

PREA Facility Audit Report: Final

Name of Facility: Dismas Charities Louisville Diersen Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/22/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Chris Sweney	Date of Signature: 02/22/2023

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	01/09/2023
End Date of On-Site Audit:	01/10/2023

FACILITY INFORMATION	
Facility name:	Dismas Charities Louisville Diersen Facility
Facility physical address:	1218 West Oak Street, Louisville, Kentucky - 40210
Facility mailing address:	

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

Primary Contact	
Name:	Ronyal Horton
Email Address:	rhorton@dismas.com
Telephone Number:	502 636-1572

Facility Director	
Name:	Ronyal Horton
Email Address:	rhorton@dismas.com
Telephone Number:	502 636-1572

Facility PREA Compliance Manager	
Name:	Ronyal Horton
Email Address:	rhorton@dismas.com
Telephone Number:	

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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?	Females
Age range of population:	Redacted
Facility security levels/resident custody levels:	Community
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:	5026362033

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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

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:	
1	<ul style="list-style-type: none"> 115.231 - Employee training
Number of standards met:	
40	
Number of standards not met:	
0	

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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-09
2. End date of the onsite portion of the audit:	2023-01-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Kentucky Association of Sexual Assault - (866) 375-2727 The Center for Women and Families - (502) 581-7200 https://www.thecenteronline.org/

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	Redacted
15. Average daily population for the past 12 months:	Redacted
16. Number of inmate/resident/detainee housing units:	Redacted

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<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">45</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">1</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">1</p>

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<p>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>

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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	Redacted
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Redacted
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Redacted
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor conducted interviews with random and targeted residents. The in-house resident population on the first day of the onsite review was (Redacted). All reasonable efforts were made to conduct the required number of targeted resident interviews. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There was a total of 11 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area of the facility and included both male and female residents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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Targeted Inmate/Resident/Detainee Interviews	
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58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
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<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
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<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who are Limited English Proficient (LEP). This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
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<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
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<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no Residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p>

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68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

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	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>During the on-site review the auditor reviewed employee criminal history checks, and reference checks. The auditor also reviewed employee training files for initial and on-going PREA training. The auditor reviewed 10 resident files for initial intake screenings, 30-day reassessments, initial PREA information, and 30-day comprehensive PREA education.</p>

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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
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- Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff.

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>Dismas Charities reported zero sexual abuse investigations during the audit period. This was verified during staff and resident interviews.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

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

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Dismas Charities reported zero sexual harassment investigations during the audit period. This was verified during staff and resident interviews.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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- Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff.

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

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

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

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.

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115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with this standard:</p> <p>DISMAS Charities Policy #24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION</p> <p>Dismas Charities Employee Handbook-2021 Sexual and Other Unlawful Harassment page 15-17</p> <p>DISMAS Charities Organizational Chart</p> <p>Dismas Charities Diersen Facility Organizational Chart</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Dismas Charities Agency Wide PREA Coordinator Interview 2. Diersen Facility Director/PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) Dismas 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. <i>Dismas is committed to the enforcement of the zero-tolerance practice related to sexual harassment and to provide a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment and sexual abuse. Actions, words, jokes, or comments based on an individual's race, color, religion, sex, national origin, age, disability, veteran status or any other characteristic protected by law will not be tolerated. Dismas provides on-going sexual harassment/sexual abuse prevention training to ensure you the opportunity to work in an environment free of sexual and other unlawful harassment.</i> (b) Dismas 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. (c) Dismas Charities Inc. has a designated agency wide PREA Coordinator who reports to Dismas Charities Executive Vice President/COO. Under the agency wide PREA Coordinator each facility has a Facility Director/PREA Compliance Manager that

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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.

(d) Dismas 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 Diersen Facility's Facility Director is also the designated PREA Compliance Manager. The Diersen Facility's Facility Director/PREA Compliance Manager reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.

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.

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

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115.213

Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities, Inc. PERSONNEL policy STAFFING PATTERN Procedure 2.A
2. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3
3. Diersen Facility staffing schedule
4. Diersen Facility floor plans
5. Dismas Charities, Inc. - Diersen Facility Pre-Audit Questionnaire
6. Personnel Needs Memo, Staffing Assessment

Interviews:

1. Dismas Charities Agency Wide PREA Coordinator Interview
2. Diersen Facility Director/PREA Compliance Manager

Site Review Observations:

Observations during on-site review of physical plant

Dismas Charities, Inc. Diersen Facility is an all-female facility and has a staffing plan which accounts for generally accepted practices; the Diersen 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 addressed in their contract with the Kentucky Department of Corrections (KDOC) and assessed annually and adjustments are made if necessary. Any changes to the Diersen Facility's staffing levels must be approved by Dismas Charities Executive staff and the KDOC. Documentation, interviews with staff and residents and the facility tour indicates adequate staffing levels.

During the onsite audit the auditor was provided a list of all staff and hours they work. This was compared to the staff working at the time. No issues were identified.

The Diersen Facility reported no deviations from their staffing plan during the audit period, Dismas Charities policy requires the Facility Director to document and report any deviation to Dismas Charities Executive staff.

The Diersen facility is an all-female facility and has sufficient female staff available to staff the Central Monitoring Office (CMO), conduct rounds in living areas and

restrooms, and do pat-searches when necessary. Resident interviews indicated that male staff rarely go in the dorms but when they do they knock and announce and wait before entering areas where residents may be undressed. Additionally, it was noted by residents that shower areas are restricted to hours after male staff have left the facility.

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.

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

115.215

Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities, Inc. PROGRAMS Searches and Contraband Procedure
2. Dismas Charities, Inc. SEARCHES AND CONTRABAND
3. Dismas Charities, Inc. SECURITY AND ACCOUNTABILITY Searches and Contraband Procedure 11.D
4. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3
5. Dismas Charities, Inc. Initial Employee Orientation Checklist
6. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2
7. Dismas Charities, Inc. Policy Transgender or intersex Pat searches

Interviews:

1. Dismas Charities Agency Wide PREA Coordinator Interview
2. Diersen Facility Director/PREA Compliance Manager
3. Resident Monitor Interviews
4. Random Resident Interviews

Site Review Observations:

Observations during on-site review of physical plant

The Dismas Charities Diersen Facility does not allow “opposite sex” pat searches, strip searches or body cavity searches. All staff is trained in various searches and search techniques. Dismas Charities utilized the “*Guidance in Cross-Gender and Transgender Pat Searches*” training module from the PREA Resource Center. This was confirmed during documentation review and staff interviews.

The Diersen Facility has sufficient female staff available to conduct searches when needed. If female staff is not available, male staff is trained to use a “wand” style metal detector to conduct searches. Dismas Charities policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

During the tour and review of cameras in the CMO it was found that none of the

cameras view the dorms, toilet, shower or other areas where residents may be undressed. All toilets have doors on stalls and all showers have curtains. Both the review of policies and interviews with staff and residents confirmed that male staff knock and announce their presence and wait before entering into dorms. Staff and resident interviews indicate that female staff primarily conduct rounds. During interviews, residents reported being able to use the restroom, take a shower and change clothing with privacy from staff and other residents.

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.

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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Inc. Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 2. Dismas Charities, Inc. Initial PREA Screening Questionnaire (English/Spanish) 3. PREA Informational Posters and Brochures (English/Spanish) posted and displayed for resident and staff access in the facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Resident Monitor Interviews 3. Resident Interviews 4. Targeted Resident Interview <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Dismas Charities has a policy which states: <i>“Assistance will be provided to those residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Other residents may not be used as interpreters, readers or assistants except in limited circumstances in an exigent situation. The director will seek guidance from the RVP in these cases.”</i></p> <p>The Diersen Facility takes steps 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.</p> <p>The Diersen Facility provides residents an orientation, handouts for the local rape crisis center, KDOCS posters which are available in English and Spanish. Additionally, the facility has access to bilingual staff and interpretive services if needed.</p> <p>During interviews with Resident Monitors who conduct the initial intake screening and education they explained how accommodations can be made if needed. Specifically, information could be read to individuals who are blind or cannot read</p>

the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed. Interviews with Counselors who conduct the reassessments and provide additional PREA education indicated the same availability of accommodations. One of the Counselors showed the auditor an App that is used to communicate with one of their deaf residents. Additionally, they have a sign language volunteer available to aid in communication when needed. During the targeted resident interview, she felt the facility could do more to assist her. She felt the App the Counselor uses with her is helpful for one-on-one communication but does not benefit her in a group setting where an interpreter would. Additionally, she stated that the orientation video was shown but did not have closed caption. These issues were addressed with the Facility Director and followed up with the Agency PREA Coordinator. It was documented in the resident's file that she was shown the PREA orientation video but it was not documented that closed caption was used. The auditor was informed by the Agency PREA Coordinator that the only version of the PREA orientation video they use is the one with closed caption.

Additional issues concerning equal access to outside services and being able to report to an outside entity without the aid of staff or another resident was also discussed and needs to be addressed.

Corrective Action:

- **Please provide documentation showing the availability of the PREA video with subtitles for deaf residents.**
- **Please provide documentation showing how a deaf resident could confidentially report abuse outside the facility without the aid of staff or another resident.**
- **Please provide documentation showing how a deaf resident could confidentially access an outside victim advocate for emotional support services related to sexual abuse without the aid of staff or another resident.**

Update:

As of February 7th, 2023 Dismas Charities has shown significant documentation and provided photographic evidence that address the issues listed above. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is now fully compliant with this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="280 181 1007 217">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 295">Auditor Discussion</p> <p data-bbox="280 338 1398 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1393 882" style="list-style-type: none"> <li data-bbox="280 450 1393 524">1. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE BACKGROUND CHECKS Procedure 2.4 <li data-bbox="280 562 1177 598">2. Dismas Charities, Inc. POLICY MANUAL-PERSONNEL Page #20 <li data-bbox="280 636 1139 672">3. Dismas Charities, Inc. PREA Questions for New Applicants <li data-bbox="280 710 1259 745">4. Dismas Charities, Inc. Background Check Memo (KDOCS Approval) <li data-bbox="280 784 995 819">5. New and Current Employee Background Checks <li data-bbox="280 857 1003 893">6. Contract Staff and Volunteer Background Checks <p data-bbox="280 920 435 956">Interviews:</p> <ol data-bbox="280 994 1086 1099" style="list-style-type: none"> <li data-bbox="280 994 1086 1030">1. Facility Director/PREA Compliance Manager Interview <li data-bbox="280 1068 836 1104">2. Agency PREA Coordinator Interview <p data-bbox="280 1137 660 1173">Site Review Observations:</p> <ol data-bbox="280 1211 1465 2069" style="list-style-type: none"> <li data-bbox="280 1211 1465 2069">1. Observations during on-site review of physical plant <ul data-bbox="280 1283 1465 2069" style="list-style-type: none"> <li data-bbox="280 1283 1465 1570">(a) Dismas Charities Inc. requires background investigations for all new hires as well as for staff being considered for a promotion. <i>Dismas Charities Policy #2.1 PERSONNEL Employee Background Checks 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."</i> <li data-bbox="280 1608 1465 1765">During the preaudit documentation review, Dismas Charities provided documentation showing completion of background checks for new hires and those being considered for promotion. Background checks are completed by the Kentucky Division of Probation and Parole. <li data-bbox="280 1803 1465 1921">(b) Dismas Charities policy indicates that: <i>"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."</i> <li data-bbox="280 1960 1465 2069">(c) Dismas Charities policy states: <i>"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</i>

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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.

(d) Dismas Charities policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents

During the preaudit documentation review, Dismas Charities provided documentation showing completion of background checks for volunteers and contract staff. Background checks are completed by the Kentucky Division of Probation and Parole.

(e) Dismas Charities exceeds the requirements of this component of the standard. Their contract with the KDOC requires criminal background records checks each year and before any new contract for all current employees who may have contact with residents.

(f) Dismas 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 Dismas Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees. Questions are found on the online application completed by all applicants.

(g) Dismas Charities policy states "*Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.*"

Dismas 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.

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.

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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities, Inc. Diersen Pre-Audit Questionnaire 2. Diersen Facility Diagrams 3. Facility Tour <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency Wide PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Dismas Charities policy requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. (b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. <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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115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 262 576 295">Auditor Discussion</p> <p data-bbox="280 338 1458 416">Dismas Charities Inc. Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1137 629" style="list-style-type: none"> <li data-bbox="280 454 1082 488">1. Dismas Charities, Inc. Diersen Pre-Audit Questionnaire <li data-bbox="280 524 1137 557">2. MOU - KYDOC and Kentucky Association of Sexual Assault <li data-bbox="280 593 767 627">3. Center for Women and Families <p data-bbox="280 665 435 698">Interviews:</p> <ol data-bbox="280 736 922 1059" style="list-style-type: none"> <li data-bbox="280 736 922 770">1. Facility Director/PREA Compliance Manager <li data-bbox="280 806 866 840">2. Kentucky Association of Sexual Assault <li data-bbox="280 875 767 909">3. Center for Women and Families <li data-bbox="280 945 691 978">4. Agency PREA Coordinator <li data-bbox="280 1014 579 1048">5. Resident Monitors <p data-bbox="280 1095 639 1128">Site Review Observations:</p> <p data-bbox="280 1167 1018 1200">Observations during on-site review of physical plant:</p> <p data-bbox="280 1238 1437 1485">(a) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported to local law enforcement and/or the KYDOC or Kentucky State Police. 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 data-bbox="280 1523 1134 1556">(b) Dismas Charities Diersen Facility is an adult only facility.</p> <p data-bbox="280 1594 1453 1877">(c) Dismas Charities Diersen 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 Random staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at U-of-L Health by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p data-bbox="280 1915 1469 2027">(d) The KYDOC has an MOU with the Kentucky Association of Sexual Assault which is the umbrella organization for all sexual abuse crisis centers in Kentucky. The MOU covers all inmates and residents including those housed in contact facilities.</p>

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Dismas Charities provides information including addresses and phone numbers for the Center for Women and Families to provide victims of abuse with a victim advocate as needed.

(e) Interviews conducted with the Facility Director/PREA Compliance Manager and random 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

(f) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported local law enforcement and/or the Kentucky State Police.

(g) The auditor is not required to audit this provision

(h) This provision is Not Applicable; Dismas Charities Diersen facility refers these services to the Center for Women and Families for access to a victim advocate.

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.

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

115.222

Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities, Inc., Diersen Pre-Audit Questionnaire
2. Dismas Charities, Inc., Investigation Policy
3. SEXUAL OFFENSE ALLEGATION REPORTING FORMS-CCP14.7
4. PREA Investigation Log
5. Dismas Charities Website - <http://www.Dismas.com/about/prea>

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator
3. Assistant Facility Director
4. Resident Monitors
5. KYDOC PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

(a) Dismas 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 KYDOCS and/or Kentucky State Police to investigate. Dismas 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, Agency PREA Coordinator and KYDOC PREA Coordinator confirmed all allegations of sexual abuse and harassment are investigated by the proper authority.

(b) Dismas 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.

Dismas 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 Dismas Charities website clearly explains who is responsible

for investigations.

Dismas 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.

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

Residents of Dismas 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

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

115.231

Employee training

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

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

1. Dismas Charities, Diersen Pre-Audit Questionnaire
2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2
3. Dismas Charities, PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3
4. Dismas Charities, PERSONNEL policy SEXUAL ABUSE INFORMATION Procedure 2.6
5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention
6. Dismas Charities, Initial Employee Orientation Checklist
7. Dismas Charities, “Annual and Initial PREA Standards for Staff”
8. Dismas Charities, Diersen Staff Training Record

Interviews:

1. Facility Director/PREA Compliance Manager
2. Assistant Facility Director
3. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

(a) Dismas 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.

Training is provided before new staff can work with residents and annually for all current employees. Dismas Charities provide copies of the “*Annual and Initial PREA Standards for Staff*” for current employees with the preaudit checklist. Additional training records were verified during the onsite audit.

(b) Dismas Charities staff receives training tailored to the gender of the residents,

the Diersen Facility houses female residents and training records reviewed demonstrated a distinction in training. All staff receives training regardless of whether or not they are reassigned from another facility.

(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.

(d) Dismas 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.

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.

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115.232

Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities, Diersen Pre-Audit Questionnaire
2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2
3. Dismas Charities, PERSONNEL policy SEXUAL HARRASSMENT Procedure 2.K
4. Dismas Charities, PERSONNEL policy USE OF VOLUNTEERS Procedure 2.C
5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention
6. Dismas Charities Volunteer Application that includes VOLUNTEER RULES
7. Dismas Charities: A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders For Staff, Work Crew Supervisors (KY), Volunteers, Contractors and Vendors

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator
3. Volunteer Interview (Peer Support)

Site Review Observations:

Observations during on-site review of physical plant

(a) Dismas 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.

(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.

(c) Dismas 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.

Training is provided before volunteers can work with residents and again each year for current volunteers. Dismas Charities provide copies of the "*Staff/Volunteer Acknowledgement*" for all current volunteers with the preaudit checklist.

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.

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115.233	Resident education
	<p data-bbox="280 181 1007 217">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 293">Auditor Discussion</p> <p data-bbox="280 333 1394 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1453 1182" style="list-style-type: none"> <li data-bbox="280 450 1015 486">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1342 600">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-TRAINING Procedure 24.2 <li data-bbox="280 636 1315 672">3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 <li data-bbox="280 707 1453 743">4. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSION Procedure 9.2 <li data-bbox="280 779 1430 857">5. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents <li data-bbox="280 893 1075 929">6. Dismas Charities Initial PREA Screening Questionnaire <li data-bbox="280 965 991 1001">7. Dismas Charities SEARCHES AND CONTRABAND <li data-bbox="280 1037 1326 1115">8. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <li data-bbox="280 1151 919 1187">9. PREA Informational Posters and Brochures <p data-bbox="280 1223 440 1258">Interviews:</p> <ol data-bbox="280 1294 802 1473" style="list-style-type: none"> <li data-bbox="280 1294 703 1330">1. Resident Monitor Interviews <li data-bbox="280 1366 719 1402">2. Random Resident Interviews <li data-bbox="280 1438 802 1473">3. Targeted Resident Interview (Deaf) <p data-bbox="280 1509 1430 1711">During interviews with Resident Monitors who conduct the initial education and facility orientation they explained how accommodations can be made if needed. Specifically, information could be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed.</p> <p data-bbox="280 1747 1445 1904">During resident interviews, all indicated they received PREA information during the intake process and had a full orientation to the facility within the first 24 hours including the PREA video. All indicated they signed for the information they received.</p> <p data-bbox="280 1939 1477 2065">During the targeted resident interview, the resident felt the facility could do more to assist her. She stated that the orientation video was show but did not have closed caption. This issue was addressed with the Facility Director and followed up with</p>

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the Agency PREA Coordinator. It was documented in the resident's file that she was shown the PREA orientation video but it was not documented that closed caption was used. The auditor was informed by the Agency PREA Coordinator that the only version of the PREA orientation video they use is the one with closed caption.

Site Review Observations:

Observations during on-site review of physical plant

(a) During intake, Resident Monitors provide all residents with PREA educational materials. Residents sign a "Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct Form" which explains Dismas Charities' zero-tolerance policy towards sexual abuse and sexual harassment. Within the first 24 hours residents are provided a full orientation to the facility including the PREA orientation video.

The number of residents admitted during past 12 months who were given this information at intake is (Redacted).

(b) Dismas Charities provides refresher information whenever a resident is transferred to a different facility.

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information is 1

(c) Dismas Charities provides education to residents about their rights to be free from sexual abuse and sexual harassment. The educational materials, 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.

(d) Within 30 days and during regular sessions with Resident Counselors, residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided. Documentation of additional PREA education is noted in the resident file and was reviewed during the onsite audit.

(e) Dismas 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.

(f) Dismas Charities maintains documentation of resident participation in the PREA education in the resident file. Ten (10) files were reviewed during the onsite audit. All files had documentation of the resident's initial education and their full facility orientation including the PREA video.

(g) Dismas 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.

During the onsite audit the auditor was able to observe an initial intake. This took place in front of the Central Monitoring Office. The new resident was provided a resident handbook and completed the full intake packet which included the “Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct Form” The new resident was asked if she had any questions but did not have any.

During the tour of the facility postings with reporting information and access to outside services were observed on bulletin boards and by the phones. However, during resident interviews, few residents were aware of the postings or the information on them. This issue was addressed with the Facility Director during the close out.

Corrective Action:

Please provide documentation showing the availability of the PREA video with subtitles for deaf residents.

Please provide documentation showing the availability in multiple locations of the DCI/Dismas Reporting Poster, Dismas PREA pamphlet and Center for Women and Families brochure. These were seen on the bulletin board but during resident interviews very few knew they were available.

Update:

As of February 7th, 2023 Dismas Charities has shown significant documentation and provided photographic evidence that address the issues listed above. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is now fully compliant with this standard.

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities PREA - Specialized Training: Investigating Sexual Abuse in Confinement Setting 3. Investigator Training Certificates <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. KYDOCS PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas 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 KYDOC and/ or Kentucky State Police for a criminal investigation. Interviews with the Facility Director and the KYDOCs PREA Coordinator confirmed investigators have received additional training in accordance with their job responsibilities.</p> <p>(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>(c) Dismas Charities maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>(d) Auditor is not required to audit this provision</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>

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

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Dismas Charities Memo</p> <p>Interviews:</p> <p>1. Agency PREA Coordinator</p> <p>2. Facility Director/PREA Compliance Manager</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas Charities Diersen Facility does not employ their own medical staff or contract for on-site medical services.</p> <p>(b) The portion of the standard is Not Applicable as all forensic exams are conducted at U-of-L Health or another community hospital. Staff interviews confirmed this information.</p> <p>(c) Dismas Charities Diersen Facility does not employ their own medical staff or contract for on-site medical services.</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>

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

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 181 1007 217">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 293">Auditor Discussion</p> <p data-bbox="280 333 1394 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1426 1039" style="list-style-type: none"> <li data-bbox="280 450 1015 486">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1342 600">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 <li data-bbox="280 636 1318 672">3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 <li data-bbox="280 707 1422 786">4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 <li data-bbox="280 822 1426 900">5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 <li data-bbox="280 936 1198 972">6. Dismas Charities Initial PREA Screening Questionnaire (dci902) <li data-bbox="280 1008 983 1043">7. Random Resident Files (Counselor Case Notes) <p data-bbox="280 1079 440 1115">Interviews:</p> <ol data-bbox="280 1151 924 1469" style="list-style-type: none"> <li data-bbox="280 1151 924 1187">1. Facility Director/PREA Compliance Manager <li data-bbox="280 1223 715 1258">2. Resident Monitor interviews <li data-bbox="280 1294 748 1330">3. Resident Counselor interviews <li data-bbox="280 1366 730 1402">4. Random Resident Interviews <li data-bbox="280 1438 716 1473">5. Targeted Resident Interview <p data-bbox="280 1509 1430 1666">During Resident Monitor interviews they confirmed that during the intake process they utilize the Initial PREA Screening Questionnaire (dci902) as part of the intake packet. Resident Monitors stated they go over questions with the resident and forward the packet to the Facility Director.</p> <p data-bbox="280 1702 1358 1780">During the Facility Director interview, he explained that he reviews all intake packets including the PREA Screening.</p> <p data-bbox="280 1816 1465 1895">During Counselor interviews they stated that they also review the initial PREA screening and assess any changes again at each biweekly session with the resident.</p> <p data-bbox="280 1975 1458 2054">During resident interviews they indicated that questions are asked during the intake process first thin when they arrived at the facility and that Counselors go over PREA</p>

questions again during biweekly sessions.

During the targeted resident interview, the resident felt the facility could do more to assist her. She stated that during the intake process staff did go over the questions with and that she was able to understand by reading the questions herself. She stated that the orientation video was show but did not have closed caption. This issue was addressed with the Facility Director and followed up with the Agency PREA Coordinator. It was documented in the resident's file that she was shown the PREA orientation video but it was not documented that closed caption was used. The auditor was informed by the Agency PREA Coordinator that the only version of the PREA orientation video they use is the one with closed caption.

Site Review Observations:

Observations during on-site review of physical plant

(a) During the intake process Resident Monitors ask questions to assess residents for their risk of being sexually abused or sexually abusive toward others.

(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.

Dismas Charities Diersen Facility reported the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 121

During the onsite visit the auditor was able to observe an intake of a new resident. The screening questions were asked in private and the questionnaire was completed by the Resident Monitor and signed by the resident.

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

(d) Dismas Charities intake screening instrument (PREA Screening Questionnaire (dci902)) considers:

- whether the resident has a mental, physical, or developmental disability
- the resident's risk of sexual victimization
- the age of the resident
- the physical build
- 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

(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.

After completing the assessment both the resident and the Resident Monitor sign off that the resident has received information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, that all reports will be investigated and regarding agency policies and procedures for responding to such incidents and that they have received a copy of the PREA pamphlet and related educational materials.

Once the assessment is complete it is reviewed by the Facility Director to determine if any additional actions need to be taken based on how the questions were answered. If residents report past victimization in an institution that information is forwarded to the appropriate supervising authority. If a referral is needed due to past victimization that information is communicated to the residents Counselor and may be referred to outside services if needed.

(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 Random Resident interviews that this reassessment is being completed every two weeks however during the file reviews it was found that Counselors have not been documenting the assessment in their case notes as outlined in their policy. This was discussed with the Facility Director and has been addressed.

Dismas Charities Diersen Facility reported the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was (Redacted).

(g) Dismas 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) Dismas 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) Dismas 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 the Resident file and kept in the counselor's office and is only accessible to authorized staff. Counselor's case notes are completed on the computer which is password protected. Ten (10) file reviews were completed Initial PREA Screening Questionnaires (dci902) were found to be properly completed and filed.

Corrective Action:

It was confirmed during Resident Counselor and Random Resident interviews that this reassessment is being completed every two weeks however during the file reviews it was found that Counselors have not been documenting the assessment in their case notes as outlined in their policy. This was discussed with the Facility Director and has been addressed.

Update:

As of February 7th, 2023, Dismas Charities has shown significant documentation and provided photographic evidence that address the issues listed above. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is now fully compliant with this standard.

115.242	Use of screening information
	<p data-bbox="280 181 1007 217">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 257 576 293">Auditor Discussion</p> <p data-bbox="280 333 1394 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1425 965" style="list-style-type: none"> <li data-bbox="280 450 1015 486">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1342 600">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 <li data-bbox="280 636 1315 672">3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 <li data-bbox="280 707 1422 786">4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 <li data-bbox="280 822 1425 900">5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 <li data-bbox="280 936 1190 972">6. Dismas Charities Initial PREA Screening Questionnaire (dci902) <p data-bbox="280 1003 435 1039">Interviews:</p> <ol data-bbox="280 1075 922 1254" style="list-style-type: none"> <li data-bbox="280 1075 922 1111">1. Facility Director/PREA Compliance Manager <li data-bbox="280 1146 715 1182">2. Resident Monitor Interviews <li data-bbox="280 1218 740 1254">3. Resident Counselor Interviews <p data-bbox="280 1290 1461 1491">During Resident Monitor interviews they confirmed that during the intake process they utilize the Initial PREA Screening Questionnaire (dci902) as part of the intake packet. Resident Monitors stated they use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators.</p> <p data-bbox="280 1527 1461 1693">During the Facility Director interview, he explained that he reviews and signs all PREA Screenings. He also stated they use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators.</p> <p data-bbox="280 1729 1366 1807">During Counselor interviews they stated that they also review the initial PREA screening and make referrals to outside services if requested by the resident.</p> <p data-bbox="280 1843 639 1879">Site Review Observations:</p> <p data-bbox="280 1915 1007 1951">Observations during on-site review of physical plant</p> <p data-bbox="280 1986 1386 2065">(a) Dismas Charities uses information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being</p>

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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.

(b) Dismas 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.

(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.

(d) Dismas Charities policy requires that placement and programming assignments for each transgender or intersex resident is reassessed at least once per year.

(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.

(f) Transgender residents at the Diersen Facility have the opportunity to shower separately from other residents.

(g) Dismas 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 Diersen Facility does not have a dedicated unit or wing solely on the basis of identification or status.

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.

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

115.251	Resident reporting
	<p data-bbox="280 181 1007 215">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1398 416">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1433 1077" style="list-style-type: none"> <li data-bbox="280 450 1015 483">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 517 1342 595">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="280 629 1433 707">3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents <li data-bbox="280 741 1326 819">4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention <li data-bbox="280 853 1310 887">5. PREA Refresher: Community Confinement, Ways Residents Can Report <li data-bbox="280 920 1374 999">6. PREA Refresher: Community Confinement, Encouraging Residents to Report Sexual Abuse <li data-bbox="280 1032 1230 1066">7. PREA Informational Posters and Brochures (English and Spanish) <p data-bbox="280 1122 440 1155">Interviews:</p> <ol data-bbox="280 1189 831 1368" style="list-style-type: none"> <li data-bbox="280 1189 687 1223">1. Random Staff Interviews <li data-bbox="280 1256 751 1290">2. Random Resident Interviews <li data-bbox="280 1323 831 1357">3. Targeted Resident Interview (Deaf) <p data-bbox="280 1402 639 1435">Site Review Observations:</p> <ol data-bbox="280 1469 1070 1503" style="list-style-type: none"> <li data-bbox="280 1469 1070 1503">1. Observations during on-site review of physical plant <p data-bbox="280 1547 1430 1659">The Diersen Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided to residents at intake and posted in resident dorms and common areas.</p> <p data-bbox="280 1704 1414 1861">Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Residents have access to two kiosks in dining area that they can use to submit an “action request” to speak privately with counselors and administrative staff.</p> <p data-bbox="280 1906 1414 1973">Residents have access to a locked mail box in the dining area next to the Central Monitoring Office.</p> <p data-bbox="280 2018 1310 2051">Residents have access to free phones in multiple locations on both floors.</p>

Posters were found by the front entrance, on the bulletin board by the Central Monitoring Office and by the resident phones. The Dismas Charities posters have the phone number and email for the Agency PREA Coordinator. The KYDOCs poster has the KYDOCs PREA hotline number. Both numbers were tested during the onsite audit. The Dismas Charities phone number was answered immediately. The KYDOCs number was an answering service which returned my call within thirty minutes. Additionally, numbers are provided for local law enforcement and the Center for Women and Families.

Residents were aware of reporting options during interviews. During the auditor's interview with a deaf resident she expressed concerns with being able to access to outside services and be able to report to an outside entity in needed without the aid of staff or another resident was also discussed and needs to be addressed.

Corrective Action:

Please provide documentation showing the availability in multiple locations of the DCI/Dismas Reporting Poster, Dismas PREA pamphlet and Center for Women and Families brochure. These were seen on the bulletin board but during resident interviews very few knew they were available.

Please provide documentation showing how a deaf resident could confidentially report abuse outside the facility without the aid of staff or another resident.

Update:

As of February 7th, 2023, Dismas Charities has shown significant documentation and provided photographic evidence that address the issues listed above. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is now fully compliant with this standard.

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115.252	Exhaustion of administrative remedies
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1394 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1337 741" style="list-style-type: none"> <li data-bbox="280 450 1007 483">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1337 595">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <li data-bbox="280 633 903 667">3. Dismas Charities GRIEVANCE PROCEDURE <li data-bbox="280 705 1267 739">4. Dismas Charities ADMINISTRATIVE REMEDY-GRIEVANCE PROCEDURE <p data-bbox="280 779 437 813">Interviews:</p> <ol data-bbox="280 851 922 1025" style="list-style-type: none"> <li data-bbox="280 851 922 884">1. Facility Director/PREA Compliance Manager <li data-bbox="280 922 580 956">2. Assistant Director <li data-bbox="280 994 727 1028">3. Random Resident Interviews <p data-bbox="280 1066 660 1099">Site Review Observations:</p> <p data-bbox="280 1137 1010 1171">Observations during on-site review of physical plant</p> <ol data-bbox="280 1209 1474 2074" style="list-style-type: none"> <li data-bbox="280 1209 1417 1283">(a) Dismas Charities permits residents to submit grievances regarding allegations of sexual abuse without any type of time limits. <li data-bbox="280 1321 1347 1395">(b) Dismas Charities does not require residents to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse. <li data-bbox="280 1433 1449 1597">(c) Dismas Charities ensures a 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="280 1635 1474 2000">(d) Dismas 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, Dismas Charities notifies the resident in writing of the extension and provides a date when a decision will be made. Dismas 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="280 2038 1358 2074">(e) Third parties, including fellow residents, staff members, family members,

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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.

(f) Dismas 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.

(g) The Dismas 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.

The Dismas Charities Diersen Facility reported zero (0) grievances related to sexual abuse or harassment for the past 12 months.

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.

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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 3. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/ Misconduct Prevention and Intervention 4. PREA Informational Posters and Brochures 5. MOU with the Kentucky Association of Sexual Assault <p>Interviews:</p> <ol style="list-style-type: none"> 1. Resident Monitor interviews 2. Random resident interviews 3. Targeted resident interview (deaf) <p>During Resident Monitor interviews they indicated that information for the Center for Women and Families and Kentucky Association of Sexual Assault is provide in the intake packet and is posted on the bulletin boards. During resident interviews, some residents indicated they were aware that services were available but others were unsure. All indicated that felt they could ask counselors if they needed those types of services. Very few indicated they had received the Center for Women and Families pamphlet during intake or knew for sure if information was posted on the board. During the auditor’s interview with a deaf resident she expressed concerns with being able to access to outside services without the aid of staff or another resident. This was discussed with the Facility Director addressed.</p> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <ol style="list-style-type: none"> (a) Dismas 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, and national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet provided at intake and on posters on bulletin boards in the dining area and day rooms. (b) Dismas Charities informs residents that communication with outside resources <p>• Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff.</p>

is confidential unless otherwise indicated by the provider.

(c) The KYDOC has an MOU with the Kentucky Association of Sexual Assault which covers KYDOC and contract facilities. Locally, Dismas Charities Diersen facility utilizes the Center for Women and Families for confidential emotional support services related to sexual abuse.

Residents are provided addresses and have access to a locked mail box in the dining area next to the Central Monitoring Office. Additionally, Residents have access to free phones in multiple locations on both floors. Phones are accessible from 0600 - 2230 Monday to Friday and 0600 - 2330 on the weekends.

Posters were found on the bulletin board by the Central Monitoring Office and in dayrooms. The posters have addresses and phone number for both the Kentucky Association of Sexual Assault and Center for Women and Families. Both agencies were contacted during the onsite audit. The Kentucky Association of Sexual Assault explained that they were the umbrella agency over all local crisis centers for Kentucky and that if someone contacted them directly they would be referred to the nearest crisis center. The Center for Women and Families was contacted on their non-emergency they explained they provide a whole list of services including crisis response, sexual assault services, and victim advocacy.

Corrective Action:

Please provide documentation showing the availability in multiple locations of the DCI/Dismas Reporting Poster, Dismas PREA pamphlet and Center for Women and Families brochure. These were seen on the bulletin board but during resident interviews very few knew they were available.

Please provide documentation showing how a deaf resident could confidentially access an outside victim advocate for emotional support services related to sexual abuse without the aid of staff or another resident.

Update:

As of February 7th, 2023, Dismas Charities has shown significant documentation and provided photographic evidence that address the issues listed above. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is now fully compliant with this standard.

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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 3. PREA Informational Posters and Brochures 4. Dismas Charities website (http://www.dismas.com/about/prea/) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a,b) Dismas Charities accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Dismas 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>Both numbers were tested during the onsite audit. The Dismas Charities phone number goes directly to the Agency PREA Coordinator and was answered immediately. The KYDOCs number was an answering service which returned my call within thirty minutes.</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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115.261

Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities Diersen Pre-Audit Questionnaire
2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3
3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement for Residents
4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention
5. PREA Informational Posters and Brochures

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator
3. Random Staff Interviews

Site Review Observations:

Observations during on-site review of physical plant

(a) Dismas 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.

(b) Apart from reporting to the Facility Director, Diersen 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,

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investigation, and other security and management decisions. The staff was able to clearly articulate during interviews the importance of keeping the information confidential. Any information collected following a report of sexual abuse or harassment is securely stored in the Facility Director's office.

(c) The Diersen Facility does not have onsite medical staff.

(d) The Diersen 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

(e) Diersen 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.

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.

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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <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 Dismas 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 Diersen 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>

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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <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) Dismas 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 Diersen 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>(b) Dismas 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>(c) Dismas Charities documents all such notifications</p> <p>(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 Diersen Facility reported zero (0) reports from another facility in which a Resident alleged sexually abuse while housed at the 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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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 <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) Dismas 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 Diersen 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>(b) Dismas 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>(c) Dismas Charities documents all such notifications</p> <p>(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 Diersen Facility reported zero (0) reports from another facility in which a Resident alleged sexually abuse while housed at the 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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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-RESPONSE PROCEDURES Procedure 24.4 <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) Dismas 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>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 Dismas Charities' PREA Response Policy which details the steps to take in response to a sexual abuse allegation.</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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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility 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 Diersen Facility has space and ability to protect residents from known abusers. Dismas 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>

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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention PROTECTION AGAINST RETALIATION Procedure 24.6 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Assistant Facility Director 3. Random Staff Interviews <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas 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>(b) Dismas 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>(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>(d) The Facility Director/PREA Compliance Manager or designee conducts status</p>

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checks and that information is documented and maintained in the residents file.

(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.

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.

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

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas 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. KYDOC PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas 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 Diersen 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) Either the Kentucky State Police or local law enforcement 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 the Kentucky State Police as soon as possible.</p> <p>(d) The Kentucky State Police or local law enforcement are responsible for the criminal investigations that maybe referred for prosecution.</p> <p>The Dismas Charities Diersen Facility reported the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit is zero (0).</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</p>

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of that individual's status as a resident or staff. Dismas Charities investigates all allegations of sexual abuse and may refer matters to the Kentucky State Police or local law enforcement as warranted.

(f) Dismas 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.

(g) Diersen Facility staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Facility Director/PREA Compliance Manager.

(h) Dismas Charities retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All investigation documents are securely stored in the Facility Director's office. Any documentation stored on the computer is password protected.

(i) Dismas 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.

(j) Not required to audit this provision

(k) Dismas Charities provides all of their internal reports to the Kentucky State Police or local law enforcement as soon as possible following an allegation. Dismas Charities staff cooperates with investigators as requested.

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.

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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <p>Interviews:</p> <ol style="list-style-type: none"> 1. KYDOCS PREA Coordinator 2. Facility Director/PREA Compliance Manager <p>Interviews with the Facility Director/PREA Compliance Manager and KYDOC PREA Coordinator 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>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas 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 Kentucky State Police or local law enforcement 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>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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115.273	Reporting to residents
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 262 576 295">Auditor Discussion</p> <p data-bbox="280 338 1398 416">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1422 600" style="list-style-type: none"> <li data-bbox="280 454 1082 488">1. Dismas Charities, Inc. Diersen Pre-Audit Questionnaire <li data-bbox="280 526 1422 600">2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 <p data-bbox="280 638 435 672">Interviews:</p> <ol data-bbox="280 710 922 813" style="list-style-type: none"> <li data-bbox="280 710 922 743">1. Facility Director/PREA Compliance Manager <li data-bbox="280 781 679 813">2. KYDOC PREA Coordinator <p data-bbox="280 851 659 884">Site Review Observations:</p> <p data-bbox="280 922 1010 956">Observations during on-site review of physical plant</p> <p data-bbox="280 994 1422 1155">(a) Following an investigation into a resident’s allegation that he suffered sexual abuse the Dismas Charities informs the resident 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="280 1193 1445 1308">Dismas Charities Diersen Facility reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months is zero (0).</p> <p data-bbox="280 1346 1437 1424">(b) The Facility Director/PREA Compliance Manager requests relevant information from investigators in order to inform the resident.</p> <p data-bbox="280 1462 1465 1787">(c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the Facility Director/PREA Compliance Manager will 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.</p> <p data-bbox="280 1825 1441 2022">(d) Following a 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>

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(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.

(f) Auditor is not required to audit this provision

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.

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115.276	Disciplinary sanctions for staff
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1394 412">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1453 936" style="list-style-type: none"> <li data-bbox="280 450 1174 483">1. Completed Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1453 636">2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 <li data-bbox="280 674 1241 707">3. Dismas Charities Employee Handbook-Corrective Action Page #40 <li data-bbox="280 745 1283 819">4. Dismas Charities Human Resources Policies and Procedures Manual-DISCIPLINARY PROCEDURE CORRECTIVE ACTION Page #57 <li data-bbox="280 857 1369 931">5. Dismas Charities Human Resources Policies and Procedures Manual-STAFF DISCIPLINARY Page #58 and #59 <p data-bbox="280 976 432 1010">Interviews:</p> <ol data-bbox="280 1048 922 1223" style="list-style-type: none"> <li data-bbox="280 1048 922 1081">1. Facility Director/PREA Compliance Manager <li data-bbox="280 1120 679 1153">2. Assistant Facility Director <li data-bbox="280 1191 667 1225">3. Random Staff Interviews <p data-bbox="280 1263 639 1296">Site Review Observations:</p> <p data-bbox="280 1335 1007 1368">Observations during on-site review of physical plant</p> <p data-bbox="280 1406 1465 1523">(a) Dismas Charities policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.</p> <p data-bbox="280 1561 1445 1635">(b) Dismas Charities policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p data-bbox="280 1673 1474 1792">Dismas Charities Diersen Facility reported that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero (0)</p> <p data-bbox="280 1830 1453 2027">(c) Dismas 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.</p>

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(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.

Dismas Charities Diersen Facility reported that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies is zero (0).

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.

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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Completed Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Dismas 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. Assistant Facility Director <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Dismas 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) Dismas 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>Dismas Charities Diersen Facility reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero (0).</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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115.278

Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities Diersen Pre-Audit Questionnaire
2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7
3. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/Misconduct Prevention Intervention

Interviews:

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

Site Review Observations:

Observations during on-site review of physical plant

(a) Residents at the Diersen 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.

(b) The Diersen 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.

(c) Dismas Charities disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) The Diersen 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. Dismas Charities does offer intervention services.

(e) The Diersen Facility will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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(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.

(g) Dismas Charities has a zero-tolerance policy concerning sexual contact.

Dismas Charities Diersen Facility reported that in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility zero (0).

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.

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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas 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) Dismas 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 Diersen 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) Diersen 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
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities MEDICAL SERVICES Procedure 13.B 3. Dismas 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 3. Resident Monitor Interviews <p>Interviews with administrative 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>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>

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(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.

(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.

(d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

(g) Medical co-payment fees are not imposed to residents for any medical services.

(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.

Dismas Charities staff had protocols in place to assist in expediting a resident to at U-of-L Health for emergency services. Also, facility staff will contact the Center for Women and Families 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.

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.

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115.286 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

1. Dismas Charities Diersen Pre-Audit Questionnaire
2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-INCIDENT REVIEWS Procedure 24.8

Interviews:

1. Facility Director/PREA Compliance Manager
2. Agency PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

- (a) Dismas 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.
- (b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team includes the Facility Director/PREA Compliance Manager, Agency PREA Coordinator and Investigators.
- (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.
- (e) Dismas Charities policy requires the implementation of recommendations or documents its reasons for not doing so.

Dismas Charities Diersen reported zero (0) allegation of sexual abuse during the audit period which required a Sexual Abuse Incident Review. The Incident Review was completed as required.

	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.
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115.287	Data collection
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 259 576 293">Auditor Discussion</p> <p data-bbox="280 338 1398 416">Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 450 1374 674" style="list-style-type: none"> <li data-bbox="280 450 1015 483">1. Dismas Charities Diersen Pre-Audit Questionnaire <li data-bbox="280 521 1374 600">2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 <li data-bbox="280 638 1310 672">3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ <p data-bbox="280 707 432 741">Interviews:</p> <ol data-bbox="280 779 919 891" style="list-style-type: none"> <li data-bbox="280 779 919 813">1. Facility Director/PREA Compliance Manager <li data-bbox="280 851 687 884">2. Agency PREA Coordinator <p data-bbox="280 920 655 954">Site Review Observations:</p> <p data-bbox="280 992 1007 1025">Observations during on-site review of physical plant</p> <ol data-bbox="280 1064 1461 1917" style="list-style-type: none"> <li data-bbox="280 1064 1461 1176">(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="280 1220 1437 1379">(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 Dismas Charities PREA webpage. (http://www.Dismas.com/about/prea/) <li data-bbox="280 1417 1430 1529">(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="280 1574 1382 1686">(d) Dismas 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="280 1731 1382 1798">(e) Dismas Charities obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents. <li data-bbox="280 1843 1445 1910">(f) Dismas Charities upon request provides all such data from the previous calendar year to the Department of Justice. <p data-bbox="280 1955 1445 2022">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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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ 4. Dismas Charities Annual Report <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) Dismas 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) Dismas 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 Diersen Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Dismas 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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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Dismas Charities Diersen Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Dismas Charities Diersen Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas 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) Dismas 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) Dismas 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 Diersen Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http://www.dismas.com/about/prea/</p> <p>(d) Dismas 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 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 October 2022. Dismas 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>

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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the 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 October 2022. Dismas 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>

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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

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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

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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

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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

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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	yes

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	with residents with disabilities including residents who: Have intellectual disabilities?	
	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

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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

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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

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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.)	na
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	

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	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	
	<ul style="list-style-type: none"> Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff. 	

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

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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

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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

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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

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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	
	<ul style="list-style-type: none"> Redacted Material is proprietary information and the release of such is a security threat to and breach of confidentiality of residents and staff. 	

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

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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

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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

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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

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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	

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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

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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

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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

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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

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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

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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

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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

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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.	no

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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