

PREA Facility Audit Report: Final

Name of Facility: Diersen Charities Albuquerque

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/27/2021

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"/>
Auditor Full Name as Signed: Chris Sweney	Date of Signature: 08/27/2021

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	07/19/2021
End Date of On-Site Audit:	07/20/2021

FACILITY INFORMATION	
Facility name:	Diersen Charities Albuquerque
Facility physical address:	2331 Menaul Blvd. NE, Albuquerque , New Mexico - 87107
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Mitchell Anderson
Email Address:	manderson@dismas.com
Telephone Number:	505-255-6213

Facility Director	
Name:	Mitchell Anderson
Email Address:	manderson@dismas.com
Telephone Number:	505-255-6213

Facility PREA Compliance Manager	
Name:	Mitchell Anderson
Email Address:	manderson@dismas.com
Telephone Number:	O: 505-255-6213

Facility Characteristics	
Designed facility capacity:	(Redacted)
Current population of facility:	(Redacted)
Average daily population for the past 12 months:	(Redacted)
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-82
Facility security levels/resident custody levels:	Community Custody
Number of staff currently employed at the facility who may have contact with residents:	(Redacted)
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	(Redacted)
Number of volunteers who have contact with residents, currently authorized to enter the facility:	(Redacted)

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

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

Agency-Wide PREA Coordinator Information

Name:	Joseph Theriot	Email Address:	jtheriot@dismas.com
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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.

On July 19th, 2021 an audit of the Diersen Charities Inc., Albuquerque Facility was conducted by Chris Sweney a U.S. Department of Justice Certified PREA Auditor. The audit began with the notification of the on-site audit being posted six weeks prior to the date of the on-site visit. This was the Albuquerque Facility's third PREA audit; their last audit was finalized 03/24/2017. The notices provided to the facility were posted and verified by photographs received from the Agency PREA Coordinator and were seen during the facility tour. The audit notices explained how to confidentially contact the auditor prior to, during and after the on-site visit. Throughout the entire audit process, the auditor did not receive any communication from staff, residents or the public as outlined in the posted notices. An entrance meeting was held with the Facility Director/PREA Compliance Manager. The on-site audit was discussed, and a roster of residents and staff was provided to the auditor. Following the entrance meeting a tour of the facility was led by the Facility Director. All areas of the facility were viewed including administration areas. PREA related posters, including outside reporting information and how to access outside support services were posted in common and resident living areas. Additionally, informational pamphlets regarding PREA and crisis services are given out during the intake and orientation process for each resident upon arrival at the facility. Emergency medical services are provided at the University of New Mexico Hospital including SAFE/SANE. Forensic examinations would be conducted at no cost to the resident and/or to their family.

Staff interviews were conducted with the Regional Vice President, Agency PREA Coordinator, Facility Director/PREA Compliance Manager, Incident Review Team, Cook Supervisor, BOP PREA Investigator (phone interview), designated staff member responsible for monitoring retaliation, Counselors - interviewed as a random sample of staff and as staff that conducts intake process which includes orientation including PREA, and Resident Monitors. A total of fourteen (14) formal staff interviews were conducted.

Following staff interviews the Facility Director provided a roster of all residents housed at the Albuquerque Facility. The current population of (Redacted) in-house residents was lower than normal due to Covid related restrictions. During the audit there were no residents that had identified themselves as being gay, lesbian or intersex. Also, there were no residents that were limited English proficient. One resident with a cognitive disability and one resident with a physical disability were interviewed. A total of sixteen (16) formal resident interviews were conducted.

During the past 12 months, there has been one (1) investigation of sexual harassment and/or sexual abuse. Documentation and staff interviews confirmed that all allegations of sexual harassment and/or sexual abuse are referred immediately for investigation. The agency with authority to conduct criminal investigations is the Bureau of Prisons and may include local law enforcement depending on the nature and severity of the allegation. Mental health services can be provided locally by Rape Crisis Center of Central New Mexico when needed.

The residents interviewed reported that they had been located in other correctional facilities before coming to the Albuquerque Facility and had reportedly knew of PREA and felt good regarding the Albuquerque Facility's intake and orientation to the program, PREA education, and the safety and security of this facility.

Documentation, staff and resident interviews confirmed that all residents do receive information on PREA and their right to be free from sexual abuse and harassment. Documentation, staff and resident interviews confirmed that all residents be assessed for risk of being sexually victimized and/or abusive and the facility uses this information to keep resident's safe. After residents are admitted into the facility they are provided additional information regarding sexual abuse and harassment by their assigned Counselor. Residents who have experienced trauma, abuse, or victimization or upon request are provided additional services as needed.

An exit meeting was held with the Facility Director/PREA Compliance Manager where the auditor gave an overview of the audit and steps going forward.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Community Confinement as a guide in determining compliance with each standard.

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.

Diersen Charities Albuquerque is a (Redacted) -bed community confinement facility located at 1006 Lynes Avenue, Albuquerque, GA. The facility houses men and women released from the Federal Bureau of Prisons and has a current population of (Redacted) in house. Housing areas are dormitory style units with adjacent restrooms that have private toilet and shower areas. Residents have access to a dayroom, dining area and laundry facilities. The average length of stay is for this facility is approximately (Redacted) days. The perimeter and interior of the facility is monitored 24/7 via a close circuit system viewed by Resident Monitors in the Central Monitoring Office. All residents, staff and visitors are required to check in prior to entering the facility.

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.

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0

Exceeds Standards:

115.231: Employee training

115.241 Screening for risk of victimization and abusiveness

115.242 Use of screening information

Meets Standard:

115.212 Contracting with other entities for the confinement of residents

115.213 Supervision and monitoring

115.214 Reserved

115.215 Limits to cross-gender viewing and searches

115.216 Residents with disabilities and residents who are limited English proficient

115.217 Hiring and Promotion

115.218 Upgrades to facilities and technologies

115.221 Evidence protocol and forensic medical examinations

115.222 Policies to ensure referrals of allegations for investigations

115.232 Volunteer and contractor training

115.234 Specialized training: Investigations

115.235 Specialized training: Medical and mental health care

115.243 Reserved

115.251 Resident reporting

115.252 Exhaustion of administrative remedies

115.253 Resident access to outside confidential support services

115.254 Third-party reporting

115.261 Staff and agency reporting duties

115.262 Agency protection duties

115.263 Reporting to other confinement facilities

115.264 Staff first responder duties

115.265 Coordinated response

115.266 Preservation of ability to protect residents from contact with abusers

115.267 Agency protection against retaliation

115.271 Criminal and administrative agency investigations

115.272 Evidentiary standard for administrative investigations

115.273 Reporting to residents

Corrective Action

115.273 (c) During the audit period there was one report involving a staff member which led to the staff member being terminated. In a discussion with the Facility Director and the Regional Vice President it was understood that the resident was aware that the staff member was no longer working at the facility but there was no documentation showing the resident was notified in writing. A discussion was had with the Facility Director and the Regional Vice President about ensuring the notification is made in writing and maintaining proper documentation. Additionally, the Agency PREA Coordinator provided documentation in which he followed up with the Albuquerque facility.

115.277 Corrective action for contractors and volunteers

115.276 Disciplinary sanctions for staff.

115.278 Disciplinary sanctions for residents

115.282 Access to emergency medical and mental health services

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

115.286 Sexual abuse incident reviews

115.287 Data collection

115.288 Data review for corrective action

115.289 Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with this standard:</p> <ol style="list-style-type: none"> 1. DIERSEN Charities Policy #24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION 2. DIERSEN Charities Organizational Chart 3. DIERSEN Charities Albuquerque Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Diersen Charities Agency Wide PREA Coordinator Interview 2. Albuquerque Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities, Inc. has an agency wide operating policy (#24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment.</p> <p>(b) Diersen Charities policy discusses their approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.</p> <p>(c) Diersen Charities Inc. has a designated agency wide PREA Coordinator who reports to Diersen Charities Executive Vice President/COO. Under the agency wide PREA Coordinator each facility has a Facility Director/PREA Compliance Manager that is responsible PREA Compliance at the facility level. Lines of communication between the PREA Compliance Manager, PREA Coordinator and Executive Vice President appear to be open. Diersen Charities Agency PREA Coordinator reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.</p> <p>(d) Diersen Charities operates thirty-six (36) facilities across several states. Each facility has a designated PREA Compliance Manager who reports to both their Regional Vice President and the Agency PREA Coordinator. The Albuquerque Facility's Facility Director is also the designated PREA Compliance Manager. The Albuquerque Facility's Facility Director/PREA Compliance Director reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.</p> <p>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>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities, Inc. Albuquerque Facility is a private not for profit halfway house which contracts with the Federal Bureau of Prison housing residents released from incarceration. Diersen Charities, Inc. Albuquerque does not contract out for the confinement of its residents.

115.213	<p>Supervision and monitoring</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities, Inc. PERSONNEL policy STAFFING PATTERN Procedure 2.A 2. Diersen Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 3. Albuquerque Facility staffing schedule 4. Albuquerque Facility floor plans 5. Diersen Charities, Inc. - Albuquerque Facility Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Diersen Charities Agency Wide PREA Coordinator Interview 2. Albuquerque Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Diersen Charities, Inc. Albuquerque Facility has a staffing plan which accounts for generally accepted practices; The Albuquerque Facility follows applicable regulations and standards to determine staffing levels. All components of the facility's physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. Staffing requirements are assessed annually and adjustments are made if necessary. Any changes to the Albuquerque Facility's staffing levels must be approved by Diersen Charities Executive staff. Documentation, interviews with staff and residents and the facility tour indicates adequate staffing levels. Although the Albuquerque Facility reported no deviations from their staffing plan, Diersen Charities policy requires the Facility Director to document and report any deviation to Diersen Charities Executive staff.</p> <p>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>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities, Inc. - Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities, Inc. PROGRAMS Searches and Contraband Procedure 2. Diersen Charities, Inc. SEARCHES AND CONTRABAND 3. Diersen Charities, Inc. SECURITY AND ACCOUNTABILITY Searches and Contraband Procedure 11.D 4. Diersen Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 5. Diersen Charities, Inc. Initial Employee Orientation Checklist 6. Diersen Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Diersen Charities Agency Wide PREA Coordinator Interview 2. Albuquerque Facility Director/PREA Compliance Manager 3. Resident Monitor Interviews 4. Food Service Supervisor 5. Random Resident Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>The Diersen Charities Albuquerque Facility does not allow “opposite sex” pat searches or strip searches no body cavity searches. Staff is trained in various searches and search techniques. Diersen Charities policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. This was confirmed during staff interviews.</p> <p>None of the cameras included toilet or shower areas. All toilets have doors on stalls and all showers have curtains. Both the review of policies and interviews with staff and residents confirmed that opposite gender staff announce their presence when entering into dorms and restrooms. Staff and resident interviews confirmed that this is a common practice. All residents reported being able to use the restroom, take a shower and change clothing with privacy from staff and other residents.</p> <p>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>

115.216	<p data-bbox="244 85 1153 114">Residents with disabilities and residents who are limited English proficient</p> <p data-bbox="244 147 740 176">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 454 239">Auditor Discussion</p> <p data-bbox="244 273 1477 331">Diersen Charities Inc. Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="244 365 1477 539" style="list-style-type: none"> <li data-bbox="244 365 1477 394">1. Diersen Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 <li data-bbox="244 421 1477 450">2. Diersen Charities, Inc. Initial PREA Screening Questionnaire (in English and in Spanish) <li data-bbox="244 477 1477 539">3. PREA Informational Posters and Brochures (English and Spanish) posted and displayed for resident and staff access in the facility <p data-bbox="244 566 357 595">Interviews:</p> <ol data-bbox="244 629 727 768" style="list-style-type: none"> <li data-bbox="244 629 727 658">1. Facility Director/PREA Compliance Manager <li data-bbox="244 685 568 714">2. Resident Monitor Interviews <li data-bbox="244 741 491 770">3. Resident Interviews <p data-bbox="244 797 512 826">Site Review Observations:</p> <ol data-bbox="244 860 799 889" style="list-style-type: none"> <li data-bbox="244 860 799 889">1. Observations during on-site review of physical plant <p data-bbox="244 916 1477 1144">Diersen Charities and the Albuquerque Facility both takes steps and have policies which ensures 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. The Albuquerque Facility provides residents an orientation and handouts which are available in English and Spanish. Additionally, the facility has bilingual staff and their PREA posters and pamphlets are available in English and Spanish. During the onsite portion of the audit the Albuquerque Facility had one resident who was physically disabled, who reported no issues related to PREA or access to areas of the facility. Staff and resident interviews verified no other disabled residents or residents who did not speak English.</p> <p data-bbox="244 1171 1422 1234">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>
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115.217	Hiring and promotion decisions
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1251 448" style="list-style-type: none"> <li data-bbox="245 362 1251 389">1. Diersen Charities, Inc. PERSONNEL policy EMPLOYEE BACKGROUND CHECKS Procedure 2.4 <li data-bbox="245 421 935 448">2. Diersen Charities, Inc. POLICY MANUAL-PERSONNEL Page #20 <p data-bbox="245 479 357 506">Interviews:</p> <ol data-bbox="245 537 826 622" style="list-style-type: none"> <li data-bbox="245 537 826 564">1. Facility Director/PREA Compliance Manager Interview <li data-bbox="245 595 651 622">2. Agency PREA Coordinator Interview <p data-bbox="245 654 517 680">Site Review Observations:</p> <ol data-bbox="245 712 798 739" style="list-style-type: none"> <li data-bbox="245 712 798 739">1. Observations during on-site review of physical plant <p data-bbox="245 770 1465 927">(a) Diersen Charities Inc. requires background investigations for all new hires as well as for staff being considered for a promotion. Diersen Charities Policy #2.1 PERSONNEL <u>Employee Background Checks</u> states: "Prior to hiring a person, the Director or designee must complete reference checks on past employers, obtain education verification, and obtain a background check from the Kentucky Office of the Courts. If a Federal contract is involved, the Director must get an NCIC/NLETS clearance from the BOP."</p> <p data-bbox="245 958 1410 1043">(b) Diersen Charities policy indicates that: "Any incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents."</p> <p data-bbox="245 1075 1484 1232">(c) Diersen Charities policy states: "Employment reference checks will be conducted not only for outside applicants but for internal applicants as well in order to verify current work records. The hiring manager shall request a review of the employee's personnel file, as well as a review of supervisory counseling, formal and informal, for this purpose." This includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="245 1263 1484 1326">(d) Diersen Charities policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents</p> <p data-bbox="245 1357 1452 1420">(e) Diersen Charities policy requires criminal background records checks every five years of current employees and each year for contractors who may have contact with residents.</p> <p data-bbox="245 1451 1452 1576">(f) Diersen Charities asks 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 nor does Diersen Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees.</p> <p data-bbox="245 1608 1410 1671">(g) Diersen Charities policy states "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."</p> <p data-bbox="245 1702 1481 1765">Diersen Charities provides 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.</p> <p data-bbox="245 1796 1420 1859">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>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 877 506" style="list-style-type: none"> <li data-bbox="245 362 877 389">1. Diersen Charities, Inc. Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 584 448">2. Albuquerque Facility Diagrams <li data-bbox="245 479 402 506">3. Facility Tour <p data-bbox="245 537 357 564">Interviews:</p> <ol data-bbox="245 595 718 676" style="list-style-type: none"> <li data-bbox="245 595 718 622">1. Facility Director/PREA Compliance Manager <li data-bbox="245 654 600 680">2. Agency Wide PREA Coordinator <p data-bbox="245 712 513 739">Site Review Observations:</p> <p data-bbox="245 770 762 797">Observations during on-site review of physical plant</p> <p data-bbox="245 828 1471 909">(a) Diersen Charities policy requires the consideration of any new design, acquisition, expansion, or modification on the agency’s ability to protect residents from sexual abuse. During this Audit Period, The Albuquerque Facility has not designed or acquired any new facility or expanded the existing facility since their last audit.</p> <p data-bbox="245 940 1455 1039">(b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. During this Audit Period, The Albuquerque Facility has not added any new electronic surveillance equipment since their last audit in 2017</p> <p data-bbox="245 1070 1423 1128">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>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities Inc. Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities, Inc. Albuquerque Pre-Audit Questionnaire 2. BOP CTS Crisis counseling MOU 3. Rape Crisis Center of Central New Mexico <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Assistant Director 4. Resident Monitors 5. Bureau of Prisons Investigator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant:</p> <p>(a) Diersen Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported to local law enforcement and/or the Bureau of Prisons (BOP). Both follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Random staff interviews confirm staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.</p> <p>(b) Diersen Charities Albuquerque Facility is an adult only facility.</p> <p>(c) Diersen Charities Albuquerque Facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the Facility Director/PREA Compliance Manager and Medical staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at University of New Mexico Hospital by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p>(d) Diersen Charities Albuquerque has an MOU with the BOP CTS Crisis counseling and utilizes the Rape Crisis Center of Central New Mexico to provide victims of abuse with a victim advocate.</p> <p>(e) Interviews conducted with the Facility Director/PREA Compliance Manager and Medical staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services</p> <p>(f) Diersen Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported local law enforcement and/or the Bureau of Prisons (BOP).</p> <p>(g) The auditor is not required to audit this provision</p> <p>(h) This provision is Not Applicable; Diersen Charities Albuquerque facility refers these services to the Rape Crisis Center of Central New Mexico for access to a victim advocate.</p> <p>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>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Diersen Charities Inc., Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:

1. Diersen Charities, Inc., Albuquerque Pre-Audit Questionnaire
2. SEXUAL OFFENSE ALLEGATION REPORTING FORMS-CCP14.7
3. Diersen Charities Website - <http://www.dismas.com/about/prea>

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator
3. Assistant Director
4. Resident Monitors
5. Bureau of Prisons Investigator

Site Review Observations:

Observations during on-site review of physical plant

(a) Diersen Charities policy ensures all allegations of sexual abuse and sexual harassment are immediately investigated. Allegations that appear to be criminal in nature are forwarded to the Bureau of Prisons for investigation. Diersen Charities PREA policy including who is responsible for investigations can be found on their website (<http://www.dismas.com/about/prea/>). Interviews conducted with the Facility Director/PREA Compliance Manager and the Agency PREA Coordinator confirmed all allegations of sexual abuse and harassment are investigated by the proper authority.

(b) Diersen Charities PREA Policy states that all residents have the right to be safe from sexual abuse and harassment. Their policy discusses how staff will receive allegations and who is responsible for investigations.

Diersen Charities policy requires staff to document all incidents of sexual abuse and forward them to the Facility Director/PREA Compliance Manager.

(c) Information on the Diersen Charities website clearly explains who is responsible for investigations.

Diersen Charities, Inc. ensures that allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior in which case, the allegation is referred for administrative investigation. All allegations are referred for investigation.

Diersen Charities, Inc. will fully assist and support the appropriate agency conducting criminal investigations as requested.

Residents of Diersen Charities, Inc. are encouraged to immediately report allegations of sexually abusive behavior to a staff member they trust, the Director, or via the Resident Kiosk process. All allegations, including third-party reports, are confidential and will be thoroughly investigated.

Third-party allegations on behalf of a resident can be initiated by contacting the PREA Coordinator at 502-387-7745, or by email at info@dismas.com.

You may also report allegations of inmate abuse as below.

To initiate an investigation, please provide information about the incident(s) including: the dates, times, and locations where each incident took place; names of the inmates, staff, or others who were involved; and their identifying information. Any detail you can provide will greatly assist our investigation.

If reporting on behalf of a Federal resident write to one of the following addresses, depending on the type of allegation:

Resident abuse of other Residents:

FEDERAL BUREAU OF PRISONS
NATIONAL PREA COORDINATOR
CORRECTIONAL PROGRAMS DIVISION
320 FIRST ST. NW, ROOM 554
WASHINGTON, DC 20534

Staff abuse of residents:
FEDERAL BUREAU OF PRISONS
OFFICE OF INTERNAL AFFAIRS
320 FIRST ST. NW, ROOM 600
WASHINGTON, DC 20534

If reporting on behalf of a State resident housed within a Department of Corrections facility, you may call the PREA Hotline toll free at 1-833-362-PREA (7732).

Please have any information or evidence available for the investigator who will be assigned to handle the case. False accusations may be prosecuted. All reports are taken seriously and investigated as outlined in PREA.

Allegations will be investigated based on client status. Federal Bureau of Prison clients may be investigated by agency or bureau investigators depending on allegations. Department of Corrections clients may be investigated by agency or DOC investigators depending on allegations. All allegations found to be criminal in nature will be referred to local law enforcement for investigation and prosecution if warranted.

(d,e) Auditor is not required to audit these provisions

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

115.231	Employee training
	<p data-bbox="244 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="244 208 454 237">Auditor Discussion</p> <p data-bbox="244 271 1484 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="244 360 1428 790" style="list-style-type: none"> 1. Diersen Charities, Albuquerque Pre-Audit Questionnaire 2. Diersen Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 3. Diersen Charities, PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 4. Diersen Charities, PERSONNEL policy SEXUAL ABUSE INFORMATION Procedure 2.6 5. Diersen Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention 6. Diersen Charities, Initial Employee Orientation Checklist 7. Diersen Charities, ANNUAL REFRESHER TRAINING 8. Diersen Charities, Staff Training Record <p data-bbox="244 819 359 848">Interviews:</p> <ol data-bbox="244 878 718 1019" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Assistant Facility Director 3. Random Staff Interviews <p data-bbox="244 1048 518 1077">Site Review Observations:</p> <p data-bbox="244 1106 758 1135">Observations during on-site review of physical plant</p> <p data-bbox="244 1164 1476 1292">(a) Diersen Charities provides all staff with training which includes their zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting abuse and all other components of this standard.</p> <p data-bbox="244 1321 1452 1417">(b) Diersen Charities staff receives training tailored to the gender of the residents, the Albuquerque Facility is a male only facility and training records reviewed demonstrated a distinction in training. All staff receives this training regardless of whether or not they are reassigned from another facility.</p> <p data-bbox="244 1447 1484 1507">(c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed at monthly staff meetings.</p> <p data-bbox="244 1536 1484 1632">(d) Diersen Charities provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process.</p> <p data-bbox="244 1662 1420 1722">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>

115.232	Volunteer and contractor training
	<p data-bbox="245 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 208 453 237">Auditor Discussion</p> <p data-bbox="245 271 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 360 1422 674" style="list-style-type: none"> 1. Diersen Charities, Albuquerque Pre-Audit Questionnaire 2. Diersen Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 3. Diersen Charities, PERSONNEL policy SEXUAL HARRASSMENT Procedure 2.K 4. Diersen Charities, PERSONNEL policy USE OF VOLUNTEERS Procedure 2.C 5. Diersen Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention 6. Diersen Charities Volunteer Application that includes VOLUNTEER RULES <p data-bbox="245 703 357 732">Interviews:</p> <ol data-bbox="245 761 719 846" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p data-bbox="245 875 512 904">Site Review Observations:</p> <p data-bbox="245 934 761 963">Observations during on-site review of physical plant</p> <p data-bbox="245 992 1481 1151">(a) Diersen Charities ensures 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. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.</p> <p data-bbox="245 1180 1481 1310">(b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation.</p> <p data-bbox="245 1339 1481 1469">(c) Diersen Charities maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material. Due to COVID most volunteer have been suspended. The Agency PREA Coordinator and Facility Director explained that refresher training will be provided to all volunteers before allowing them to return to the facility.</p> <p data-bbox="245 1498 1422 1559">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>

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-TRAINING Procedure 24.2 3. Diersen Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Diersen Charities REFERRAL AND INTAKE PROCESSING-ADMISSION Procedure 9.2 5. Diersen Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents 6. Diersen Charities Initial PREA Screening Questionnaire 7. Diersen Charities SEARCHES AND CONTRABAND 8. Diersen Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention 9. PREA Informational Posters and Brochures <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Resident Counselor 4. Resident Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) During intake, residents receive and sign a Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct which explains Diersen Charities' zero-tolerance policy towards sexual abuse and sexual harassment.</p> <p>(b) Diersen Charities provides education to residents about their rights to be free from sexual abuse and sexual harassment. The education, resident handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be reported to the Facility Director for investigation.</p> <p>(c) Within 30 days and during regular sessions with Resident Counselors, all residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided.</p> <p>(d) Diersen Charities provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.</p> <p>(e) Diersen Charities maintains documentation of resident participation in the PREA education in the resident file.</p> <p>(f) Diersen Charities provides additional educational materials in the resident dorms in the form of posters. Random interviews and the facility tour confirmed the existence of additional materials in most areas.</p> <p>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>

115.234	Specialized training: Investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 273 1485 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="244 362 831 448" style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Specialized Investigative Training Records <p data-bbox="244 479 357 506">Interviews:</p> <ol data-bbox="244 537 719 676" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Bureau of Prison Investigator <p data-bbox="244 707 512 734">Site Review Observations:</p> <p data-bbox="244 766 762 792">Observations during on-site review of physical plant</p> <p data-bbox="244 824 1485 981">(a) Diersen Charities ensures that its Facility Directors have received training in conducting sexual abuse investigations in confinement settings; The Facility Director is responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the Facility Director may refer the case to the BOP and local law enforcement and/or the Bureau of Prison for a criminal investigation. Facility Staff interviews confirmed they have received additional training in accordance with their job responsibilities.</p> <p data-bbox="244 1012 1477 1106">(b) Specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff was knowledgeable about the training they received.</p> <p data-bbox="244 1137 1410 1196">(c) Diersen Charities maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="244 1227 735 1254">(d) Auditor is not required to audit this provision</p> <p data-bbox="244 1285 1422 1344">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>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 208 453 235">Auditor Discussion</p> <p data-bbox="245 271 1484 327">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 360 520 445" style="list-style-type: none"> <li data-bbox="245 360 520 387">1. Diersen Charities Memo <li data-bbox="245 421 453 448">2. Training Records <p data-bbox="245 479 357 506">Interviews:</p> <ol data-bbox="245 537 544 564" style="list-style-type: none"> <li data-bbox="245 537 544 564">1. Agency PREA Coordinator <p data-bbox="245 595 512 622">Site Review Observations:</p> <p data-bbox="245 654 762 680">Observations during on-site review of physical plant</p> <ol data-bbox="245 712 1377 882" style="list-style-type: none"> <li data-bbox="245 712 1070 739">(a) Diersen Charities Albuquerque Facility does not employ their own medical staff. <li data-bbox="245 770 1377 828">(b) The portion of the standard is Not Applicable as all forensic exams are conducted at University of New Mexico Hospital or another community hospital. Staff interviews confirmed this information. <li data-bbox="245 860 1066 887">(c) Diersen Charities Albuquerque Facility does not employ their own medical staff. <p data-bbox="245 918 1420 976">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>

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:

1. Diersen Charities Albuquerque Pre-Audit Questionnaire
2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2
3. Diersen Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3
4. Diersen Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4
5. Diersen Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2
6. Diersen Charities Initial PREA Screening Questionnaire

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator
3. Resident Counselor
4. Resident Interviews

Site Review Observations:

Observations during on-site review of physical plant

(a) During the intake process Albuquerque Facility staff assesses all residents for their risk of being sexually abused by other residents or sexually abusive toward other residents.

(b) Interviews conducted with staff indicate intake screenings are typically completed within two hours to four hours of arrival but definitely take place within 72 hours of arrival at the facility. Random resident interviews confirmed this process is being completed.

(c) The PREA screening assessments are conducted using an objective screening instrument which was verified by the auditor during the onsite visit.

(d) Diersen Charities intake screening instrument considers whether the resident has a mental, physical, or developmental disability, assess residents for risk of sexual victimization, 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, has previously experienced sexual victimization, the residents' own perception of vulnerability and whether the resident is detained solely for civil immigration purposes.

(e) When assessing residents for risk of being sexually abusive, the resident's initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse.

(f) Within a set time period not more than 30 days from the resident's arrival at the facility, the resident's assigned Resident Counselors reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Resident Counselor and Resident interviews that this reassessment is being completed every two weeks during regular visits between Residents and Counselors

(g) Diersen Charities reassesses a resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(h) Diersen Charities does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions.

(i) Diersen Charities has 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. Information is maintained in

their resident file and kept in a restricted area and is only accessible to authorized staff. Ten (10) file reviews were completed all documentation was found to be properly filed.

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.

115.242	Use of screening information
	<p data-bbox="245 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="245 210 454 237">Auditor Discussion</p> <p data-bbox="245 273 1484 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1396 676" style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 3. Diersen Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Diersen Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 5. Diersen Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 6. Diersen Charities Initial PREA Screening Questionnaire <p data-bbox="245 707 359 734">Interviews:</p> <ol data-bbox="245 766 718 967" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Resident Counselor 4. Resident Interviews <p data-bbox="245 999 510 1025">Site Review Observations:</p> <p data-bbox="245 1057 758 1084">Observations during on-site review of physical plant</p> <p data-bbox="245 1115 1468 1272">(a) Diersen Charities uses 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, bed assignments, work assignments, education assignments and program assignments. Interview with the Facility Director/PREA Compliance Manager and Resident Counselors responsible for risk screening confirmed how the screening information is utilized.</p> <p data-bbox="245 1303 1484 1393">(b) Diersen Charities makes an individualized, case-by-case determination about how to ensure the safety of each resident based on information gathered during the risk screening. The Facility Director/PREA Compliance Manager and random staff interviews confirmed that all information gathered is used to ensure the safety of each resident.</p> <p data-bbox="245 1424 1452 1514">(c) When deciding whether to assign a transgender or intersex resident to the facility the Facility Director determines the residents housing assignment after consulting with Resident Counselors and reviewing resident records and an interview with the resident.</p> <p data-bbox="245 1545 1492 1612">(d) Diersen Charities policy requires that placement and programming assignments for each transgender or intersex resident is reassessed at least once per year.</p> <p data-bbox="245 1644 1452 1733">(e) Resident Counselors meet with transgender or intersex individuals to discuss the residents' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.</p> <p data-bbox="245 1765 1412 1792">(f) Transgender residents at the Albuquerque Facility have the opportunity to shower separately from other residents.</p> <p data-bbox="245 1823 1484 1948">(g) Diersen Charities does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The Albuquerque Facility does not have a dedicated unit or wing solely on the basis of identification or status.</p> <p data-bbox="245 1980 1420 2038">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>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 208 453 235">Auditor Discussion</p> <p data-bbox="245 271 1481 329">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 360 1362 651" style="list-style-type: none"> <li data-bbox="245 360 831 387">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 418 1350 477">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="245 508 1323 535">3. Diersen Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents <li data-bbox="245 566 1362 593">4. Diersen Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <li data-bbox="245 624 935 651">5. PREA Informational Posters and Brochures (English and Spanish) <p data-bbox="245 683 357 710">Interviews:</p> <ol data-bbox="245 741 580 822" style="list-style-type: none"> <li data-bbox="245 741 536 768">1. Random Staff Interviews <li data-bbox="245 799 580 826">2. Random Resident Interviews <p data-bbox="245 857 513 884">Site Review Observations:</p> <ol data-bbox="245 916 799 943" style="list-style-type: none"> <li data-bbox="245 916 799 943">1. Observations during on-site review of physical plant <p data-bbox="245 974 1473 1131">The Albuquerque Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident dorms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for local law enforcement and the BOP to report outside the facility. Residents were aware of all reporting options during interviews. The "PREA Hotline" was tested and worked as described to the residents.</p> <p data-bbox="245 1162 1422 1220">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>

115.252	Exhaustion of administrative remedies
	<p data-bbox="245 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 241">Auditor Discussion</p> <p data-bbox="245 268 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 358 1481 591" style="list-style-type: none"> <li data-bbox="245 358 823 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 416 1481 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="245 506 730 537">3. Diersen Charities GRIEVANCE PROCEDURE <li data-bbox="245 564 1002 595">4. Diersen Charities ADMINISTRATIVE REMEDY-GRIEVANCE PROCEDURE <p data-bbox="245 622 357 654">Interviews:</p> <ol data-bbox="245 680 718 824" style="list-style-type: none"> <li data-bbox="245 680 718 712">1. Facility Director/PREA Compliance Manager <li data-bbox="245 739 517 770">2. Regional Vice President <li data-bbox="245 797 564 828">3. Random Resident Interviews <p data-bbox="245 855 517 887">Site Review Observations:</p> <p data-bbox="245 913 762 945">Observations during on-site review of physical plant</p> <ol data-bbox="245 972 1481 1912" style="list-style-type: none"> <li data-bbox="245 972 1481 1034">(a) Diersen Charities permits residents to submit grievances regarding allegations of sexual abuse without any type of time limits. <li data-bbox="245 1061 1481 1124">(b) Diersen Charities does not require residents to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse. <li data-bbox="245 1151 1481 1249">(c) Diersen Charities ensures an resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to the staff member who is the subject of the complaint. <li data-bbox="245 1276 1481 1473">(d) Diersen Charities issues 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, the 90-day time period does not include time consumed by residents in preparing any appeal. When the normal time period for response is insufficient to make an appropriate decision, Diersen Charities notifies the resident in writing of the extension and provides a date when a decision will be made. Diersen Charities policy states that if the resident does not receive a response within the time allotted for reply, including any properly noted extension the resident may consider the absence of a response to be a denial at that level. <li data-bbox="245 1500 1481 1599">(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse or file such requests on behalf of residents. If the resident declines to have the request processed on his or her behalf the agency document the residents' decision. <li data-bbox="245 1653 1481 1823">(f) Diersen Charities has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to Facility Director/PREA Compliance Manager for review. The Facility Director provides an initial response within 48 hours and issues a final decision within 5 calendar days. The initial response and final decision are documented and placed in the resident's file. <li data-bbox="245 1850 1481 1912">(g) The Diersen Charities does not discipline residents for filing a grievance related to alleged sexual abuse unless the facility demonstrates the grievance was deliberately filed in bad faith. <p data-bbox="245 1939 1481 2002">The Diersen Charities Albuquerque Facility reported no grievances related to sexual abuse or harassment for the past 12 months.</p> <p data-bbox="245 2029 1481 2092">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>

115.253	Resident access to outside confidential support services
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1481 712" style="list-style-type: none"> <li data-bbox="245 362 826 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1481 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 <li data-bbox="245 510 1401 537">3. Diersen Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention and Intervention <li data-bbox="245 568 708 595">4. PREA Informational Posters and Brochures <li data-bbox="245 627 724 654">5. MOU – BOP Community Treatment Services <li data-bbox="245 685 699 712">6. Rape Crisis Center of Central New Mexico <p data-bbox="245 743 357 770">Interviews:</p> <ol data-bbox="245 801 718 940" style="list-style-type: none"> <li data-bbox="245 801 718 828">1. Facility Director/PREA Compliance Manager <li data-bbox="245 860 517 887">2. Random staff interviews <li data-bbox="245 918 555 945">3. Random resident interviews <p data-bbox="245 972 513 999">Site Review Observations:</p> <p data-bbox="245 1030 759 1057">Observations during on-site review of physical plant</p> <p data-bbox="245 1088 1481 1214">(a) Diersen Charities provides 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, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet provided at intake and on posters in each dorm and in common areas.</p> <p data-bbox="245 1245 1481 1303">(b) Diersen Charities informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.</p> <p data-bbox="245 1335 1481 1429">(c) Diersen Charities has an agreement with BOP Community Treatment Services and may use the <u>Rape Crisis Center of Central New Mexico</u> to provide residents with confidential emotional support services related to sexual abuse. Random staff and residents were able to provide information about how to contact outside support services.</p> <p data-bbox="245 1460 1420 1518">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>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1490 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1490 537" style="list-style-type: none"> <li data-bbox="245 362 829 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1490 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 <li data-bbox="245 510 708 537">3. PREA Informational Posters and Brochures <p data-bbox="245 568 357 595">Interviews:</p> <ol data-bbox="245 627 718 766" style="list-style-type: none"> <li data-bbox="245 627 718 654">1. Facility Director/PREA Compliance Manager <li data-bbox="245 685 523 712">2. Random Staff Interviews <li data-bbox="245 743 568 770">3. Random Resident Interviews <p data-bbox="245 797 513 824">Site Review Observations:</p> <ol data-bbox="245 855 798 882" style="list-style-type: none"> <li data-bbox="245 855 798 882">1. Observations during on-site review of physical plant <p data-bbox="245 913 1490 1008">(a,b) Diersen Charities accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Diersen Charities website. (http://www.Dismas.com/about/prea/) Staff and resident interviews showed an understanding of this standard. Residents felt that third party reports would be investigated.</p> <p data-bbox="245 1039 1420 1097">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>

115.261	Staff and agency reporting duties
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1362 654" style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 3. Diersen Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents 4. Diersen Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention 5. PREA Informational Posters and Brochures <p data-bbox="245 685 357 712">Interviews:</p> <ol data-bbox="245 743 721 882" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p data-bbox="245 913 513 940">Site Review Observations:</p> <p data-bbox="245 972 762 999">Observations during on-site review of physical plant</p> <p data-bbox="245 1030 1487 1321">(a) Diersen Charities requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires 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. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation.</p> <p data-bbox="245 1352 1487 1478">(b) Apart from reporting to the Facility Director, Albuquerque Facility staff refrains 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. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.</p> <p data-bbox="245 1509 884 1536">(c) The Albuquerque Facility does not have onsite medical staff.</p> <p data-bbox="245 1568 1487 1626">(d) The Albuquerque Facility does not house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws</p> <p data-bbox="245 1657 1487 1751">(e) Albuquerque Facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Facility Director/PREA Compliance Manager or designee for investigation. Staff interviewed were aware of their reporting responsibilities.</p> <p data-bbox="245 1783 1423 1841">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>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) According to Diersen Charities' policy, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. The Albuquerque Facility reported no instances of substantial risk of imminent sexual abuse during the reporting period. Interviews with the Facility Director/PREA Compliance Manager indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat.</p> <p>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>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 232">Auditor Discussion</p> <p data-bbox="245 271 1481 327">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <p data-bbox="245 360 1353 416">1. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3</p> <p data-bbox="245 450 357 472">Interviews:</p> <ol data-bbox="245 506 719 591" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p data-bbox="245 624 512 647">Site Review Observations:</p> <p data-bbox="245 680 759 703">Observations during on-site review of physical plant</p> <p data-bbox="245 736 1490 864">(a) Diersen Charities policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Albuquerque Facility indicated that in the previous 12 months they had not received any reports in which a resident alleges they were sexually abuse while being housed at another facility.</p> <p data-bbox="245 898 1474 987">(b) Diersen Charities policy states that within 72 hours of receipt of an allegation a resident was sexually abused while confined at another facility, the receiving Facility Director will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications shall be documented and maintained in the resident's file.</p> <p data-bbox="245 1021 780 1043">(c) Diersen Charities documents all such notifications</p> <p data-bbox="245 1077 1469 1167">(d) The Facility Director will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility. In the previous 12 months the Albuquerque Facility received zero (0) reports from another facility in which a Resident alleged sexually abuse while housed at the facility.</p> <p data-bbox="245 1200 1418 1256">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>

115.264	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 2. Diersen Charities laminated response card titled "1st Responder PREA Protocols" <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities staff upon learning of an allegation that a resident was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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. Random staff interviews validated their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in Diersen Charities policy. A review of training documentations confirmed staff had been trained in their responsibilities as first responders and have been provided.</p> <p>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>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 271 1484 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 360 1442 479" style="list-style-type: none"> <li data-bbox="245 360 831 387">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 416 1442 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-RESPONSE PROCEDURES Procedure 24.4 <p data-bbox="245 508 357 535">Interviews:</p> <ol data-bbox="245 564 719 707" style="list-style-type: none"> <li data-bbox="245 564 719 591">1. Facility Director/PREA Compliance Manager <li data-bbox="245 620 544 647">2. Agency PREA Coordinator <li data-bbox="245 676 523 703">3. Random Staff Interviews <p data-bbox="245 736 512 763">Site Review Observations:</p> <p data-bbox="245 792 762 819">Observations during on-site review of physical plant</p> <p data-bbox="245 853 1477 949">(a) Diersen Charities policy provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, investigators, and victim advocate services.</p> <p data-bbox="245 978 1466 1072">Interviews with the Facility Director and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Also, all staff carries a PREA Response Card and have access to Diersen Charities' PREA Response Policy which details the steps to take in response to a sexual abuse allegation.</p> <p data-bbox="245 1102 1420 1162">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>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Albuquerque Facility has space and ability to protect residents from known abusers. Diersen Charities employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p>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>

115.267	Agency protection against retaliation
	<p data-bbox="245 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 239">Auditor Discussion</p> <p data-bbox="245 271 1422 331">Diersen Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 360 1401 479" style="list-style-type: none"> <li data-bbox="245 360 831 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 418 1401 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention PROTECTION AGAINST RETALIATION Procedure 24.6 <p data-bbox="245 508 357 537">Interviews:</p> <ol data-bbox="245 566 719 707" style="list-style-type: none"> <li data-bbox="245 566 719 595">1. Facility Director/PREA Compliance Manager <li data-bbox="245 624 533 654">2. Assistant Facility Director <li data-bbox="245 683 525 712">3. Random Staff Interviews <p data-bbox="245 741 512 770">Site Review Observations:</p> <p data-bbox="245 799 762 828">Observations during on-site review of physical plant</p> <p data-bbox="245 857 1474 976">(a) Diersen Charities policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Facility Director/PREA Compliance Manager or designee is responsible for monitoring.</p> <p data-bbox="245 1010 1474 1106">(b) Diersen Charities has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="245 1137 1485 1361">(c) The Facility Director/PREA Compliance Manager or designee will for at least 90 days following a report of sexual abuse, 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. The Facility Director/PREA Compliance Manager or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Facility Director/PREA Compliance Manager or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="245 1393 1362 1453">(d) The Facility Director/PREA Compliance Manager or designee conducts status checks and that information is documented and maintained in the residents file.</p> <p data-bbox="245 1485 1430 1581">(e) The Facility Director/PREA Compliance Manager or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="245 1610 1422 1671">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>

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 3. PREA Informational Posters and Brochures <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Bureau of Prisons Investigator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>(b) Where sexual abuse is alleged, the Albuquerque Facility uses investigators who have received specialized training in sexual abuse investigations as required by 115.234 and the Facility Director will be notified immediately.</p> <p>(c) Local law enforcement and/or BOP Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to local law enforcement and/or BOP Investigators as soon as possible.</p> <p>(d) Local law enforcement and/or BOP Investigators are responsible for the criminal investigations that maybe referred for prosecution.</p> <p>(e) An interview conducted with the Facility Director confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. Diersen Charities investigates all allegations of sexual abuse and may refer matters to local law enforcement and/or BOP as warranted.</p> <p>(f) Diersen Charities conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.</p> <p>(g) Albuquerque Facility staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Facility Director/PREA Compliance Manager.</p> <p>(h) Diersen Charities retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>(i) Diersen Charities policy states 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.</p> <p>(j) Not required to audit this provision</p> <p>(k) Diersen Charities provides all of their internal reports to local law enforcement and/or BOP Investigators as soon as possible following an allegation. Diersen Charities staff cooperates with investigators as requested.</p> <p>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>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1484 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1452 479" style="list-style-type: none"> <li data-bbox="245 362 829 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1452 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <p data-bbox="245 510 357 537">Interviews:</p> <ol data-bbox="245 568 718 654" style="list-style-type: none"> <li data-bbox="245 568 718 595">1. Facility Director/PREA Compliance Manager <li data-bbox="245 622 580 649">2. Bureau of Prisons Investigator <p data-bbox="245 685 517 712">Site Review Observations:</p> <p data-bbox="245 743 762 770">Observations during on-site review of physical plant</p> <p data-bbox="245 801 1468 927">(a) Diersen Charities policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The BOP Investigator and/or Facility Director/PREA Compliance Manager investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.</p> <p data-bbox="245 958 1468 1016">Interviews with the Facility Director/PREA Compliance Manager indicated they conduct fact finding investigations and make conclusions following their investigations and determine the best course of action based on the preponderance of evidence.</p> <p data-bbox="245 1048 1420 1106">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>

115.273	Reporting to residents
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1385 479" style="list-style-type: none"> <li data-bbox="245 362 874 389">1. Diersen Charities, Inc./Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1385 479">2. Diersen Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <p data-bbox="245 510 357 537">Interviews:</p> <ol data-bbox="245 568 718 654" style="list-style-type: none"> <li data-bbox="245 568 718 595">1. Facility Director/PREA Compliance Manager <li data-bbox="245 622 577 654">2. Bureau of Prisons Investigator <p data-bbox="245 685 513 712">Site Review Observations:</p> <p data-bbox="245 743 762 770">Observations during on-site review of physical plant</p> <p data-bbox="245 801 1481 891">(a) Following an investigation into a resident's allegation that he suffered sexual abuse Diersen Charities policy requires the resident be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.</p> <p data-bbox="245 922 1465 981">(b) The Facility Director/PREA Compliance Manager requests relevant information from investigators in order to inform the resident.</p> <p data-bbox="245 1012 1497 1308">(c) Following a resident's allegation that a staff member has committed sexual abuse against a resident, policy requires the Facility Director/PREA Compliance Manager to subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that 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. During the audit period there was one report involving a staff member witch lead to the staff member being terminated. In a discussion with the Facility Director and the Regional Vice President it was understood that the resident was aware that the staff member was no longer working at the facility but there was no documentation show the resident was notified in writing. At the time of the on site visit the investigation was still ongoing.</p> <p data-bbox="245 1339 1487 1464">(d) Following an resident's allegation that he has been sexually abused by another resident, the Facility Director/PREA Compliance Manager will 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 or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="245 1496 1439 1523">(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.</p> <p data-bbox="245 1554 724 1581">(f) Auditor is not required to audit this provision</p> <p data-bbox="245 1612 437 1639">Corrective Action</p> <p data-bbox="245 1671 1474 1863">115.273 (c) During the audit period there was one report involving a staff member which led to the staff member being terminated. In a discussion with the Facility Director and the Regional Vice President it was understood that the resident was aware that the staff member was no longer working at the facility but there was no documentation showing the resident was notified in writing. A discussion was had with the Facility Director and the Regional Vice President about ensuring the notification is made in writing and maintaining proper documentation. Additionally, the Agency PREA Coordinator provided documentation in which he followed up with the Albuquerque facility.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="245 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1430 685" style="list-style-type: none"> 1. Completed Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Diersen Charities Employee Handbook-Corrective Action Page #40 4. Diersen Charities Human Resources Policies and Procedures Manual-DISCIPLINARY PROCEDURECORRECTIVE ACTION Page #57 5. Diersen Charities Human Resources Policies and Procedures Manual-STAFF DISCIPLINARY Page #58 and #59 <p data-bbox="245 716 357 743">Interviews:</p> <ol data-bbox="245 775 721 913" style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Regional VicePresident 3. Random Staff Interviews <p data-bbox="245 945 513 972">Site Review Observations:</p> <p data-bbox="245 1003 762 1030">Observations during on-site review of physical plant</p> <ol data-bbox="245 1061 1487 1496" style="list-style-type: none"> (a) Diersen Charities policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies. (b) Diersen Charities policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. (c) Diersen Charities policy states 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. (d) The terminations for violations of agency sexual abuse and harassment 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 data-bbox="245 1527 1420 1585">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>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Completed Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Diersen Charities Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Regional Vice President <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>(b) Diersen Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>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>

115.278	Disciplinary sanctions for residents
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1455 537" style="list-style-type: none"> <li data-bbox="245 362 831 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1455 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 <li data-bbox="245 510 1353 537">3. Diersen Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <p data-bbox="245 568 357 595">Interviews:</p> <ol data-bbox="245 627 719 766" style="list-style-type: none"> <li data-bbox="245 627 719 654">1. Facility Director/PREA Compliance Manager <li data-bbox="245 685 544 712">2. Agency PREA Coordinator <li data-bbox="245 743 472 770">3. Resident Interviews <p data-bbox="245 797 512 824">Site Review Observations:</p> <p data-bbox="245 855 762 882">Observations during on-site review of physical plant</p> <p data-bbox="245 913 1481 1039">(a) Residents at the Albuquerque Facility are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.</p> <p data-bbox="245 1070 1401 1164">(b) The Albuquerque Facility resident rule book reflects that sanctions 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 1196 1481 1254">(c) Diersen Charities disciplinary process considers whether an 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 1285 1465 1379">(d) The Albuquerque Facility is a short-term facility and does not provide therapy or other counseling services. If needed, residents will be transferred to another facility that does provide those services. Diersen Charities does offer intervention services.</p> <p data-bbox="245 1411 1465 1469">(e) The Albuquerque Facility will 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 1500 1465 1594">(f) 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 does 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 1626 1002 1653">(g) Diersen Charities has a zero-tolerance policy concerning sexual contact.</p> <p data-bbox="245 1684 1422 1742">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>

115.282	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>(b) All Albuquerque Facility staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>(c) Albuquerque Facility staff confirmed that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) Treatment services are 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.</p> <p>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>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities MEDICAL SERVICES Procedure 13.B 3. Diersen Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents Interviews: <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority.</p> <p>(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.</p> <p>(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.</p> <p>(d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>(e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) Medical co-payment fees are not imposed to residents for any medical services.</p> <p>(h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.</p> <p>Diersen Charities staff had protocols in place to assist in expediting a resident to University of New Mexico Hospital for emergency services. Also, facility staff will contact the Rape Crisis Center of Central New Mexico to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed.</p> <p>Interviews with staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the residents' health record.</p> <p>Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.</p> <p>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>

115.286	Sexual abuse incident reviews
	<p data-bbox="245 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1417 479" style="list-style-type: none"> <li data-bbox="245 362 829 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1417 479">2. Diersen Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-INCIDENT REVIEWS Procedure 24.8 <p data-bbox="245 510 357 537">Interviews:</p> <ol data-bbox="245 568 721 654" style="list-style-type: none"> <li data-bbox="245 568 721 595">1. Facility Director/PREA Compliance Manager <li data-bbox="245 622 545 654">2. Agency PREA Coordinator <p data-bbox="245 685 513 712">Site Review Observations:</p> <p data-bbox="245 743 762 770">Observations during on-site review of physical plant</p> <ol data-bbox="245 801 1481 1290" style="list-style-type: none"> <li data-bbox="245 801 1458 860">(a) Diersen Charities policy requires 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. <li data-bbox="245 891 1050 918">(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation. <li data-bbox="245 949 1481 976">(c) The review team includes the Facility Director/PREA Compliance Manager, Agency PREA Coordinator and Investigators. <li data-bbox="245 1008 1481 1232">(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff. <li data-bbox="245 1263 1436 1290">(e) Diersen Charities policy requires the implementation of recommendations or documents its reasons for not doing so. <p data-bbox="245 1321 1474 1348">During the audit period there has been one allegation of abuse. At the time the on site visit the investigation is still on going.</p> <p data-bbox="245 1379 1420 1438">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>

115.287	Data collection
	<p data-bbox="245 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1481 331">Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="245 362 1481 537" style="list-style-type: none"> <li data-bbox="245 362 826 389">1. Diersen Charities Albuquerque Pre-Audit Questionnaire <li data-bbox="245 421 1481 479">2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 <li data-bbox="245 510 986 537">3. Diersen Charities PREA Webpage - http://www.dismas.com/about/prea/ <p data-bbox="245 568 357 595">Interviews:</p> <ol data-bbox="245 627 718 712" style="list-style-type: none"> <li data-bbox="245 627 718 654">1. Facility Director/PREA Compliance Manager <li data-bbox="245 685 542 712">2. Agency PREA Coordinator <p data-bbox="245 743 513 770">Site Review Observations:</p> <p data-bbox="245 801 762 828">Observations during on-site review of physical plant</p> <ol data-bbox="245 860 1481 1370" style="list-style-type: none"> <li data-bbox="245 860 1449 918">(a) The Facility Director/PREA Compliance Manager collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. <li data-bbox="245 949 1481 1043">(b) The Facility Director/PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Agency PREA Coordinator to be posted it on the Diersen Charities PREA webpage. (http://www.dismas.com/about/prea/) <li data-bbox="245 1075 1481 1133">(c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. <li data-bbox="245 1164 1481 1223">(d) Diersen Charities maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. <li data-bbox="245 1254 1481 1312">(e) Diersen Charities obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents. <li data-bbox="245 1344 1426 1370">(f) Diersen Charities upon request provides all such data from the previous calendar year to the Department of Justice. <p data-bbox="245 1402 1420 1460">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>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Diersen Charities PREA Webpage - http://www.dismas.com/about/prea/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities reviews 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 by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) Diersen Charities annual report includes 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</p> <p>(c) The Albuquerque Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Diersen Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Diersen Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>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>

115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Diersen Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Diersen Charities PREA Webpage - http://www.dismas.com/about/prea/ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Diersen Charities reviews 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 by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) Diersen Charities annual report includes 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</p> <p>(c) The Albuquerque Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Diersen Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Diersen Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</p> <p>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>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the Diersen/Dismas Charities web page (http://www.dismas.com/about/prea/) The page has posted thirty-four (34) audit reports for their thirty-six (36) facilities' audits completed through August 2021. Diersen Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>The auditor had access to the entire facility and was able to conduct confidential staff and resident interviews and was provided documentation as need to assess compliance with the standards. Residents were aware they could send confidential correspondence to the auditor. Pre-audit postings were provided to the facility six weeks prior to the audit. Documentation the notices were posted was provide to the auditor and postings were seen in all areas of the facility during the tour.</p> <p>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>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the Diersen/Dismas Charities web page (http://www.dismas.com/about/prea/) The page has posted thirty-four (34) audit reports for their thirty-six (36) facilities' audits completed through July 2021. Diersen Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>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>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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
115.213 (a)	Supervision and monitoring	
	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

115.213 (b)	Supervision and monitoring	
	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
115.213 (c)	Supervision and monitoring	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	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
115.215 (d)	Limits to cross-gender viewing and searches	
	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

115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	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)	Residents with disabilities and residents who are limited English proficient	
	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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
115.217 (b)	Hiring and promotion decisions	
	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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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

115.217 (f)	Hiring and promotion decisions	
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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.)	yes
115.218 (b)	Upgrades to facilities and technology	
	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.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	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.)	yes
	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.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	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
115.231 (b)	Employee training	
	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

115.231 (c)	Employee training	
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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
115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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

115.235 (a)	Specialized training: Medical and mental health care	
	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
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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
115.235 (d)	Specialized training: Medical and mental health care	
	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
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	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.	yes
115.252 (b)	Exhaustion of administrative remedies	
	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
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
115.252 (e)	Exhaustion of administrative remedies	
	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

115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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

115.261 (a)	Staff and agency reporting duties	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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?	yes
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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

115.271 (c)	Criminal and administrative agency investigations	
	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
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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
115.272 (a)	Evidentiary standard for administrative investigations	
	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

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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
115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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?	yes
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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

- Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff.