuse and sexual harassment as well as an understanding of their responsibilities under the agency policy regarding sexual abuse and sexual harassment prevention, detection and response. A telephonic interview with the one (1) contractor was conducted. The facility reported no volunteers at the facility. This contractor confirmed they completed the Sexual Abuse/Harassment/Misconduct/Prevention/Intervention training. This person also openly shared their knowledge about Dismas Charities-Montgomery zero tolerance and their duty to report sexual abuse and harassment.</p> <p data-bbox="245 1505 1461 1568">After reviewing agency policy and procedures, staff/volunteer interviews, documentation and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1597 442 1626"><b>Corrective Action:</b></p> <p data-bbox="245 1655 303 1684">None</p> |

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| 115.233 | <b>Resident education</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Sexual Abuse/Harassment/Misconduct/Prevention/Intervention-Training, dated 9/17/2015</li> <li>● Dismas Charities Inc. Resident Acknowledgement Sexual Abuse/Harassment/Misconduct/Prevention/Intervention form</li> <li>● Understanding the Prison Rape Elimination Act (PREA) for Resident's brochure, dated 5/2/2017 (English and Spanish version)</li> <li>● Zero Tolerance Poster and Ways to Report Posters</li> <li>● Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● PREA Standards Compliance Checklist</li> <li>● Random sample of Residents</li> </ul> <p><b>Findings:</b></p> <p>Sexual Abuse/Harassment/Misconduct/Prevention/Intervention-Training, dated 9/17/2015, requires that residents receive information upon entering the program about the zero-tolerance policy, definitions of sexual abuse, ways to prevent sexual abuse, how to report incidents or suspicions of sexual abuse or sexual harassment, resident rights if they are victims of sexual abuse to include retaliation and how to obtain counseling services and/or medical assistance if victimized. The Pre-Audit Questionnaire indicates that there were (162) residents all of which received education on PREA's zero-tolerance policy and reporting methods for sexual abuse and sexual harassment incidents.</p> <p>Upon arrival at the facility, residents receive a PREA educational brochure that contains information on ways to report incidents of sexual assault or sexual harassment. Residents are educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policy and procedure for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Assistance will be provided to those residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Other residents may not be used as interpreters, readers or assistants except in limited circumstances in an exigent situation. The director will seek guidance from the Regional Vice President in these cases. Upon completion of the education/orientation, all residents sign the Acknowledgement Form acknowledging they attended PREA Orientation. The resident receives a copy of the Acknowledgement Form while the original is maintained in the Resident Records File.</p> <p>Resident files were reviewed and dates on the Resident Acknowledgement Forms were completed the day the resident arrived or the next day. Several random residents reported during their interviews that they remembered receiving information regarding PREA the day they arrived. PREA posters were highly visible in all areas of the facility and information was in the Orientation Booklet all residents are all provided.</p> <p>After reviewing agency policy and procedures, staff and resident interviews, and documentation provided this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.234 | <b>Specialized training: Investigations</b>  |
|         | <p data-bbox="245 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 356"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="282 407 1469 667" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations, dated 2/10/2015</li> <li>• Dismas Charities Inc. Requirements for a PREA Investigative Report Document</li> <li>• Kentucky Division of Corrections Training Employee Training Application and Training Completion form for PREA Investigator Training Course for Dismas Charities Inc. investigative staff</li> <li>• Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Curriculum and Agenda</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 696 367 725"><b>Interviews:</b></p> <ul data-bbox="282 777 713 806" style="list-style-type: none"> <li>• Dismas Charities Inc. PREA Investigator</li> </ul> <p data-bbox="245 835 351 864"><b>Findings:</b></p> <p data-bbox="245 893 1461 1019">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations, dated 2/10/2015 requires that a systematic and official inquiry into all allegations of sexual abuse/harassment reported or discovered to aid in determining the facts from all available evidence, prevent further trauma to the victim, safeguard the community, protect the rights of all parties and hold accountable those parties responsible for violating the law.</p> <p data-bbox="245 1048 1469 1211">Investigators attend training that includes an overview of PREA Investigative Standards, Investigations and Agency Culture, Legal Issues and Agency Liability, Trauma and Victim Response, Role of Medical and Mental Health Practitioners in Investigations, Interviewing Techniques; Skills that Address the Dynamics of Sexual Abuse, First Responder and Evidence Collection: The Foundation for Successful Investigations, Report Writing and Prosecutorial Collaboration. When the investigators completed the PREA Investigator Training, it is documented in the staff training records.</p> <p data-bbox="245 1240 1485 1536">The Dismas Charities Inc. investigators attended training facilitated by the Kentucky Division of Corrections Training. All staff selected as PREA Investigators must complete this training prior to be assigned to conduct administrative investigations. There are currently nine (9) staff currently employed by Dismas Charities Inc. who have completed the PREA Investigator Training course offered by the Kentucky Division of Corrections Training. Training records for the nine (9) trained investigators was provided and verified completion of the required investigator training at various dates. There were no records provided indicating completion of their required annual PREA training. Interviews with the investigative staff confirmed that the specialized investigator training included interviewing techniques on sexual abuse victims, information on proper usage of Miranda and Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="245 1565 1466 1691">In accordance with the Requirements for a PREA Investigative Report document and interviews with trained investigative staff, when a Sexual Abuse/Sexual Harassment investigation is assigned to them, a preliminary administrative investigation is initiated. If at any point in the preliminary investigation the investigator feels a situation could be criminal, a referral is made to the Montgomery Police Department for further investigation and determination of criminal charges.</p> <p data-bbox="245 1720 1469 1783">After reviewing agency policy and procedures, staff interviews and observations made during the onsite portion of the audit, this auditor finds the facility is not fully compliant with all provisions of the standard.</p> <p data-bbox="245 1812 442 1841"><b>Corrective Action:</b></p> <p data-bbox="245 1870 303 1899">None</p> |

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| 115.235 | <b>Specialized training: Medical and mental health care</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities-Montgomery is a residential community corrections facility. Residents assigned to the facility have access to medical and mental health providers in the community, thus there are no medical or mental health staff onsite at the Dismas Charities-Montgomery.</p> <p>After reviewing agency policy and procedures and staff interviews this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities-Montgomery Operations Manual, Procedure 9.1 Referral and Intake Processing, dated 11/18/2020
- Dismas Charities-Montgomery Operations Manual, Procedure 10.1 Program Planning and Progress, dated 11/18/2020
- Dismas Charities, Inc. Screening Tool
- Dismas Charities-Montgomery's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Dismas Charities-Montgomery Case Manager (Staff Responsible for Risk Screening)
- Dismas Charities-Montgomery Director
- Dismas Charities Inc. PREA Coordinator
- Random sample of Residents

**Findings:**

Dismas Charities-Montgomery Operations Manual, Procedure 9.1 Referral and Intake Processing, dated 11/18/2020, Dismas Charities-Montgomery Operations Manual, Procedure 10.1 Program Planning and Progress, dated 11/18/2020 and the Dismas Charities, Inc. Screening Tool were reviewed. Staff are required to complete the PREA Screening Questionnaire with the resident upon their arrival at the facility. Upon completion/signing of this document, staff are to place it in the Director's mailbox for review and assessment of risk factors. Staff are also required to complete the Bureau of Prisons Initial Intake Form which includes evaluating the physical appearance and emotional condition of the resident. A re-assessment of the PREA screening questionnaire will be included in every counseling session and documented under "Health Assessment". This is accomplished by asking the resident if there have been any changes in their situation since the initial screening or last meeting. Counselors ask PREA questions every week during the first month and then every two weeks after the first month.

Dismas Charities-Montgomery Operations Manual, Procedure 9.1 Referral and Intake Processing, dated 11/18/2020 requires staff to complete the Initial PREA Screening Questionnaire (dci902) and upon completion forward it to the Director for further review and evaluation. Staff conduct screening to determine a resident's risk of being sexually abused by other residents or their risk of being sexually abusive towards other residents. The screening shall utilize an objective screening instrument that obtains the following minimum criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability; The age of the resident; The physical build of the resident; Whether the resident has previously been incarcerated; Whether the resident's criminal history is exclusively nonviolent; Whether the resident has prior convictions for sex offenses against an adult or child; Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability; Although the screening instruments initially provided did not include the minimum criteria, the PREA Coordinator shared that he was in the process of making changes that include all of the criteria.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse (as known to the agency) in assessing residents for risk of being sexually abusive. Counselors the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening by asking the PREA questions every week during the first month and then every two weeks after the first month. Residents are not disciplined for refusing to answer or for not disclosing complete information related to questions regarding whether the resident has a mental, physical, or developmental disability, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, whether the resident has previously experienced sexual victimization and the resident's own perception of vulnerability during the screening or assessment process.

The information gained from the screening for risk of victimization and abusiveness is limited to staff on a "need to know basis". The information in the report is used in determining housing and bed assignments with the goal of keeping residents who are high risk of being sexually victimized separated from those who are at high risk for being sexually abusive. The facility should make individualized determinations about how to ensure the safety of each resident.

According to the PAQ, the facility reassessed 100% of the (162) residents who entered the facility within the past (12) months whose length of stay in the facility was for (72) hours or more and who were screened for risk of sexual victimization

or risk of abusing other inmates. The facility also reported that (162) residents who entered the facility whose length of stay was for (30) days or more who were reassessed for their risk of sexual victimization or of being sexual abusive within (30) days.

After discussing updates of the screening instrument, reviewing agency policy and procedures, staff interviews, resident interviews and observations made during the onsite portion of the audit, this auditor finds the facility exceeds the standard.

**Corrective Action:**

None

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| 115.242 | <b>Use of screening information</b>  |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1485 537" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Operations Manual, Procedure 9.1 Referral and Intake Processing, dated 11/18/2020</li> <li>• Dismas Charities-Montgomery Operations Manual, Procedure 10.1 Program Planning and Progress, dated 11/18/2020</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 568 368 595"><b>Interviews:</b></p> <ul data-bbox="284 645 719 739" style="list-style-type: none"> <li>• Dismas Charities Inc. PREA Coordinator</li> <li>• Dismas Charities-Montgomery Director</li> <li>• Dismas Charities-Montgomery Counselor</li> </ul> <p data-bbox="245 770 352 797"><b>Findings:</b></p> <p data-bbox="245 824 1477 1151">Dismas Charities-Montgomery Operations Manual, Procedure 9.1 Referral and Intake Processing, dated 11/18/2020 and Dismas Charities-Montgomery Operations Manual, Procedure 10.1 Program Planning and Progress, dated 11/18/2020 requires the information used from the risk screening required by PREA Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. As a residential community confinement facility, work, education and program assignments are not conducted in-house. The agency and facility make individualized determinations about how to ensure the safety of each resident based on data gathered from the risk assessment, information from prior medical/mental health screenings, additional records reviews, information obtained from the resident and observations made by staff. A transgender or intersex resident's own view with respect to his own safety is given serious consideration when making facility and housing placement decisions and programming assignments.</p> <p data-bbox="245 1182 1445 1276">The Dismas Charities-Montgomery counselors are responsible for screening each resident that enters the facility. The Director is responsible for ensuring those on the list for high risk for abusiveness are not placed with those at high risk for victimization.</p> <p data-bbox="245 1308 1485 1500">Interviews conducted with the Dismas Charities Inc. PREA Coordinator indicated that the facility would take into consideration on a case-by-case basis whether a resident's housing and program assignment would ensure the resident's health and safety and whether the assignment would present management or security problems. While conducting the onsite tour, the auditor toured housing, bed, job assignment and program areas. Interviews confirmed that at intake, the results of the screening are used to determine housing and bed assignment. There were no transgender residents at the facility at the time of the onsite audit.</p> <p data-bbox="245 1532 1477 1657">All residents are offered the opportunity to shower separately from other residents based on the design of the bathroom/shower areas. Staff reported that no transgender residents would be assigned to a dedicated housing unit while at Dismas Charities-Montgomery. Dismas Charities-Montgomery was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex residents.</p> <p data-bbox="245 1688 1469 1751">After reviewing agency policy and procedures, staff interviews, resident interviews and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1783 443 1809"><b>Corrective Action:</b></p> <p data-bbox="245 1841 304 1868">None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting
- Understanding the Prison Rape Elimination Act for Residents Brochure (English and Spanish versions), dated 5/2/2017
- PREA Refreshers- "Ways to Report", Reporting Knowledge Suspicion or Information and "Encouraging Residents to Report Sexual Abuse"
- Dismas Charities Inc. PREA Posters (English and Spanish versions)
- BOP Community Treatment Services PREA Referral Procedures, dated 2/11/2015
- PREA 1st Responder Protocol Cards
- Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- PREA Compliance Manager
- Random Sample of Residents
- Random Sample of Staff
- One Place Family Justice Center representative

**Findings:**

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting requires that multiple internal ways should be provided for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Ways of reporting incidents of sexual abuse and harassment include Direct Reporting to a staff member, completing an Action Request on the kiosk, and third-party reporting, reporting via the published (Kentucky) helpline and through a local rape crisis center. While touring the facility, signage was observed in multiple areas in each living and dayroom area. The signage included instructions and numbers that can be called to report incidents of sexual abuse/assault. Additional signage provided contact information for Resident reporting, Family & Friends Reporting, Employee Reporting and Employee Responsibilities. Third party reporting can be made via email, phone or letter. When residents arrive at the facility, they are provided a document that explains how to report incidents anonymously. The residents are also provided access to a Rape Crisis Center (One Place Family Justice Center). The auditor interviewed staff from the One Place Family Justice Center. The One Place Family Justice Center representative indicated that there had been no calls from residents from Dismas Charities-Montgomery during the past (12) months requesting any emotional support services related to a sexual abuse or sexual harassment occurring at the facility.

When residents participate in Orientation, they are provided a pamphlet regarding PREA Awareness, to include different ways to report incidents of sexual abuse and sexual harassment. The brochure refers to a Kentucky Hotline number so it was recommended that this number be posted near the telephones and on bulletin boards. A provided contains a telephone number to call as well as an explanation of the resident's rights in regard to sexual safety.

Posters that were observed throughout the facility during the tour and includes methods for staff, residents and visitors to report sexual abuse or sexual harassment.

Even though the facility does not house residents detained solely for civil immigration purposes, policy still requires that residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the US Department of Homeland Security.

Policy also requires that staff accept reports of sexual abuse and sexual harassment that are made verbally, in writing, anonymously or from a third party. Each employee has a duty to report any and all violations and are to immediately notify the Director or Assistant Director and document on an Extraordinary Occurrence Report. Policy also allows staff to privately report sexual abuse and sexual harassment of residents. The ways for staff to report are defined in the procedure and is also included on the PREA posters that are prominently posted throughout all areas of the facility.

Interviews with random residents confirmed they were educated on how to report sexual abuse and sexual harassment utilizing the hotline numbers posted on each housing unit. Most residents were aware of where to go to find reporting methods in their Orientation paperwork. Interviews with random staff confirmed they were all comfortable in reporting situations to the Director and knew additional ways to report were on the posters.

After reviewing agency procedures, staff and resident interviews, interviews with external entity and observations made during the onsite portion of the audit, this auditor finds the facility meets this standard based on the multiple reporting methods provided for the resident population and staff.

**Corrective Action**

None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Inc. Administrative Remedy Procedure, Filing a Grievance (Sexual)
- Dismas Charities Inc. Discipline for Violating Sexual Abuse/Harassment
- Dismas Charities-Montgomery PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Random Sample of Staff
- Random Sample of Residents

**Findings:**

Dismas Charities Inc. Administrative Remedy Procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident occurred. Policy requires all grievances that are filed regarding allegations of sexual abuse or sexual harassment be submitted to the Director for appropriate action in accordance with PREA. Residents are educated and advised of the Administrative Remedy Procedure during their Orientation upon arrival. Residents are provided both written material and an oral explanation of the procedure and provided the opportunity to ask questions regarding the grievance procedure. Residents are permitted to request assistance in understanding the process and also in completing a grievance. Third parties, including other residents, staff members, family members, attorneys or outside advocate, shall be permitted to assist residents in filings requests for Administrative Remedy relating to allegation of sexual abuse, and shall be permitted to file such requests on behalf of the resident. If a third-party files such a request on behalf of a resident, Dismas requires as a condition of processing that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the Administrative Remedy Process. If the resident declines to have the request process on his or her behalf, the resident's decision will be documented. The facility reported that there were no grievances alleging sexual abuse filed by residents in the past twelve (12) months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.

The policy also explains that a resident can submit a grievance without submitting it to the staff member who is subject of the complaint. The policy does not allow the grievance to be referred to the staff member who is subject to the complaint.

Administrative Remedy Procedures, Filing a Grievance (Sexual), requires that once the investigation is complete, the Director will issue a final decision on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The written findings are relayed to the resident, and what resolution, if any, will be implemented. If the resident doesn't agree with the action of the Director they may file a formal grievance with the Bureau of Prisons through established Administrative Remedy Procedures. If the Director fails to respond to the grievance within 90 days, the resident may consider the grievance denied and may utilize the Administrative Remedy Process pertaining to their legal status.

The facility reported that there had been zero (0) grievances filed in the last twelve (12) months that alleged sexual abuse that reached final decision within ninety (90) days of being filed. None of these grievances required an extension. There were zero (0) grievances filed in the last twelve (12) months that alleged sexual harassment that reached final decision within (90) days of being filed. Neither of these grievances required an extension either.

If a resident files a grievance alleging emergency substantial risk of imminent sexual abuse, the Director will take immediate action to safeguard the resident and provide an initial response in 48 hours, and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

No reprisals are to be taken against any resident for a good faith use of or participation in the grievance procedure. The Director may discipline a resident for filing a grievance related to alleged sexual abuse only where the Director can demonstrate that the resident filed the grievance in bad faith.

Interviews with random residents confirmed the multiple ways a resident could report allegations of sexual abuse or sexual

harassment, submitting a grievance was one of those ways. The residents explained the grievance boxes on the housing units. None of the random residents interviewed had ever filed a grievance regarding an allegation of sexual abuse or sexual harassment. Random staff interviewed shared how a resident could give a grievance directly to the Director.

After reviewing agency policy and procedures, staff and resident interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.

**Corrective Action:**

None

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|---------|--|
| 115.253 | <b>Resident access to outside confidential support services</b>  |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● PREA Refresher: Community Confinement Resident Support Services</li> <li>● Understanding the Prison Rape Elimination Act for Residents Brochure (English and Spanish versions)</li> <li>● Bureau of Prisons (BOP) Community Treatment Services Memorandum</li> <li>● Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities-Montgomery PREA Compliance Manager</li> <li>● One Place Family Justice Center Representative</li> <li>● Random sample of Staff</li> <li>● Random sample of Residents</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities-Montgomery provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a memorandum of understanding with the Bureau of Prisons to provide confidential emotional support services as it relates to sexual abuse through community service providers. CTS is responsible for providing mental health assessments and counseling for those residents who fall under PREA while the resident resides in the Residential Reentry Center and/or on home confinement.</p> <p>Residents have access to community providers based on their status while assigned to the facility. Mailing addresses and telephone numbers, including toll-free hotline numbers for local, state, or national victim advocacy or rape crisis organizations are provided to residents during their intake and Orientation. Enabling reasonable communication between residents and the organizations/agencies in as confidential manner as possible is also required per policy.</p> <p>The facility recently reached out to the One Place Family Justice Center in Montgomery. The One Place Family Justice Center will provide free, confidential sexual abuse advocacy services for the Dismas Charities-Montgomery resident population. The One Place Family Justice Center crisis line telephone number is available to the residents. The auditor conducted a telephone interview with a representative from the One Place Family Justice Center and she indicated that the One Place Family Justice Center had not received any telephone calls in the past twelve (12) months from residents at Dismas Charities-Montgomery.</p> <p>Interviews with random staff and the PCM indicated the residents are provided with a PREA brochure and orientation material that contained facility guidelines regarding PREA, information on how to report incidents of sexual abuse and sexual harassment, including telephone numbers of outside agencies. Spanish versions are provided to limited English proficient residents. Residents were knowledgeable of how to utilize any crisis hotline numbers and what type of services places like One Place Family Justice Center provided.</p> <p>After reviewing agency policy and procedures, staff and resident interviews, interviews with representatives from One Place Family Justice Center and Baptist South Medical Center Hospital and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p><b>Corrective Action</b></p> <p>None</p> |

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| 115.254 | <b>Third party reporting</b>   |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 407 1370 501" style="list-style-type: none"> <li>• Dismas Charities Inc. website</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 533 368 560"><b>Interviews:</b></p> <ul data-bbox="284 609 557 636" style="list-style-type: none"> <li>• Random Sample of Staff</li> </ul> <p data-bbox="245 667 352 694"><b>Findings:</b></p> <p data-bbox="245 725 1485 918">The Dismas Charities Inc. website (info@dismas.com) provides information to the general public regarding PREA, to include information regarding third-party reporting of sexual abuse and sexual harassment incidents. The auditor viewed the website and confirmed the information regarding third-party reporting. The website contained a link that would send an email to the Dismas Charities Inc. PREA Coordinator. The telephone number of the PREA Coordinator is also provided on the website. Staff are also able to report resident sexual abuse anonymously in the same manner. The PREA Coordinator notifies the Director of any information received and an investigation into the allegations will be initiated.</p> <p data-bbox="245 949 1477 1111">Dismas Charities-Montgomery was seeking an MOU with One Place Family Justice Center to provide for advocacy services as well as being an external entity that residents could utilize to report allegations of sexual abuse and sexual harassment anonymously. In order for the One Place Family Justice Center representative to notify the facility of the information shared with them, the resident must sign a consent form giving the One Place Family Justice Center permission to contact the facility and report the allegation of sexual abuse or sexual harassment.</p> <p data-bbox="245 1142 1489 1236">Random interviews with staff confirmed that they understand the requirement to accept allegations of sexual abuse and sexual harassment when a third-party may report an incident of sexual abuse and sexual harassment to them. Staff said that the "third-party" could be other residents, staff members, attorneys, outside advocates, resident family members.</p> <p data-bbox="245 1267 1485 1330">After reviewing agency policy and procedures, Dismas Charities, Inc. website, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1361 443 1388"><b>Corrective Action:</b></p> <p data-bbox="245 1420 304 1447">None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .6, Protection Against Retaliation
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .4, Response Procedures
- Dismas Charities-Montgomery's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

**Interviews:**

- Dismas Charities, Inc. PREA Coordinator
- Dismas Charities-Montgomery Director
- Random Sample of Staff

**Findings:**

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting requires all residents/staff to report when a resident has been victimized or the resident has knowledge of sexual abuse within the center. Every staff member has the responsibility to immediately address any observed behavior or conversations involving a resident or co-worker that suggests inappropriate communications and/or contact.

When a staff member observes two or more residents engaged in communication and/or behaviors that suggest an inappropriate relationship may be forming, they are to talk to the involved residents. Residents are to be counseled on the rules prohibiting relationships and sexual contact. Residents are to be reminded of the sexual /abuse policy. If residents are sitting too close to one another or have engaged in any kind of physical contact, regardless of how small, they are to be separated and warned the first time with repeat occurrences receiving disciplinary write ups. The incident is to be documented in the House Log. Residents who are found to be together in an unauthorized area are to receive a disciplinary write up.

When a staff member observes a co-worker/volunteer/contractor or one or more residents engaged in communication and/or behaviors that suggest an inappropriate relationship might be forming, the staff member is to immediately report the matter to the Director, who will follow protocols for gathering information and making notifications. The Director will in all cases notify the RVP within thirty (30) minutes of being made aware of an incident or a possible issue.

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .6, Protection Against Retaliation requires that all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. It is required that all staff report immediately and according to agency policy any retaliation against residents or staff who reported such an incident or may have contributed to or failed to prevent such an incident. The director or designee is responsible for monitoring against retaliation. Multiple protection measures, such as dorm/room changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations may be used. For at least 90 days following a report of sexual abuse, the center monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or changes in staff schedules or hours. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.

In the case of residents, such monitoring shall also include checks when meeting with counselor during scheduled times. If any other individual who cooperates with an investigation expresses a fear of retaliation, the center shall take appropriate measures to protect that individual against retaliation. The monitoring will end if the allegation is unfounded or the resident is transferred or released.

Staff may receive an anonymous note, hear a rumor, or other third-party information (including from a resident's family or

friend) that a resident has been the victim of sexual abuse. Staff must immediately report all information to the Director and follow-up with completion of an Extraordinary Occurrence Report (dci422).

By law, the identity of an alleged victim of sexual abuse is confidential information. The sharing of sensitive information is limited to those staff who must know in accordance with policy, federal and state statute and ethical standards. Staff must, to the extent possible, limit the release of information in an effort to protect the victim and reporter of sexual abuse from retribution. The facility would never have a resident under the age of 18 but may have a resident that is considered a vulnerable adult. Dismas will also notify the appropriate supervising authorities of the reporting resident.

Random staff interviews, indicated staff understood their responsibility to report any knowledge, suspicion or information of sexual abuse or sexual harassment. Staff also understood that any information related to sexual abuse or sexual harassment is to be confidential and not be shared with anyone other than those that need to know. Staff said they would report to the Director. Through an interview with the Director, she advised that any reports of allegation of sexual abuse or sexual harassment that are reported through a third-party would be referred to the Regional Vice-President and would be processed as any other allegation.

After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.

**Corrective Action:**

None

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| 115.262 | <b>Agency protection duties</b>  |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1473 537" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 568 368 595"><b>Interviews:</b></p> <ul data-bbox="284 645 687 707" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Random Sample of Staff</li> </ul> <p data-bbox="245 734 352 761"><b>Findings:</b></p> <p data-bbox="245 792 1485 918">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting explains the agency's protection duties when the staff learns that a resident is subject to a substantial risk of imminent sexual abuse and requires immediate staff action be taken to protect the resident. Dismas will at all times protect all residents from the threat or harm of sexual abuse within the center either perceived or actual.</p> <p data-bbox="245 949 1461 1075">If a resident feels they are at risk of imminent sexual abuse, they will immediately be placed under close watch by staff and the director notified. The resident will be questioned as to why they feel at risk. If the risk is substantial, the director will coordinate with the supervising authorities as to any possible transfer or temporary relocation. If that is not possible, the center will make every effort to protect the resident from harm and shall offer emergency counseling.</p> <p data-bbox="245 1106 1485 1232">During the interviews with random staff, they all reported that any information they received that alleges a resident is at substantial risk of imminent sexual abuse and they would all react and take immediate action by separating the alleged victim from the abuser to ensure the safety of the alleged victim. The Director reported that there were no reports of substantial risk of imminent sexual abuse that required immediate action on staff's behalf in the past twelve (12) months.</p> <p data-bbox="245 1263 1422 1326">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1357 443 1384"><b>Corrective Action:</b></p> <p data-bbox="245 1415 304 1442">None</p> |

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| 115.263 | <b>Reporting to other confinement facilities</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting requires that when Dismas Charities-Montgomery receives an allegation that a resident was sexually abused while confined at another facility, Dismas will notify that facility/center of the report. Dismas will also notify the appropriate supervising authorities of the reporting resident. The center will notify the Dismas PREA coordinator and leadership. At the time of the initial report of sexual abuse while at another facility, the center staff receiving the report will notify the director immediately. The director will document and notify the supervising authorities and the management of the facility involved within 72 hours of the resident reporting the incident to staff. Staff will offer counseling services to the resident and medical services if needed. The director will assist with any investigation conducted.</p> <p>If the center receives a report of sexual abuse from a former resident now housed in a different facility, the center will document the report; notify the agency leadership and the supervising authorities. An investigation will be started as far as allowed by the supervising authorities or local law enforcement. Dismas and the center staff will cooperate fully with the investigation. All responses and actions will be documented.</p> <p>During the interview with the Director, she shared that if a resident reports an incident of sexual abuse/assault that occurred at another agency/facility, she would contact the other agency/facility staff via email and if necessary, by telephone. The Director reported that there were no reports received from other agencies or facilities reporting that a resident alleged sexual abuse while assigned to Dismas Charities-Montgomery.</p> <p>After reviewing agency policy and procedures, staff and resident interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.264 | <b>Staff first responder duties</b>   |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1398 568" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .4, Response Procedures</li> <li>• Dismas Charities 1st Responder PREA Protocols Card</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 600 368 627"><b>Interviews:</b></p> <ul data-bbox="284 680 748 739" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Security and Non-Security First Responders</li> </ul> <p data-bbox="245 770 352 797"><b>Findings:</b></p> <p data-bbox="245 828 1489 985">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .4, Response Procedures requires first responders to ensure that the alleged resident victim is separated from the alleged resident perpetrator. The main objective is to coordinate actions taken in response to an incident of sexual abuse, among staff on duty, medical and mental health practitioners, investigators, and center management. The goal is to safeguard the resident from further physical or psychological harm.</p> <p data-bbox="245 1016 1489 1541">First Responders/staff on duty or receiving an alleged report of sexual abuse/harassment are required to separate the alleged perpetrator and victim so that neither can hear nor see the other. The 1st Responders/Staff are then encouraged to alert other staff for assistance and inform the Director of the alleged sexual abuse and remain with the alleged victim to provide safety and support and if needed, to ensure that the victim does not wash, shower, change clothes or otherwise compromise physical evidence on his/her body prior to examination. If needed, ensure all parties involved received emergency medical treatment and arrange for a Sexual Assault Forensic Exam (SAFE) if wanted. If resident is unclear about the need for an exam, the Sexual Assault Nurse Examiner (SANE) should make that decision. If needed and directed, contact the State police. If needed and directed, secure the crime scene, take photographs as needed, and get names of witnesses, if any. Staff are also required to start a log of events and complete an Extraordinary Occurrence Report. The Director will ensure that all of the previously listed steps were completed as well as notifying the Authority having Jurisdiction (AHJ) and the Regional Vice President and ensure on-going support for the victim. If the resident believes they are no longer safe in their current environment, arrangements are made with the Bureau of Prisons, US Probation/Pre-Trial or the KY Department of Corrections as appropriate to have the resident moved to another location, including an administrative transfer back to an institution. The Director will ensure to start or assist and support any investigation by the State police or Local Law Enforcement and coordinate with a Rape Crisis Advocate for continued mental health treatment and counseling as needed. The Director also ensures that all actions and information are documented.</p> <p data-bbox="245 1572 1489 1800">Interviews were conducted with random staff/First Responders and all staff were able to recite First Responder responsibilities in accordance with agency procedure when it is learned a resident was sexually abused. A laminated credit-card style information card that detailed First Responder duties when they learn a resident was sexually abused. The card had contact information for those who are to be contacted if a situation is reported. Staff all reported they attended the required training upon being hired and then attended training each year after they were hired. Training records were reviewed and indicated that staff attended the required training and learned of the proper responses when learning a resident was sexually abused.</p> <p data-bbox="245 1832 1489 1890">The Director/PCM reported that there had been incidents reported to security and non-security staff members that a resident had been sexually abused in the past twelve (12) months.</p> <p data-bbox="245 1921 1489 2011">After reviewing agency policy and procedures, staff interviews and resident interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 2042 443 2069"><b>Corrective Action:</b></p> <p data-bbox="245 2101 304 2128">None</p> |

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| 115.265 | <b>Coordinated response</b>  |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1085 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1398 537" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .4, Response Procedures</li> <li>• Dismas Charities-Montgomery's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 568 367 595"><b>Interviews:</b></p> <ul data-bbox="284 645 686 707" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Random sample of staff</li> </ul> <p data-bbox="245 734 351 761"><b>Findings:</b></p> <p data-bbox="245 792 1468 887">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .4, Response Procedures identifies the facility's written coordinated response and actions to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p data-bbox="245 918 1468 1214">The Directors shared that he as well as the staff assigned to the facility are confident in their knowledge of coordinated actions to take when a situation of sexual abuse is reported to them. Staff are provided a 1st Responder card that details their responsibilities as first responders to a report of sexual abuse allegations. Random staff interviews confirmed that staff were aware of the proper steps to protect a resident alleging sexual abuse/assault, securing and preserving evidence, requests made to both the resident victim and resident perpetrator to not take any actions that would destroy evidence, notification to the Director, ensuring resident victim is seen provided medical care and documentation of the incident prior to the conclusion of their shift. The Response Plan was reviewed and included a more detailed step-by-step instructions regarding first responder responsibilities, evidence collection procedures, documentation required, notifications required, medical care provisions, investigator responsibilities and administration responsibilities.</p> <p data-bbox="245 1245 1426 1308">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1339 443 1366"><b>Corrective Action:</b></p> <p data-bbox="245 1397 303 1424">None</p> |

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| 115.266 | <b>Preservation of ability to protect residents from contact with abusers</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1083 297"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 353"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 409 1370 468" style="list-style-type: none"> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 499 368 526"><b>Interviews:</b></p> <ul data-bbox="284 577 722 636" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Dismas Charities Human Resources staff</li> </ul> <p data-bbox="245 667 352 694"><b>Findings:</b></p> <p data-bbox="245 725 1473 884">Dismas Charities, Inc. is a private, not for profit, residential reentry center. Dismas Charities Inc. does not engage in a collective bargaining agreement with their employee workforce. There has been no collective bargaining agreement entered into that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Human Resources staff and the Director both confirmed collective bargaining is not utilized within Dismas Charities.</p> <p data-bbox="245 916 1425 974">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1005 443 1032"><b>Corrective Action:</b></p> <p data-bbox="245 1064 304 1090">None</p> |

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| 115.267 | <b>Agency protection against retaliation</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .6, Protection Against Retaliation</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .6, Protection Against Retaliation requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The Director is responsible for monitoring against retaliation of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. Multiple protection measures, such as dorm/room changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations may be used.</p> <p>For at least 90 days following a report of sexual abuse, the center shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or changes in staff schedules or hours. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include checks when meeting with counselor during scheduled times. If any other individual who cooperates with an investigation expresses a fear of retaliation, the center shall take appropriate measures to protect that individual against retaliation.</p> <p>The monitoring will end if the allegation is unfounded or the resident is transferred or released.</p> <p>After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Information or Documents Reviewed:**

- Dismas Charities Inc. Sexual Abuse/Harrassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015
- Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Agenda
- Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

**Interviews:**

- Dismas Charities, Inc. Investigator
- Dismas Charities-Montgomery Director

**Findings:**

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015 requires the facility conduct a systematic and official inquiry into all allegations of sexual abuse/harassment reported or discovered to aid in determining the facts from all available evidence, prevent further trauma to the victim, safeguard the community, protect the rights of all parties and hold accountable those parties responsible for violating the law. An effort should be made for a "multi-disciplinary team" approach which may include Investigators, victim advocate, social services, mental health, district attorney, etc.

Sexual abuse and sexual harassment administrative investigations shall be conducted by staff that have received special training in sexual abuse/harassment investigations or for criminal investigations, the appropriate authority having jurisdiction. Interviews with a Dismas Charities Inc. investigator confirmed their completion of the Specialized Training: Investigating Sexual Abuse in Confinement Settings. Dismas Charities Inc. currently has nine (9) staff who has attended the Investigator training. When an outside agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Director notifies the Regional VP and the PREA Coordinator of all allegations of sexual abuse and harassment who will ensure completion of an administrative investigation. One of the nine (9) trained PREA investigators could be assigned to conduct the administrative investigation.

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data including video and/or audio recordings; shall interview alleged victims, suspected perpetrators, and witnesses. The investigator shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Investigators are trained to review prior complaints and reports of sexual abuse involving the suspected perpetrator when determining credibility of the allegations. When the quality of evidence appears to support criminal prosecution, appropriate referrals will be made. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. During the interviews with the Investigators, they determine the credibility of the subject of an interview depending on their ability to provide verifiable details that contribute to the veracity of their story. The more verifiable details they provide, the more it contributes to the veracity of their story. The Investigator's questions also address things that only appear to be secondary to the line of questioning, but are key to establishing the credibility of their narrative. The Investigators explained they like to measure whether the subject's non-verbal indicators of truthfulness align with their verbal indicators that they are being truthful.

The policies also require that investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal Investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with all documentary evidence attached where feasible. Substantiated allegations of conduct that appears criminal shall be referred for prosecution.

According to the PAQ, and verification from interviews with the Director/PCM, it was confirmed that there were no allegations of conduct that appeared to be criminal that was referred for prosecution since the last PREA audit. There were no allegations of sexual abuse or sexual harassment at all at the facility over the past 12 months.

All written investigation reports will be retained as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.

**Corrective Action:**

None

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| 115.272 | <b>Evidentiary standard for administrative investigations</b>  |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1469 568" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015</li> <li>• Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Agenda</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 600 368 627"><b>Interviews:</b></p> <ul data-bbox="284 680 746 707" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Investigators</li> </ul> <p data-bbox="245 739 352 766"><b>Findings:</b></p> <p data-bbox="245 797 1485 1016">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015 requires that when a facility investigates an allegation, the investigator shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Specialized Training: Investigating Sexual Abuse in Confinement Settings that Dismas Charities' PREA Investigators attend, explains that the preponderance of the evidence is a lesser standard of proof than, "beyond a reasonable doubt," which is required to convict in a criminal trial. This standard is satisfied if the evidence shows that it is more probable than not that an event occurred.</p> <p data-bbox="245 1048 1453 1142">The investigator shared that when they conduct investigations, they seek the facts and make decisions and conclusions based on these facts. The Investigators routinely identify in their investigative reports if they make a decision based on the preponderance of evidence with further explanation.</p> <p data-bbox="245 1173 1426 1232">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1263 443 1290"><b>Corrective Action:</b></p> <p data-bbox="245 1321 304 1348">None</p> |

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| 115.273 | <b>Reporting to residents</b>  |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1082 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1468 600" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015</li> <li>• Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse by Staff form (dci907int)</li> <li>• Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse form (dci906int)</li> <li>• Dismas Charities-Montgomery's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 631 367 658"><b>Interviews:</b></p> <ul data-bbox="284 712 695 770" style="list-style-type: none"> <li>• Dismas Charities Inc., Investigator</li> <li>• Dismas Charities-Montgomery Director</li> </ul> <p data-bbox="245 801 351 828"><b>Findings:</b></p> <p data-bbox="245 860 1477 1218">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigation Procedure, dated 2/10/2015, requires any resident who makes an allegation that he or she suffered sexual abuse is informed in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Also, the policy contains the process for notifying residents whether the allegation was proven to be substantiated, unsubstantiated or unfounded following an investigation. The policy further requires following an resident's allegation a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing on the Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse by Staff form.</p> <p data-bbox="245 1249 1477 1411">Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing to the resident on the Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse form (dci906int).</p> <p data-bbox="245 1442 1477 1568">"Authority Having Jurisdiction" include the Bureau of Prisons and the Department of Corrections (Kentucky) for residents under their care. Results of indictments or criminal convictions of Dismas Charities-Montgomery staff will be shared with the Director. The Director will inform the resident whenever the facility learns the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="245 1599 1477 1760">Interviews with the investigator and the Director/PCM confirmed all investigation outcomes, whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed by agency investigator and the documentation is maintained with the investigation. The interview with the Director/PCM confirmed there has been zero (0) reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in the facility in the past twelve (12) months which was investigated by agency investigators.</p> <p data-bbox="245 1792 1426 1850">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1881 443 1908"><b>Corrective Action:</b></p> <p data-bbox="245 1939 303 1966">None</p> |

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| 115.276 | <b>Disciplinary sanctions for staff</b>   |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1433 537" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, 24.3 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 568 367 595"><b>Interviews:</b></p> <ul data-bbox="284 645 692 707" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Dismas Charities-Montgomery Director</li> </ul> <p data-bbox="245 734 351 761"><b>Findings:</b></p> <p data-bbox="245 792 1485 1084">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.3, Discipline for Violating Sexual Abuse/Harassment Policies and Procedures state that discipline is imposed on those whose behavior is not in compliance with Dismas policies, Procedures, Center rules, Bureau of Prisons (BOP) rules and Department of Corrections (DOC) rules. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The severity of the corrective action reflects the nature of the offense, and increasingly severe measures will be taken for more serious or repeated offenses. Serious offenses may result in immediate termination. Although employment with Dismas is based on mutual consent and both the employee and Dismas have the right to terminate employment at will, with or without cause or advance notice, Dismas may use progressive corrective action at its discretion.</p> <p data-bbox="245 1115 1437 1240">Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="245 1272 1469 1433">Employees are subject to a federal, state or local government investigation if any allegation is made concerning any matter affecting the interests of the government entity. Any employee suspected of violating the Standards of Employee Conduct is subject to corrective action including suspension without pay and/or termination. Additionally, until the "questioned" conduct is resolved, the employee may contact their immediate supervisor or a member of executive management, but any contact with any Dismas client, volunteer or staff member is specifically prohibited.</p> <p data-bbox="245 1464 1490 1559">All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="245 1590 1453 1648">Interviews with the Director and Human Resources Staff both reported that there had been no staff from Dismas Charities-Montgomery who violated agency sexual abuse or sexual harassment policies in the past twelve (12) months.</p> <p data-bbox="245 1680 1422 1738">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1769 443 1796"><b>Corrective Action:</b></p> <p data-bbox="245 1827 304 1854">None</p> |

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| 115.277 | <b>Corrective action for contractors and volunteers</b>   |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1082 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 407 1433 537" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, 24.3 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 564 367 591"><b>Interviews:</b></p> <ul data-bbox="284 640 686 703" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Random Volunteers/Contractors</li> </ul> <p data-bbox="245 730 351 757"><b>Findings:</b></p> <p data-bbox="245 792 1484 1052">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, 24.3 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures require that any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents and shall be reported to the State police and local law enforcement agencies, unless the activity was clearly not criminal, and to Authority having Jurisdiction over the affected resident. The center should also take any appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The center shall notify any other Dismas center that the contractor or volunteer performs services at of the alleged incident and the findings.</p> <p data-bbox="245 1079 1484 1209">Interviews with the Director confirmed there were no situations in the past twelve (12) months where a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment policies and procedures. Just like employees, volunteers and contractors are required to sign the "PREA Acknowledgement Forms" upon completion of their required training.</p> <p data-bbox="245 1236 1452 1299">After reviewing agency policy and procedures, staff and volunteer interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1330 443 1357"><b>Corrective Action:</b></p> <p data-bbox="245 1388 303 1415">None</p> |

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| 115.278 | <b>Disciplinary sanctions for residents</b>   |
|         | <p data-bbox="245 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 239"><b>Auditor Discussion</b></p> <p data-bbox="245 271 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 327 644 356"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="282 409 1469 600" style="list-style-type: none"> <li>• Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, 24.3 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures</li> <li>• Dismas Charities, Inc. Initial PREA Screening Questionnaire Form</li> <li>• Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Policy Statement for Residents</li> <li>• Dismas Charities-Montgomery's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 629 368 658"><b>Interviews:</b></p> <ul data-bbox="282 710 568 739" style="list-style-type: none"> <li>• Dismas Charities-Director</li> </ul> <p data-bbox="245 768 352 797"><b>Findings:</b></p> <p data-bbox="245 824 1461 1084">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, 24.3 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures and the Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Policy Statement for Residents requires that a resident shall be subject to disciplinary sanctions pursuant to Procedure 11 of the Operations manual concerning the formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions may be imposed by the center management or the Authority having Jurisdiction and shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="245 1115 1430 1176">The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="245 1207 1461 1299">The center may offer therapy, counseling, or other interventions designed to address and correct underlying reasons or maybe motivations for the abuse, the AHJ ought to consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits, but they are not bound by the recommendation.</p> <p data-bbox="245 1330 1477 1391">The center may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="245 1422 1477 1514">For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="245 1545 1485 1606">The center prohibits all sexual activity between residents and will discipline residents for such activity. It is not sexual abuse if the activity is not coerced.</p> <p data-bbox="245 1637 1477 1798">An interview with the Director explained that formal disciplinary hearings are held where appropriate sanctions are assigned. If necessary, consultation with mental health staff would take place prior to the hearing. The Director shared that the resident can be sanctioned to center restriction, extra duty, loss of privileges, and demotion in custody. Criminal charges could also be considered. The PAQ and the Director both reported that there had been zero (0) incidents of criminal findings of guilt for resident-on-resident sexual abuse that occurred in the facility.</p> <p data-bbox="245 1830 1422 1890">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 1921 443 1951"><b>Corrective Action:</b></p> <p data-bbox="245 1982 304 2011">None</p> |

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| 115.282 | <b>Access to emergency medical and mental health services</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures</li> <li>● Dismas Charities-Montgomery Operational Manual Emergency Medical Care, dated 11/18/2020</li> <li>● Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Representative from Baptist South Medical Center Hospital</li> <li>● Representative from The One Place Family Justice Center</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures requires all parties involved received emergency medical treatment and arrange for a Sexual Assault Forensic Exam (SAFE) if wanted. If resident is unclear about the need for an exam, the Sexual Assault Nurse Examiner (SANE) should make that decision. Staff will start a log of events and complete an Extraordinary Occurrence Report. Arrangements will be made for the resident to receive the emergency medical treatment at the Baptist South Medical Center Hospital. Provisions of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis are provided by the hospital. The center Director will ensure that a resident victim receives medical follow-up and is offered a referral for mental health services. All care for sexual abuse will be provided at no cost to the resident. The Director will coordinate with The One Place Family Justice Center for continued mental health treatment and counseling as needed. An interview with the representative from Baptist South Medical Center Hospital, confirmed that Baptist South Medical Center Hospital SANE staff provide emergency care and the forensic medical exam at no cost to the victim. The One Place Family Justice Center will provide emotional support services to the residents at Dismas Charities-Montgomery.</p> <p>Non-medical staff (First Responders) who learn of an allegation of sexual abuse are trained to follow the PREA Response Procedure.</p> <p>After reviewing agency policy and procedures, staff and outside agency representative interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.283 | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>● Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures</li> <li>● Dismas Charities-Montgomery Operational Manual Emergency Medical Care, dated 11/18/2020</li> <li>● Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>● PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>● Representative from Baptist South Medical Center Hospital</li> <li>● Representative from The One Place Family Justice Center</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures and Dismas Charities-Montgomery Operational Manual Emergency Medical Care, dated 11/18/2020 requires that the facility offer medical and mental health care for sexual abuse victims and abusers. When a resident victim is evaluated and treated, it should include follow-up services, treatment plans and referrals for follow-up care upon release, transfer or placement in other facilities. The facility has a MOU with the BOP Community Treatment Services that are able to provide confidential emotional support services as it relates to sexual abuse. CTS is responsible for providing mental health assessments and counseling for those residents who fall under PREA while residing at the Residential Reentry Center and/or home confinement. This includes treatment for alleged abusers. The policies require the facilities to offer follow-up treatment that may include screening, including follow-up care for sexually transmitted infections and other communicable diseases and any other counseling or assistance as requested. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Interviews with the medical staff from Baptist South Medical Center Hospital confirmed that all sexual assault victims are offered a sexual assault assessment, individual counseling, referral to the mental health services, medications as ordered by the physician, laboratory testing for STD and HIV and follow-up. Victims of sexual abuse will be transported to Baptist South Medical Center Hospital to receive such treatment and the physical evidence will be gathered by a certified SANE.</p> <p>After reviewing agency policy and procedures, interviews with local hospital staff, information obtained through documentation review, this auditor finds the facility is compliant with the standard.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.286 | <b>Sexual abuse incident reviews</b>   |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1082 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 407 1477 533" style="list-style-type: none"> <li>• Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .8 Incident Reviews</li> <li>• PREA Case Review Protocol</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 564 367 591"><b>Interviews:</b></p> <ul data-bbox="284 640 721 703" style="list-style-type: none"> <li>• Dismas Charities-Montgomery Director</li> <li>• Dismas Charities Inc., PREA Coordinator</li> </ul> <p data-bbox="245 734 351 761"><b>Findings:</b></p> <p data-bbox="245 792 1471 949">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .8 Incident Reviews ensures proper procedures were followed in all incidents of Sexual Abuse/Harassment and to provide a system wide review to prevent future incidents as well as improvements to the program or center to support the Dismas PREA policy and procedures. It requires the collaboration of all involved: Center staff, investigations, victim services, mental health, and medical.</p> <p data-bbox="245 981 1471 1106">Dismas shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The case review meeting will be scheduled and facilitated by the PREA Coordinator.</p> <p data-bbox="245 1137 1487 1464">The review team shall include the Dismas PREA Coordinator, The Regional Vice-President and the director of the center involved, with input from line supervisors, investigators, and/or medical/ mental health practitioners as needed. The review team is tasked with reviewing the situation and consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the center; examine the area in the center where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Policy also requires completion of a written report of its findings that includes any recommendations for improvement and any reasons recommendations were not implemented.</p> <p data-bbox="245 1496 1487 1688">All closed cases of sexual abuse, except those determined to be unfounded, will be evaluated by the PREA Review Team. The Review team will consist of the Agency PREA coordinator, the appropriate Regional Vice-President, the center's director and if part of the case, the following: any internal Investigators, Medical, Mental Health, Victim Services Advocate, and (if applicable) Community Crisis Center Advocates may be invited for input. It may be advisable in some cases to extend invitations to investigators from the Local Law enforcement, to the supervising authorities, and to other professionals who were involved in the case.</p> <p data-bbox="245 1720 1487 1881">Members of the PREA Review Team were interviewed and shared the discussions that take place during the Incident Review. Members shared that discussion regarding recommendations for improvement are held and their recommendations are taken seriously. During the Incident Review, a brief summary of the incident is shared, discussion about those things that went well during the process and those that did not. All components of the standard are considered during the Incident Review with discussion on each.</p> <p data-bbox="245 1912 1423 1975">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="245 2007 443 2033"><b>Corrective Action:</b></p> <p data-bbox="245 2065 306 2092">None</p> |

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| 115.287 | <b>Data collection</b>   |
|         | <p data-bbox="245 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1465 600" style="list-style-type: none"> <li>• Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination</li> <li>• Dismas Charities Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a></li> <li>• Dismas Charities, Inc. 2020 PREA Annual Report</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 631 368 658"><b>Interviews:</b></p> <ul data-bbox="284 712 719 770" style="list-style-type: none"> <li>• Dismas Charities Inc., PREA Coordinator</li> <li>• Dismas Charities-Montgomery Director</li> </ul> <p data-bbox="245 801 349 828"><b>Findings:</b></p> <p data-bbox="245 860 1469 981">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination addresses the standard by requiring the facility collect and maintain accurate, uniform data of every allegation of sexual abuse/harassment using Corporate provided forms and to submit the documentation to the PREA Coordinator upon request. The data should be collected using a standardized instrument and set of definitions.</p> <p data-bbox="245 1012 1485 1133">The agency shall aggregate the incident-based sexual abuse data at least annually at the corporate level. The policy requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions (18 in total) from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (bjs.gov, look under Data collection).</p> <p data-bbox="245 1164 1442 1263">Dismas Charities, Inc. shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. This data will be used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="245 1294 1485 1415">A report will be prepared of the findings of any problem areas and of all corrective actions taken throughout the year for each center and for the agency as a whole. This report will include a comparison of data with the prior years and an assessment of progress in addressing sexual abuse. This report will be reviewed and approved by the President/CEO and posted on the website.</p> <p data-bbox="245 1447 1469 1505">Upon request, Dismas shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="245 1536 1442 1702">An interview with the PREA Coordinator verified that the agency maintains, reviews and collects data needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The data collected was sufficient and would allow the agency to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The information gained is published on the agency website annually.</p> <p data-bbox="245 1733 1469 1792">After reviewing agency policy, information gained through the interview with the PREA Coordinator and review of the Annual Reports and SSV, the auditor finds this standard in compliance.</p> <p data-bbox="245 1823 443 1850"><b>Corrective Action:</b></p> <p data-bbox="245 1881 304 1908">None</p> |

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| 115.288 | <b>Data review for corrective action</b>  |
|         | <p data-bbox="245 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="245 273 1085 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="245 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 412 1468 600" style="list-style-type: none"> <li>• Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination</li> <li>• Dismas Charities Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a></li> <li>• Dismas Charities, Inc. 2020 PREA Annual Report</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p data-bbox="245 631 367 658"><b>Interviews:</b></p> <ul data-bbox="284 712 718 770" style="list-style-type: none"> <li>• Dismas Charities, Inc. PREA Coordinator</li> <li>• Dismas Charities-Montgomery Director</li> </ul> <p data-bbox="245 801 351 828"><b>Findings:</b></p> <p data-bbox="245 860 1490 1151">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination requires the agency to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices and training. A report will be prepared of the findings of any problem areas and of all corrective actions taken throughout the year for each center and for the agency as a whole. This report will include a comparison of data with the prior years and an assessment of progress in addressing sexual abuse. This report will be reviewed and approved by the President/CEO and posted on the website. Upon request, Dismas shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. All data collected will be securely retained for 10 years; all aggregated data to be posted annually on the website will have all personal information removed.</p> <p data-bbox="245 1182 1372 1240">After reviewing agency policy, website PREA information, information gained through the interview with the PREA Coordinator and review of additional documentation, the auditor finds this standard compliant.</p> <p data-bbox="245 1272 443 1299"><b>Corrective Action:</b></p> <p data-bbox="245 1330 303 1357">None</p> |

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| 115.289 | <b>Data storage, publication, and destruction</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination</li> <li>• Dismas Charities Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a></li> <li>• Dismas Charities, Inc. 2020 PREA Annual Report</li> <li>• Dismas Charities-Montgomery's PREA Audit : Pre-Audit Questionnaire (Community Confinement Facilities)</li> <li>• PREA Standards Compliance Checklist</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities, Inc. PREA Coordinator</li> </ul> <p><b>Findings:</b></p> <p>Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, .9 Data Collection, Storage and Dissemination requires the agency to ensure that all data collected will be securely retained for 10 years after the date of initial collection; all aggregated data to be posted annually on the website will have all personal information removed. Statistics are reported monthly to the Kentucky Department of Corrections for State residents and annually for Bureau of Prisons, USPO and Pre-Trial clients or more frequently if requested.</p> <p>Information for the agency's annual report is compiled from investigative files, Incident Reviews and other reports submitted into the OPUS Incident Reporting System. Unique usernames and passwords are required to gain access to the OPUS Incident Reporting System.</p> <p>After reviewing agency policy, information gained through the interview with the PREA Coordinator and review of the agency website, the auditor finds the facility in compliance with the standard.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

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| 115.401 | <b>Frequency and scope of audits</b>   |
|         | <p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1083 300"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="244 331 644 358"><b>Information or Documents Reviewed:</b></p> <ul data-bbox="284 409 1182 501" style="list-style-type: none"> <li>• Dismas Charities, Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a></li> <li>• Dismas Charities-Montgomery PREA Report (April 2018)</li> <li>• Dismas Charities, Inc. PREA Reports</li> </ul> <p data-bbox="244 533 368 560"><b>Interviews:</b></p> <ul data-bbox="284 611 860 638" style="list-style-type: none"> <li>• Informal Interviews with Staff and Residents during tour</li> </ul> <p data-bbox="244 669 352 696"><b>Findings:</b></p> <p data-bbox="244 728 1474 987">The Dismas Charities, Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a> contains PREA audit reports from the first and second years of the third PREA Audit cycle. The first PREA Audit Cycle was from August 2013-August 2016. The second PREA Audit Cycle was from August 2016-August 2019. The third PREA Audit Cycle is current and began August 2019 thru August 2022. There were 8 audits completed the first year of the third PREA Audit Cycle (August 2019-August 2020). Covid 19 prevented several audits from being conducted throughout 2020. Dismas Charities, Inc. has a total of thirty-five (35) facilities. After completing a comparison, each facility had been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the Dismas Charities, Inc. ensured at least one-third of its facilities were audited. The website also contained Dismas Charities, Inc. PREA Annual Reports.</p> <p data-bbox="244 1019 1474 1111">The Dismas Charities-Montgomery was last audited in March 2018 with a final report dated April 3, 2018. The auditor was also allowed access to all areas of the facility and provided documentation requested by the auditor. Interviews with staff and residents were able to be conducted in private and residents were allowed to correspond with the auditor confidentially.</p> <p data-bbox="244 1142 1474 1335">The facility provided any documentation this auditor requested without hesitation. The staff and resident interviews were able to be held in a comfortable, private area. Residents were provided an opportunity to correspond with the auditor confidentially. During the audit tour, the auditor observed audit notices posted throughout every area of the facility. The notices were posted April 12, 2021 with photos and locations of the posting being uploaded to the supplemental folders in the OAS. The notices included an address of where residents were permitted to send confidential correspondence to the auditor in the same manner as sending legal mail to the courts or legal.</p> <p data-bbox="244 1366 1474 1424">After reviewing the agency website, previous PREA Audit report, Dismas Charities, Inc. PREA Reports, interviews with staff and residents, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="244 1456 443 1482"><b>Corrective Action:</b></p> <p data-bbox="244 1514 304 1541">None</p> |

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| 115.403 | <b>Audit contents and findings</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Information or Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Dismas Charities, Inc., Website, PREA Information: <a href="http://www.dismas.com/about/prea">http://www.dismas.com/about/prea</a></li> </ul> <p><b>Interviews:</b></p> <p>None</p> <p><b>Findings:</b></p> <p>The auditor reviewed the Dismas Charities, Inc. web page at <a href="http://www.dismas.com/about/prea/">http://www.dismas.com/about/prea/</a> containing thirty-four (34) PREA audit reports for the thirty-five (35) Dismas facility audits completed through June 2021. Dismas Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> <p>After a review of the agency's website this auditor finds this standard in compliance.</p> <p><b>Corrective Action:</b></p> <p>None</p> |

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?   | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  | yes |
| <b>115.211 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?   | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?   | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?   | yes |
| <b>115.212 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na  |
| <b>115.212 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  | na  |
| <b>115.212 (c)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  | na  |
|                                     | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  | na  |
| <b>115.213 (a)</b>                  | <b>Supervision and monitoring</b>  |     |
|                                     | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?   | yes |

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| <b>115.213 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)   | na  |
| <b>115.213 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?   | yes |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  | yes |
| <b>115.215 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | yes |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | yes |
| <b>115.215 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                    | Does the facility document all cross-gender pat-down searches of female residents?  | yes |
| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?   | yes |
|                    | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                    | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  | yes |

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| <b>115.215 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  | yes |
|                    | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| <b>115.215 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |

| 115.216 (a) | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|-------------|--|-----|
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?                         | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?                        | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?                      | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?                       | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?                            | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
|             | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  | yes |
|             | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?   | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?   | yes |
| 115.216 (b) | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|             | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  | yes |
|             | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |

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| <b>115.216 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| <b>115.217 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?  | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                         | yes |
|                    | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?   | yes |
| <b>115.217 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  | yes |
|                    | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?                             | yes |
| <b>115.217 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?   | yes |

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| <b>115.217 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.217 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.217 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.218 (a)</b> | <b>Upgrades to facilities and technology</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)      | na  |
| <b>115.218 (b)</b> | <b>Upgrades to facilities and technology</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)              | na  |
| <b>115.221 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)   | no  |
| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)  | no  |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | no  |

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| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?   | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?   | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?   | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |
| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?   | yes |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)   | yes |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na  |
| <b>115.222 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?   | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  | yes |

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| <b>115.222 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                    | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                    | Does the agency document all such referrals?  | yes |
| <b>115.222 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)        | yes |
| <b>115.231 (a)</b> | <b>Employee training</b>  |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?   | yes |
| <b>115.231 (b)</b> | <b>Employee training</b>  |     |
|                    | Is such training tailored to the gender of the residents at the employee's facility?  | yes |
|                    | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?   | yes |

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| <b>115.231 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.231 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.232 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.232 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.233 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  | yes |
| <b>115.233 (b)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide refresher information whenever a resident is transferred to a different facility?   | yes |

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| <b>115.233 (c)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  | yes |
| <b>115.233 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?   | yes |
| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
| <b>115.234 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)   | yes |

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| <b>115.235 (a)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | na  |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | na  |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na  |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | na  |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)   | na  |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | na  |
| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | na  |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | na  |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?   | yes |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  | yes |
| <b>115.241 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?  | yes |

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| <b>115.241 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?   | yes |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?   | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  | yes |

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| <b>115.241 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  | yes |
| <b>115.241 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?   | yes |
| <b>115.242 (a)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?   | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  | yes |
| <b>115.242 (b)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency make individualized determinations about how to ensure the safety of each resident?  | yes |
| <b>115.242 (c)</b> | <b>Use of screening information</b>  |     |
|                    | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                    | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |
| <b>115.242 (d)</b> | <b>Use of screening information</b>  |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.242 (e)</b> | <b>Use of screening information</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |

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| <b>115.242 (f)</b> | <b>Use of screening information</b>  |     |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |
| <b>115.251 (a)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  | yes |
| <b>115.251 (b)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
| <b>115.251 (c)</b> | <b>Resident reporting</b>  |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.251 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |

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| <b>115.252 (a)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no  |
| <b>115.252 (b)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  | yes |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)       | yes |
|                    | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  | yes |

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| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?   | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?   | yes |
| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.253 (c)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  | yes |
|                    | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |
| <b>115.254 (a)</b> | <b>Third party reporting</b>  |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?   | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  | yes |

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| <b>115.261 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?   | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                       | yes |
| <b>115.261 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.261 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                    | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.261 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |
| <b>115.262 (a)</b> | <b>Agency protection duties</b>  |     |
|                    | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?   | yes |
| <b>115.263 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  | yes |
| <b>115.263 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |
| <b>115.263 (c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the agency document that it has provided such notification?   | yes |
| <b>115.263 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?   | yes |

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| <b>115.264 (a)</b> | <b>Staff first responder duties</b>  |     |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.265 (a)</b> | <b>Coordinated response</b>  |     |
|                    | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.266 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | no  |
| <b>115.267 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  | yes |

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| <b>115.267 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?   | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?  | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.267 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?   | yes |
| <b>115.271 (a)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )  | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )   | yes |
| <b>115.271 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  | yes |

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| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.271 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  | yes |
| <b>115.271 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.271 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.271 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  | yes |
| <b>115.271 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.271 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.271 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| <b>115.272 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  | yes |

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| <b>115.273 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.273 (d)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?   | yes |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>   |     |
|                    | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.276 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |

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| <b>115.276 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.276 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?  | yes |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.277 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |
| <b>115.278 (a)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  | yes |
| <b>115.278 (b)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  | yes |
| <b>115.278 (c)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.278 (d)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?   | yes |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |

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| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  | yes |
| <b>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  | yes |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  | yes |
| <b>115.282 (b)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?   | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   | yes |
| <b>115.282 (d)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?   | yes |
| <b>115.283 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?   | yes |
| <b>115.283 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?   | yes |
| <b>115.283 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?  | yes |
| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

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| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | no  |
| <b>115.286 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.286 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.286 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?   | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  | yes |
| <b>115.286 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.287 (a)</b> | <b>Data collection</b>  |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.287 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.287 (c)</b> | <b>Data collection</b>  |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.287 (d)</b> | <b>Data collection</b>  |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.287 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.287 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.288 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?   | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  | yes |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.288 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.288 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  | yes |
| <b>115.288 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.289 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.289 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.289 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.289 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)   | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | yes |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with residents?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |

of confidentiality of residents and staff.