

PREA Facility Audit Report: Final

Name of Facility: Dismas Charities Tupelo

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/06/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Trish Bernhards	Date of Signature: 04/06/2022

AUDITOR INFORMATION	
Auditor name:	Brockman-Bernhards, Trish
Email:	trishbernhards@gmail.com
Start Date of On-Site Audit:	02/21/2022
End Date of On-Site Audit:	02/21/2022

FACILITY INFORMATION	
Facility name:	Dismas Charities Tupelo
Facility physical address:	100 Tishomingo Street , Tupelo , Mississippi - 38804
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Tina Johnson
Email Address:	tjohnson@dismas.com
Telephone Number:	662-620-2121

Facility Director	
Name:	Tina Johnson
Email Address:	tjohnson@dismas.com
Telephone Number:	662-620-2121

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

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	Redacted
Current population of facility:	Redacted
Average daily population for the past 12 months:	Redacted
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21 - 79
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:	502 636-2033

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

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Agency-Wide PREA Coordinator Information			
Name:	Joseph Theriot	Email Address:	jtheriot@dismas.com

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
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:	2022-02-21
2. End date of the onsite portion of the audit:	2022-02-21

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:	Shelter and Assistance in Family Emergencies

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
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	Redacted
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:	0
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:	0

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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:	1
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:	0
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:	0
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:	1
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:	0
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:	0
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:	0
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:	0
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):	There were Redacted residents physically assigned to the facility the first day of the audit. Of these Redacted, Redacted were actually onsite during most of the day of the onsite audit. The other Redacted residents were out to work throughout the day. As those residents returned to the facility, the auditor took the time to meet with them. The facility was very accommodating during the interview process.
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

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<p>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:</p>	<p>The facility did not have any vacancies during the onsite portion of the audit. Volunteers are not utilized within the facility. The volunteer completed the same training that staff complete as she had direct contact with the resident population. There were no contractors in the facility the first day of the onsite portion of the audit or the 12 months previous.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" 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 checked="" 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>Selection of random residents was made from the population physically present at the facility and information gained from the facility database regarding age, race, ethnicity, what dorm they were assigned to and their gender. The auditor selected a minimum of 2 residents from each dorm, of each race/ethnicity and interviewed all of the females present at the facility.</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>
<p>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):</p>	<p>The facility is a residential community facility, and most of the residents are employed outside of the facility. This auditor coordinated interviews around the resident work schedules throughout the day.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>

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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".

<p>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:</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>During the onsite tour I was not able to personally identify any residents present that had any cognitive or functional disabled residents at the facility and during interviews with residents and staff, no one was able to identify any blind or visually impaired residents assigned to the facility.</p>
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<p>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:</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>During the onsite tour I was not able to personally identify any residents that had any cognitive or functional disabled residents at the facility and during interviews with residents and staff assigned to the facility. Staff were unable to identify any residents with cognitive or functional disabilities during discussion with them. Resident records were checked on those that may have been questionable.</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>1</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>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>During the onsite portion of the audit, this auditor was able to determine there were no residents that were deaf or hard of hearing during my tour of the facility and observations of the residents. Interviews were conducted with staff who also were unable to identify anyone who was deaf or hard of hearing.</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>
<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>During the onsite portion of the audit, this auditor was able to determine there were no residents that were Limited English Proficient during my tour. While conducting interviews with staff and residents they were also unable to identify anyone who was deaf or hard of hearing.</p>
<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>
<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>
<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>During the onsite portion of the audit, this auditor was able to determine there were no residents who identified as lesbian, gay, transgender or intersex by review of resident files as well as questions asked during interviews of staff and residents.</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>

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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>During the onsite portion of the tour, as reported by staff there were no residents who had reported sexual abuse. Review of resident files and interviews with staff also confirmed there were no residents assigned to the facility who were lesbian or gay. The pre-audit questionnaire also reflected there were no residents that reported sexual abuse.</p>
<p>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:</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>During the onsite portion of the tour, as reported by staff there were no residents who had disclosed prior sexual victimization. Review of resident files and interviews with staff also confirmed there were no residents assigned to the facility who were lesbian or gay. The pre-audit questionnaire also reflected there were no residents that disclosed prior sexual victimization.</p>
<p>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:</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>Dismas Facility Tupelo is a residential facility and does not have a segregated housing or isolation area so no residents had ever been placed in such. Corroboration was gained during my tour of the facility during the onsite portion of the audit.</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>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	

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71. Enter the total number of RANDOM STAFF who were interviewed:	11
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Due to the small number of staff at the facility, I interviewed all staff who were on staff during the time I was onsite, this included all three shifts.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" 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). <input 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. <input type="checkbox"/> Other
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):	A variety of staff from a diverse cross-section of work assignments, supervisors and line staff, males and females and staff of various races. There were three shifts for full-time staff and a variety of shifts for part-time positions.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7

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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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 type="radio"/> Yes <input type="radio"/> No <input checked="" 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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<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
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<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
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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 type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" 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.	Specialized individuals were selected based upon their subject matter expertise in the various areas. The facility does not house youthful residents, therefore, interviews for line staff who supervise youthful residents and education and program staff who work with youthful residents were not conducted. The facility personnel were found to be cooperative and professional.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	This auditor was allowed unimpeded access to all areas of the facility. I was able to speak to any staff or resident I asked for.

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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>Employee personnel files were maintained in the Director's Office. The criminal background records check documentation was maintained in the employee personnel files. The auditor reviewed documentation from five (5) employee personnel files. When selecting the files, the auditor considered reviewing employee files of newer employees who were recently hired as well as staff who had been employed with the facility and staff that were recently promoted to positions at the facility. Training files were reviewed on the same staff.</p> <p>The auditor reviewed documentation from five (5) resident files. Documentation in the files included resident education participation acknowledgement forms as well, initial as completion of the facility Orientation Program that included additional information regarding PREA.</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.

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

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	2	0	2	0
Total	2	0	2	0

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.

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

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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	1	0	1
Total	0	1	0	1

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.

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:

2

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

Yes

No

NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

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

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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</p> <p><input checked="" type="radio"/> No</p> <p><input 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>2</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Dismas Charities Tupelo did not have any sexual harassment allegations filed thus there would not be any investigation files to review because they did not have any incidents of such.</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Dismas Charities Tupelo did not have any sexual harassment allegations filed thus there would not be any investigation files to review because they did not have any incidents of such.</p> <p>Dismas Charities Tupelo had 2 incidents of staff on inmate sexual abuse and both investigation files were reviewed.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</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>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>DX Consultants LLC</p>
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Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• 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

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Human Resources Policy-Procedure, dated 6/2019
- Dismas Charities Team Member Handbook, dated 1/1/2021
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure, PREA, dated 9/17/2015
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure, Discipline for
 - Violating Sexual Abuse/Harassment Policies or Procedures
 - Dismas Charities Inc. Organizational Chart, 12/2021
 - Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
 - PREA Standards Compliance Checklist

Interviews:

- Dismas Charities, Inc. PREA Coordinator
- Dismas Charities Tupelo PREA Compliance Manager

Findings:

This auditor reviewed the Dismas Charities procedure that addresses the facility's support of the Prison Rape Elimination Act. The Dismas Charities Tupelo facility, as well as all other Dismas Charities facilities, utilize agency procedure Sexual Abuse/Harassment/Misconduct/Prevention Intervention mandating zero tolerance relating to the sexual behavior of clients, staff, volunteers, contractor and work crew supervisors. The procedure included definitions and provided training requirements of staff. The procedure also outlines the agency and facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The procedure defines sexual behavior as any "Verbal and physical conduct of a sexual nature directed toward a resident by another resident, staff member, agent or volunteer of a correction agency, department or private organization. Sexual misconduct by staff against a resident is prohibited by policy. Sexual misconduct, as it relates to residents, is a sexual advance, welcome or not, by a resident, staff member, agent or volunteer. It is illegal and a violation of Federal law."

Discipline for Violating Sexual Abuse/Harassment procedure, details sanctions that may be assessed to residents found guilty of sexual assaultive behavior as well as corrective action for staff, contractors and volunteers.

Dismas Charities Tupelo commitment of ensuring zero tolerance for sexual misconduct in the facility was observed during the onsite visit. This commitment was clearly observed by the posters, flyers and reporting systems in place for staff and residents. Staff receive information regarding PREA during their initial onboarding as well as on-going training of staff during their annual in-service training.

The Dismas Charities, Inc., agency wide PREA Coordinator reports directly to the Executive Vice President, who in turn reports directly to the Director. This position works with thirty-six (36) Dismas Charities Inc. facilities throughout the United States implementing and guiding the agency's efforts toward PREA compliance. The PREA Coordinator reported that he had sufficient time to develop, implement and oversee the agency's efforts to comply with the PREA standards.

Each community confinement facility has a director who is the facility PREA Compliance Manager (PCM) for that facility. The PREA Compliance Manager at Dismas Charities Tupelo is responsible for addressing all PREA concerns that occur throughout the facility. She reported that she would have sufficient time and authority to coordinate efforts to comply with PREA standards.

There is a definite commitment to the sexual safety and security of the staff and residents at the facility. Based on interviews, documentation provided and observation of operations at the Dismas Charities Tupelo, this auditor believes the facility "meets" this standard.

Corrective Action:

None

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard

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

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
PREA Standards Compliance Checklist

Interviews:

-
- Dismas Charities, Inc. PREA Coordinator
Dismas Charities Tupelo PREA Compliance Manager

Findings:

•
Dismas Charities, Inc./Dismas Charities Tupelo is a private not for profit halfway house which contracts with the Federal Bureau of Prisons (BOP) and does not contract for the confinement of its inmates.

Based on interviews, documentation provided and observation of operations during the onsite portion of the audit, this auditor believes the facility meets this standard.

Corrective Action:

None

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

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo, Procedure 2.2, Personnel, Staff Coverage and Staffing Pattern, dated 11/23/2021 • Dismas Charities Inc. Policy Manual, dated 4/6/2015 • Dismas Charities Tupelo Staff Schedule • Dismas Charities Tupelo, Personnel Needs Assessment Memo, dated 2/5/2021 • Dismas Charities Tupelo Daily Population 1st, 10th & 20th • Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities, Inc. PREA Coordinator • Dismas Charities Tupelo PREA Compliance Manager <p>Findings:</p> <p>Review of the Dismas Charities Tupelo, Procedure 2.2, Personnel, Staff Coverage and Staffing Pattern, dated 11/23/2021, contains appropriate information requiring the Director of each facility to maintain a full complement of staff that provides a professional, safe and secure atmosphere for each resident assigned to the facility. Facility staffing is determined by contract requirements and population needs, as noted in the Dismas Charities Inc. Policy Manual, dated 4/6/2015. Initial facility staffing is determined by the corporate office and ensures staff are available at the facility 24 hours per day. Established facility staffing is not to be changed unless authorized by the Executive Vice President. Facility staffing is reviewed annually and adjusted when needed. The facility Director submits a justification memo to Corporate when requesting new positions. The staff/resident ratio can be adjusted by the Bureau of Prisons, if warranted and with the approval by the Executive Vice President.</p> <p>Based on the custody level/status of the residents at the facility, there are very few cameras placed throughout the facility, but their placement is strategic and supplement staffing.</p> <p>The staffing pattern is designed to ensure maximum benefit for the residents; therefore, the majority of staff are scheduled to be on duty when most of the residents are in the facility. This allows for closer attention to be given to safety, security and resident programming.</p> <p>The facility reported no deviations from the staffing plan in the last 12 months.</p> <p>After thorough review of procedures, other supporting documents, interviews conducted, and observations this auditor determines the facility has met the requirements of this standard based on the above information.</p> <p>Corrective Action:</p> <p>None</p>

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

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="297 136 756 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 195 492 222">Auditor Discussion</p> <hr/> <p data-bbox="297 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="331 382 1446 533" style="list-style-type: none"> • Dismas Charities Tupelo Operations Manual, 12.8, Programs, Searches and Contraband, dated 12/07/2021 • Transgender or Intersex Pat Searches Memorandum • PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Training Curriculum, dated 2/2015 • Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 558 410 585">Interviews:</p> <ul data-bbox="331 634 850 722" style="list-style-type: none"> • Dismas Charities Tupelo PREA Compliance Manager • Random sample of Staff • Random sample of Residents <p data-bbox="297 747 394 774">Findings:</p> <p data-bbox="297 854 480 882">Corrective Action:</p> <p data-bbox="297 909 350 936">None</p>

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

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Tupelo Operations Manual, 10.E, Programs, Individual Orientation, dated 12/7/2021
- Dismas Charities Tupelo Operations Manual, 9.3, Referral and Intake Processing, Notification, dated 12/7/2021
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure .2, Training, dated 9/17/2015
- Memo from PREA Coordinator, dated 6/25/2021
- Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

-
- Intake Staff
- Dismas Charities Tupelo PREA Compliance Manager
- Random sample of Staff

Findings:

Review of the Dismas Charities Tupelo Operations Manual, Programs 10.3, Individual Orientation, dated 12/7/2021 and Dismas Charities Tupelo Operations Manual Procedure 9.3, Referral and Intake Processing, Admission, dated 12/7/2021 provided information and guidance to ensure that residents with disabilities, such as those who are deaf or hard of hearing, those who are blind or have low vision or those who have intellectual, psychiatric or speech disabilities have an equal opportunity to participate in and benefit from all of the protections of PREA. If adequate comprehension cannot be obtained, staff will first use an in-house staff member having the necessary skills. If no staff having the necessary skills, the director will reach out to other Dismas facilities for assistance from one of their staff who can provide interpretation services. If staff from another facility are not available, the director, with assistance of the assigned Regional Vice-President will reach out to the local community for interpretation services. The Supervising Authority for the client will be informed for assistance also if needed.

In cases where there is suspected or documented difficulty with comprehension, reading or spelling, staff read the entire program rules and guidelines to the resident. In addition, comprehension of program goals, procedures, rules, disciplinary system etc., is then checked by asking the resident to explain each major section of the rules/guidelines. This procedure of verifying comprehension by obtaining the resident's verbal understanding of the rules etc., also occurs when there is a change in the resident's program status. In all cases, staff attempts to ensure each resident's comprehension of his/her rights and responsibilities, disciplinary system and program goals.

Initial PREA Education is provided by intake staff in a manner that ensures the resident comprehends the material presented and it is read to the resident during the intake process. Each resident receives a thorough orientation to the program, its rules and expectations. Spanish or English versions of the Prison Rape Elimination Act (PREA) Brochure are provided to the resident. The Orientation takes place after the Intake Interview and occurs within 24 hours of program entrance. Review the Resident Orientation and Acknowledgement Form (dci 223) for the Specific Content of the Resident Orientation.

During the on-site visit, there was one resident who was blind in one eye. Case management services are provided for any resident with any identified special needs. This individual had been blind in his one eye most of his life and has never considered himself with a disability. He reported that he was able to read and understand all information presented to him during his intake and orientation. The PREA Compliance Manager reported there were no resident interpreters, assistance or readers that assisted another resident with reporting allegations of sexual abuse or sexual harassment.

After reviewing agency policy, resident PREA Education presentation, interviewing staff and residents, this auditor finds this standard in compliance.

Corrective Action:

None

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

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

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Tupelo Operations Manual, 2.10, Personnel, Background Information, dated 11/23/2021
- Criminal background checks of staff
- PREA Questions for new Applicants and Existing Teammates document, dated 5/27/2021(dci911form)
- New Hire Online PREA Questions
 - PREA Memo dated 6/01/2021
 - Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
 - PREA Standards Compliance Checklist

Interviews:

-
- Dismas Charities Human Resources staff
- Dismas Charities Tupelo Director

Findings:

- Review of the Dismas Charities Tupelo Operations Manual, Procedure 2.10 Personnel, Background Information, dated 11/23/2021 prohibits Dismas Charities Tupelo from hiring or promoting anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. HR created a form, PREA Questions for New Applicants and Existing Teammates that is being utilized as of 6/1/2021 and will be incorporated into policy during the next review.

Information on substantiated allegations of sexual abuse or sexual harassment involving a former Dismas Charities Tupelo employee shall be furnished to any institutional employer the former employee has applied to work if the request was in writing.

Dismas Charities Tupelo performs criminal background records checks on any potential new employee and contractor. Material omissions or providing false information is grounds for termination. Staff are obligated to disclose any arrests or previous misconduct within 24-hours of the event.

Documentation received and reviewed prior to the onsite audit currently being utilized by Dismas Charities Tupelo indicate that there is a requirement for consideration of any incidents of sexual harassment when hiring or promoting employees or enlisting the services of any contractor.

Dismas Charities Tupelo policy requires the facility to perform criminal background records checks. However, current policy is not consistent with PREA requirements in making best efforts to contact all prior institutional employers for any information on substantiated allegations of sexual abuse or any resignation during a pending allegation of sexual abuse. A PREA Memo was sent to all facilities in June 2021 requiring efforts to contact all prior institutional employers for any information on substantiated allegations of sexual abuse or any resignation during a pending allegation of sexual abuse. In the past twelve (12) months, the facility reported that five (5) individuals were hired who may have contact with residents.

All HR files contained the appropriate applications and hiring forms that include the questions regarding any prior incidents of sexual misconduct.

After reviewing agency policy and procedures, a review of HR files, staff interviews, and the receipt of follow-up documentation, this auditor finds this standard in compliance.

Corrective Action:

None

115.218

Upgrades to facilities and technology

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

<p>Auditor Overall Determination: Meets Standard</p>
<p>Auditor Discussion</p>
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo Facility Schematic/Diagrams with camera locations • Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist • <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo PREA Compliance Manager <p>Findings:</p> <p>The Dismas Charities Tupelo expanded the occupancy of the facility by adding a men's dormitory and bathroom in August 2019. This was after their last PREA Audit that occurred in 2018. WDismas Charities Tupelo has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the facility's last PREA audit in 2018. When the expansion occurred, no additional cameras were purchased. Relocation of current cameras were made. Dismas Charities Tupelo has (Redacted) cameras. Camera placement was internal and external included stationary and PTZ cameras. The cameras are monitored in the Central Monitoring Office and have an approximate (Redacted)-day recording capability. The auditor viewed the cameras during the onsite audit.</p> <p>The agency considered the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse and included the PREA Coordinator in the review of the bid proposal and floor plans.</p> <p>After reviewing agency documentation, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>

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

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015
- Dismas Charities Inc. Procedure Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedure Requirements For a PREA Investigative Report Document
- National PREA Resource Center Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum
- Dismas Charities Tupelo Operations Manual, Procedure 16.1, Food & Medical Services, Medication Distribution, dated 12/7/2021
- Bureau of Prisons Community Treatment Services (CTS) PREA Referral Procedures Memorandum, date stamped 2/11/2015
- Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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- Dismas Charities Tupelo's PREA Compliance Manager
- SANE from North Mississippi Medical Center Shelter & Assistance in Family Emergencies representative
- Random sample of staff

Findings:

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

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

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

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

The facility/agency has been attempting to secure a Memorandum of Understanding (MOU) with the Shelter & Assistance in Family Emergencies. The S.A.F.E. would provide services regardless of if a MOU existed. The Shelter & Assistance in

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Family Emergencies representative will provide confidential emotional support to residents who are victims of sexual abuse and will accompany a resident during a forensic exam. Residents are provided information from the Shelter & Assistance in Family Emergencies during their orientation. A telephonic interview was held with a representative from the Shelter & Assistance in Family Emergencies. She indicated there had been no calls from residents assigned to Dismas Charities Tupelo in the last twelve (12) months.

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

Corrective Action:

None

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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015 • Requirements For a PREA Investigative Report Document • Dismas Charities, Inc. Website • RM Roland Resident Hughes Investigation packet • Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo PREA Investigator • Tupelo Police Department Detective • Dismas Charities Tupelo Director <p>Findings:</p> <p>Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Investigations, dated 2/10/2015, require that administrative and/or criminal investigations be completed on all incidents of resident-on-resident sexual abuse or staff sexual misconduct. Dismas Charities Inc. refers all allegations of Sexual Abuse, Harassment and Staff misconduct to the Bureau of Prisons or potentially the Tupelo Police Department. Investigative referrals are to be documented. Dismas Charities Inc. investigators only conduct administrative investigations while criminal investigations are referred to the Bureau of Prisons or potentially the Tupelo Police Department. Both agencies provide investigative services on a 24-hour basis for allegations of sexual abuse and has the legal authority to conduct criminal investigations in the facility.</p> <p>The Auditor reviewed the Dismas Charities, Inc. website. While the website does not include the actual policy, it does contain information regarding the agency's responsibilities while investigating allegations of sexual abuse and sexual harassment. The policy and information on the website provide information that all allegations that appear to be criminal in nature are referred to the local law enforcement agency. The public is informed of the agency's zero-tolerance towards sexual abuse and sexual harassment.</p> <p>Dismas Charities Tupelo reported one (1) allegation of sexual abuse and sexual harassment resulting in an administrative investigation in the past twelve (12) months. There was one (1) allegation of sexual abuse and sexual harassment referred for criminal investigation in the past twelve (12) months. The Director referred the allegations to an investigator with the Tupelo Police Department. The investigator with the Tupelo Police Department determined charges would not be pursued due to lack of evidence in the allegation referred to the Tupelo Police Department. He communicated this to the Director. The PCM (Director) tracks all of the sexual abuse and sexual harassment investigations at the facility.</p> <p>Interviews with the Director and Investigative staff confirmed that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. Any internal investigation that identifies criminal activity or reveals that a staff member is involved is immediately referred to the Tupelo Police Department. The agency investigator would act as a liaison with investigator from the Tupelo Police Department as well as keeping the Director updated on the progress of the sexual abuse investigation.</p> <p>After reviewing agency policy and procedures, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>

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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, PREA, dated 9/17/2015
- Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Training, dated 9/17/2015
- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Prevention and Reporting, dated 9/17/2015
- Dismas Charities Tupelo Operations Manual, Procedure 2.14 Personnel, Sexual Abuse Information, dated 11/23/2021
- Dismas Charities Tupelo Operations Manual, Procedure 2.8 Personnel, Training, dated 11/23/2021
- A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Staff, Work Crew Supervisors (KY), Volunteers, Contractors and Vendors
- Dismas Charities, Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures, dated 9/17/2015
- Community Confinement PREA Refresher Trainings #1-#12
- Dismas Charities Tupelo Staff Training Records (dci511)
- Dismas Charities Tupelo Initial Employee Orientation Checklist of all employees (dci503)
- Dismas Charities, Inc. Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention Acknowledgement Forms of Dismas Charities Tupelo Staff and contractors (dci903)
- Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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- Random sample of Staff
- Human Resources Staff

Findings:

In accordance with the Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Training, dated 9/17/2015, require that all staff be trained (at hire and annually) to recognize the signs of resident sexual victimization and understand their responsibility in the detection, prevention, prohibition, reporting, and consequences of sexual abuse/harassment. The training contains all ten required components of the standard which include: (1) The agency's zero tolerance policy for sexual abuse and sexual harassment, (2) How to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, (3) Resident's rights to be free from sexual abuse and sexual harassment, (4) The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, (5) The dynamics of sexual abuse and sexual harassment in confinement, (6) The common reactions of sexual abuse and sexual harassment victims, (7) How to detect and respond to signs of threatened and actual sexual abuse, (8) How to avoid inappropriate relationships with residents, (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

In accordance with Dismas Charities Tupelo Operations Manual, Procedure 2.14 Personnel, Sexual Abuse Information, dated 11/23/2021 and Dismas Charities Tupelo Operations Manual, Procedure 2.8 Personnel, Training, dated 11/23/2021, within the first week of employment with Dismas Charities Inc., all new employees are required to read and understand the PREA information presented to them and acknowledge by signing and dating the Staff Initial Orientation Checklist and the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form (dci903 form). The Staff Initial Orientation Checklist and the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form (dci903 form) were provided and are stored in each employee's personnel file in the Director's office. This auditor observed the PREA Acknowledgement Forms in all staff personnel files that were reviewed. By signing the form, staff acknowledge that they received the training and understand their responsibilities in reporting incidents of sexual abuse and sexual harassment. All employees are trained as new hires, regardless of their previous experience. Training is tailored to both genders so additional training is not necessary.

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

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courses staff acknowledge their completion through a signature.

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

Corrective Action:

None

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115.232	Volunteer and contractor training
	<p data-bbox="297 136 755 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 195 492 222">Auditor Discussion</p> <p data-bbox="297 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="331 380 1438 562" style="list-style-type: none"> • Dismas Charities Tupelo Operations Manual, Procedure 2.16, Personnel, Use of Volunteers, dated 11/23/2021 • A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders for Staff, Work Crew Supervisors (KY), Volunteers, Contractors and Vendors • Dismas Charities, Inc. Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 590 410 617">Interviews:</p> <ul data-bbox="331 663 665 722" style="list-style-type: none"> • Random Volunteers (Intern) • Dismas Charities Tupelo Director <p data-bbox="297 749 396 777">Findings:</p> <p data-bbox="297 804 1438 1079">Dismas Charities Tupelo Operations Manual, Procedure 2.16, Personnel, Use of Volunteers, dated 11/23/2021, require that all volunteers and contractors who will have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The volunteer/contractor is required to verify their understanding of the training by signing the Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention form indicating completion of the Orientation Program. The facility reported in its PAQ that one (1) volunteer and four (4) contract/vendors have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response policies and procedures. Documentation provided by the facility indicated that there were ten (10) contractors that had been trained in 2019 for the construction project as well as one volunteer (intern).</p> <p data-bbox="297 1106 1438 1478">The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with the residents. All volunteers and contractors who have contact with residents are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Volunteers and contractors are required to complete the Sexual Abuse/Harassment/Misconduct/Prevention/Intervention training upon hire and annually thereafter and sign the PREA Acknowledgement Form upon completing the training. Contractor record files were reviewed, and documentation existed acknowledging their requirement for confidentiality, their duty to report incidents of sexual abuse and sexual harassment as well as an understanding of their responsibilities under the agency policy regarding sexual abuse and sexual harassment prevention, detection and response. The auditor did not interview any contractors or volunteers as there are none at the Tupelo facility at the time of the audit. This auditor did interview the intern who explained the training she went through included a review of the zero-tolerance policy as well as watching the PREA video. She reported that the training covered what she should do if a resident reported an incident of sexual assault or sexual harassment to her as well as ways to avoid inappropriate relationships with residents.</p> <p data-bbox="297 1505 1438 1564">After reviewing agency policy and procedures, staff/volunteer interviews, documentation and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 1591 480 1619">Corrective Action:</p> <p data-bbox="297 1646 350 1673">None</p>

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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Tupelo Operations Manual, Procedure 9.3, Referral and Intake Processing, Notifications, dated 12/27/2021
- Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, PREA, dated 9/17/2015
- Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Training, dated 9/17/2015
- Dismas Charities Inc. Resident Acknowledgement Sexual Abuse/Harassment/Misconduct/Prevention/Intervention form
- Understanding the Prison Rape Elimination Act (PREA) for Resident's brochure, dated 5/2/2017 (English and Spanish version)
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention and Intervention Policy Statement, dated 4/21/2014(dci900)
- Memo from PREA Coordinator, dated 6/25/2021
- Dismas Charities Tupelo Resident Handbook
- Zero Tolerance Poster
- Ways to Report flyer
- Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

- Staff who conducted Intake
- Random sample of Residents

Findings:

Dismas Charities Inc. Procedure, Sexual Abuse/Harassment/Misconduct/Prevention/Intervention-Training, dated 9/17/2015 and Dismas Charities Tupelo Operations Manual, Procedure 9.3, Referral and Intake Processing, Notifications, dated 12/27/2021, requires that residents receive information upon entering the program about the zero-tolerance policy, definitions of sexual abuse, ways to prevent sexual abuse, how to report incidents or suspicions of sexual abuse or sexual harassment, resident rights if they are victims of sexual abuse to include retaliation and how to obtain counseling services and/or medical assistance if victimized. The Pre-Audit Questionnaire indicates that there were one hundred forty-nine (149) residents all of which received education on PREA's zero-tolerance policy and reporting methods for sexual abuse and sexual harassment incidents.

Upon arrival at the facility, residents receive the Tupelo Resident Handbook and a PREA educational brochure that contains information on ways to report incidents of sexual assault or sexual harassment. Residents are educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policy and procedure for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Assistance will be provided to those residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Other residents may not be used as interpreters, readers or assistants except in limited circumstances in an exigent situation. The director will seek guidance from the Regional Vice President in these cases. Upon completion of the education/orientation, all residents sign the Acknowledgement Form acknowledging they attended PREA Orientation. The resident receives a copy of the Acknowledgement Form while the original is maintained in the Resident Records File.

Resident files were reviewed and dates on the Resident Acknowledgement Forms were completed the day the resident arrived or the next day. Several random residents reported during their interviews that they remembered receiving information regarding PREA the day they arrived. Zero Tolerance PREA posters and Ways to Report flyers were highly visible in all areas of the facility and information was in the Orientation Booklet all residents are all provided.

After reviewing agency policy and procedures, staff and resident interviews, and documentation provided this auditor finds this standard in compliance.

Corrective Action:

None

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115.234	Specialized training: Investigations
<p data-bbox="295 136 755 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="295 195 492 222">Auditor Discussion</p> <p data-bbox="295 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="295 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="332 382 1446 625" style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations, dated 2/10/2015 • Training Completion forms or certificates for PREA Investigator Training Course for Dismas Charities Inc. investigative staff • Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Curriculum and Agenda • PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="295 653 410 680">Interviews:</p> <ul data-bbox="332 728 732 756" style="list-style-type: none"> • Dismas Charities Inc. PREA Investigator <p data-bbox="295 783 396 810">Findings:</p> <p data-bbox="295 837 1430 955">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations, dated 2/10/2015 requires that a systematic and official inquiry into all allegations of sexual abuse/harassment reported or discovered to aid in determining the facts from all available evidence, prevent further trauma to the victim, safeguard the community, protect the rights of all parties and hold accountable those parties responsible for violating the law.</p> <p data-bbox="295 982 1435 1134">Investigators attend training that includes an overview of PREA Investigative Standards, Investigations and Agency Culture, Legal Issues and Agency Liability, Trauma and Victim Response, Role of Medical and Mental Health Practitioners in Investigations, Interviewing Techniques; Skills that Address the Dynamics of Sexual Abuse, First Responder and Evidence Collection: The Foundation for Successful Investigations, Report Writing and Prosecutorial Collaboration. When the investigators completed the PREA Investigator Training, it is documented in the staff training records.</p> <p data-bbox="295 1161 1455 1375">The Dismas Charities Inc. investigators attended training facilitated by the Kentucky Division of Corrections Training or online training offered by the Pacific Training Group. All staff selected as PREA Investigators must complete this training prior to be assigned to conduct administrative investigations. There are currently fourteen (14) staff currently employed by Dismas Charities Inc. who have completed either the PREA Investigator Training course offered by the Kentucky Division of Corrections Training or PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group. Training records for the fourteen (14) trained investigators was provided and verified completion of the required investigator training at various dates.</p> <p data-bbox="295 1402 1450 1491">Interviews with the investigative staff confirmed that the specialized investigator training included interviewing techniques on sexual abuse victims, information on proper usage of Miranda and Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="295 1518 1455 1638">In accordance with the Requirements for a PREA Investigative Report document and interviews with trained investigative staff, when a Sexual Abuse/Sexual Harassment investigation is assigned to them, a preliminary administrative investigation is initiated. If at any point in the preliminary investigation the investigator feels a situation could be criminal, a referral is made to the Bureau of Prisons or the Tupelo Police Department for further investigation and determination of criminal charges.</p> <p data-bbox="295 1665 1445 1724">After reviewing agency policy and procedures, staff interviews and observations made during the onsite portion of the audit, this auditor finds the facility is not fully compliant with all provisions of the standard.</p> <p data-bbox="295 1751 480 1778">Corrective Action:</p> <p data-bbox="295 1806 350 1833">None</p>	

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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Memo from PREA Coordinator • Medical License for NP Roy Washington • KYDOC Training Curriculum for Medical and Mental Health • Training Certificate for NP Roy Washington • Dismas Charities Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo Director <p>Findings:</p> <p>Dismas Charities Tupelo is a residential community corrections facility. Residents assigned to the facility have access to medical and mental health providers in the community, thus there are no medical or mental health staff onsite at the Dismas Charities Tupelo.</p> <p>There is one Physician's Assistant that works part time for the Kentucky Department of Corrections. Dismas Charities contracts with this PA as a medical contractor. The PA only sees KYDOC inmates that would potentially be assigned to another Dismas Charity facility in Kentucky. Dismas Charities Tupelo only houses federal Bureau of Prisons residents. The Physician's Assistant completed the Kentucky Department of Corrections training for Medical and Mental Health staff.</p> <p>After reviewing agency policy and procedures and staff interviews this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>

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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Tupelo Operations Manual, Procedure 9.3 Referral and Intake Procedure, Notification, dated 12/07/2021
- Dismas Charities Tupelo Operations Manual, Procedure 10.3 Programs, Individual Orientation, dated 12/07/2021
- Dismas Charities, Inc. Initial PREA Screening Questionnaire (English and Spanish version)
- Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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- Dismas Charities Tupelo Counselor (Staff Responsible for Risk Screening)
- Dismas Charities Tupelo Director
- Dismas Charities Inc. PREA Coordinator
- Random sample of Residents

Findings:

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Dismas Charities Tupelo Operations Manual, Procedure 9.3 Referral and Intake Procedure, Notification, dated 12/07/2021, Dismas Charities Tupelo Operations Manual, Procedure 10.3 Programs, Individual Orientation, dated 12/07/2021 and the Dismas Charities, Inc. Screening Questionnaire were reviewed. Staff are required to complete the PREA Screening Questionnaire with the resident upon their arrival at the facility. Upon completion/signing of this document, staff are to place it in the Director's mailbox for review and assessment of risk factors. A re-assessment of the PREA screening questionnaire will be included in every counseling session and documented under the "Health Assessment" section. This is accomplished by asking the resident if there have been any changes in their situation since the initial screening or last meeting. Counselors ask PREA questions every week during the first month and then every two weeks after the first month.

Dismas Charities Tupelo Operations Manual, Procedure 9.3 Referral and Intake Procedure, Notification requires staff to complete the Initial PREA Screening Questionnaire (dci902) and upon completion forward it to the Director for further review and evaluation. Staff conduct screening to determine a resident's risk of being sexually abused by other residents or their risk of being sexually abusive towards other residents. The screening shall utilize an objective screening instrument that obtains the following minimum criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability; The age of the resident; The physical build of the resident; Whether the resident has previously been incarcerated; Whether the resident's criminal history is exclusively nonviolent; Whether the resident has prior convictions for sex offenses against an adult or child; Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability; Although the screening instruments initially provided did not include the minimum criteria, the PREA Coordinator shared that he was in the process of making changes that include all of the criteria.

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

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

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

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

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

Corrective Action:

None

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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo Operations Manual, Procedure 9.3 Referral and Intake Procedure, Notification, dated 12/07/2021 • Dismas Charities Tupelo Operations Manual, Procedure 10.3 Programs, Individual Orientation, dated 12/07/2021 • Dismas Charities, Inc. Screening Questionnaire • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. PREA Coordinator • Dismas Charities Tupelo Director • Dismas Charities Tupelo Counselor <p>Findings:</p> <p>Dismas Charities Tupelo Operations Manual, Procedure 9.3 Referral and Intake Procedure, Notification, dated 12/07/2021 and Dismas Charities Tupelo Operations Manual, Procedure 10.3 Programs, Individual Orientation, dated 12/07/2021 requires the information used from the risk screening required by PREA Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. As a residential community confinement facility, work, education and program assignments are not conducted in-house. The agency and facility make individualized determinations about how to ensure the safety of each resident based on data gathered from the risk assessment, information from prior medical/mental health screenings, additional records reviews, information obtained from the resident and observations made by staff. A transgender or intersex resident's own view with respect to his own safety is given serious consideration when making facility and housing placement decisions and programming assignments.</p> <p>The Dismas Charities Tupelo counselors are responsible for screening each resident that enters the facility. The Director is responsible for ensuring those on the list for high risk for abusiveness are not placed with those at high risk for victimization.</p> <p>Interviews conducted with the Dismas Charities Inc. PREA Coordinator indicated that the facility would take into consideration on a case-by-case basis whether a resident's housing and program assignment would ensure the resident's health and safety and whether the assignment would present management or security problems. While conducting the onsite tour, the auditor toured housing, bed, job assignment and program areas. Interviews confirmed that at intake, the results of the screening are used to determine housing and bed assignment. There were no transgender residents at the facility at the time of the onsite audit.</p> <p>All residents are offered the opportunity to shower separately from other residents based on the design of the bathroom/shower areas. Staff reported that no transgender residents would be assigned to a dedicated housing unit while at Dismas Charities Tupelo. Dismas Charities, Inc. Tupelo was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex residents.</p> <p>After reviewing agency policy and procedures, staff interviews, resident interviews and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>

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

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

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

Interviews:

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- PREA Compliance Manager
- Random Sample of Residents
- Random Sample of Staff
- Shelter & Assistance in Family Emergencies representative

Findings:

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

When residents participate in Orientation, they are provided a pamphlet regarding PREA Awareness, to include different ways to report incidents of sexual abuse and sexual harassment. Pamphlets provided contain a telephone number to call as well as an explanation of the resident's rights in regard to sexual safety.

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

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

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

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areas of the facility.

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

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

Corrective Action:

None

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

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

Dismas Charities Tupelo Operations Manual 14, Administrative Remedy, Grievance Procedures, dated 12/07/2021
Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies or Procedures
Dismas Charities Tupelo PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
PREA Standards Compliance Checklist

Interviews:

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- Random Sample of Staff
- Random Sample of Residents

Findings:

Dismas Charities Tupelo Operations Manual 14, Administrative Remedy, Grievance Procedures, dated 12/07/2021 allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident occurred. Policy requires all grievances that are filed regarding allegations of sexual abuse or sexual harassment be submitted to the Director for appropriate action in accordance with PREA.

If a resident files a grievance alleging emergency substantial risk of imminent sexual abuse, the Director will take immediate action to safeguard to resident and provide an initial response within 48 hours and shall issue a final agency response within five days. Residents are educated and advised of the Administrative Remedy Grievance Procedure during their Orientation upon arrival. Residents are provided both written material and an oral explanation of the procedure and provided the opportunity to ask questions regarding the grievance procedure. Residents are permitted to request assistance in understanding the process and also in completing a grievance. Third parties, including other residents, staff members, family members, attorneys or outside advocate, shall be permitted to assist residents in filings requests for Administrative Remedy relating to allegation of sexual abuse, and shall be permitted to file such requests on behalf of the resident. If a third-party file such a request on behalf of a resident, Dismas requires as a condition of processing that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the Administrative Remedy Grievance Procedure. If the resident declines to have the request process on his or her behalf, the resident's decision will be documented.

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies or Procedures notes that for the purpose of disciplinary actions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The facility reported that there were no grievances alleging sexual abuse filed by residents in the past twelve (12) months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.

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

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

The facility reported that there had been zero (0) grievances filed in the last twelve (12) months that alleged sexual abuse that reached final decision within ninety (90) days of being filed. None of these grievances required an extension. There were zero (0) grievances filed in the last twelve (12) months that alleged sexual harassment that reached final decision within (90) days of being filed.

If a resident files a grievance alleging emergency substantial risk of imminent sexual abuse, the Director will take immediate

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

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

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

Corrective Action:

None

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

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115.254	Third party reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. website • Dismas Charities Inc. public posted reporting information flyer • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff <p>Findings:</p> <p>The Dismas Charities Inc. website (info@dismas.com) provides information to the general public regarding PREA, to include information regarding third-party reporting of sexual abuse and sexual harassment incidents. The auditor viewed the website and confirmed the information regarding third-party reporting. The website contained a link that would send an email to the Dismas Charities Inc. PREA Coordinator. Staff are also able to report resident sexual abuse anonymously in the same manner. The PREA Coordinator notifies the Director of any information received and an investigation into the allegations will be initiated.</p> <p>Dismas Charities Tupelo provides residents with contact information for the Shelter & Assistance in Family Emergencies for advocacy services.</p> <p>Random interviews with staff confirmed that they understand the requirement to accept allegations of sexual abuse and sexual harassment when a third-party may report an incident of sexual abuse and sexual harassment to them. Staff said that the "third-party" could be other residents, staff members, attorneys, outside advocates, resident family members.</p> <p>After reviewing agency policy and procedures, Dismas Charities, Inc. website, staff interviews, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>	

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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.6, Protection Against Retaliation
- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures
- Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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

Findings:

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

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

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

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.6, Protection Against Retaliation requires that all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. It is required that all staff report immediately and according to agency policy any retaliation against residents or staff who reported such an incident or may have contributed to or failed to prevent such an incident. The director or designee is responsible for monitoring against retaliation. Multiple protection measures, such as dorm/room changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations may be used. For at least 90 days following a report of sexual abuse, the center monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or changes in staff schedules or hours. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.

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

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Staff may receive an anonymous note, hear a rumor, or other third-party information (including from a resident's family or friend) that a resident has been the victim of sexual abuse. Staff must immediately report all information to the Director and follow-up with completion of an Extraordinary Occurrence Report (dci422).

By law, the identity of an alleged victim of sexual abuse is confidential information. The sharing of sensitive information is limited to those staff who must know in accordance with policy, federal and state statute and ethical standards. Staff must, to the extent possible, limit the release of information in an effort to protect the victim and reporter of sexual abuse from retribution. The facility would never have a resident under the age of 18 but may have a resident that is considered a vulnerable adult. As well, the facility does not have medical or mental health staff assigned to the facility. Dismas will also notify the appropriate supervising authorities of the reporting resident.

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

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

Corrective Action:

None

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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo Director • Random Sample of Staff <p>Findings:</p> <p>Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures and Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting explain the agency's protection duties when the staff learns that a resident is subject to a substantial risk of imminent sexual abuse and requires immediate staff action be taken to protect the resident. Dismas will at all times protect all residents from the threat or harm of sexual abuse within the center either perceived or actual.</p> <p>If a resident feels they are at risk of imminent sexual abuse, they will immediately be placed under close watch by staff and the director notified. The resident will be questioned as to why they feel at risk. If the risk is substantial, the director will coordinate with the supervising authorities as to any possible transfer or temporary relocation. If that is not possible, the center will make every effort to protect the resident from harm and shall offer emergency counseling.</p> <p>During the interviews with random staff, they all reported that any information they received that alleges a resident is at substantial risk of imminent sexual abuse and they would all react and take immediate action by separating the alleged victim from the abuser to ensure the safety of the alleged victim. The Director reported that there were no reports of substantial risk of imminent sexual abuse that required immediate action on staff's behalf in the past twelve (12) months.</p> <p>After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>

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

115.263	Reporting to other confinement facilities
	<p data-bbox="298 134 756 159">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="298 195 492 220">Auditor Discussion</p> <hr/> <p data-bbox="298 254 1076 279">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="298 306 669 331">Information or Documents Reviewed:</p> <ul data-bbox="331 380 1438 499" style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="298 527 410 552">Interviews:</p> <ul data-bbox="331 600 665 625" style="list-style-type: none"> • Dismas Charities Tupelo Director <p data-bbox="298 653 396 678">Findings:</p> <p data-bbox="298 709 1425 953">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.3, Prevention and Reporting requires that when Dismas Charities Tupelo receives an allegation that a resident was sexually abused while confined at another facility, Dismas will notify that facility/center of the report. Dismas will also notify the appropriate supervising authorities of the reporting resident. The center will notify the Dismas PREA coordinator and leadership. At the time of the initial report of sexual abuse while at another facility, the center staff receiving the report will notify the director immediately. The director will document and notify the supervising authorities and the management of the facility involved within 72 hours of the resident reporting the incident to staff. Staff will offer counseling services to the resident and medical services if needed. The director will assist with any investigation conducted.</p> <p data-bbox="298 982 1419 1100">If the center receives a report of sexual abuse from a former resident now housed in a different facility, the center will document the report; notify the agency leadership and the supervising authorities. An investigation will be started as far as allowed by the supervising authorities or local law enforcement. Dismas and the center staff will cooperate fully with the investigation. All responses and actions will be documented.</p> <p data-bbox="298 1129 1435 1247">During the interview with the Director, she shared that if a resident reports an incident of sexual abuse/assault that occurred at another agency/facility, she will contact the other agency/facility staff via email and if necessary, by telephone. The Director reported that there no reports received from other agencies or facilities reporting that a resident alleged sexual abuse while assigned to Dismas Charities Tupelo.</p> <p data-bbox="298 1276 1406 1331">After reviewing agency policy and procedures, staff and resident interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="298 1360 480 1386">Corrective Action:</p> <p data-bbox="298 1415 350 1440">None</p>

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

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures
- Dismas Charities 1st Responder PREA Protocols Card
- Dismas Charities 1st Responder Protocol sheet
- Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

- Dismas Charities Tupelo Director
- Security and Non-Security First Responders

Findings:

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures requires first responders to ensure that the alleged resident victim is separated from the alleged resident perpetrator. The main objective is to coordinate actions taken in response to an incident of sexual abuse, among staff on duty, medical and mental health practitioners, investigators, and center management. The goal is to safeguard the resident from further physical or psychological harm.

First Responders/staff on duty or receiving an alleged report of sexual abuse/harassment are required to separate the alleged perpetrator and victim so that neither can hear nor see the other. The 1st Responders/Staff are then encouraged to alert other staff for assistance and inform the Director of the alleged sexual abuse and remain with the alleged victim to provide safety and support and if needed, to ensure that the victim does not wash, shower, change clothes or otherwise compromise physical evidence on his/her body prior to examination. If needed, ensure all parties involved received emergency medical treatment and arrange for a Sexual Assault Forensic Exam (SAFE) if wanted. If resident is unclear about the need for an exam, the Sexual Assault Nurse Examiner (SANE) should make that decision. If needed and directed, contact the State police. If needed and directed, secure the crime scene, take photographs as needed, and get names of witnesses, if any. Staff are also required to start a log of events and complete an Extraordinary Occurrence Report. The Director will ensure that all of the previously listed steps were completed as well as notifying the Authority having Jurisdiction (AHJ) and the Regional Vice President and ensure on-going support for the victim. If the resident believes they are no longer safe in their current environment, arrangements are made with the Bureau of Prisons, US Probation/Pre-Trial or the KY Department of Corrections as appropriate to have the resident moved to another location, including an administrative transfer back to an institution. The Director will ensure to start or assist and support any investigation by the State police or Local Law Enforcement and coordinate with a Rape Crisis Advocate for continued mental health treatment and counseling as needed. The Director also ensures that all actions and information are documented.

Interviews were conducted with random staff/First Responders and all staff were able to recite First Responder responsibilities in accordance with agency procedure when it is learned a resident was sexually abused. A laminated credit-card style information card that detailed First Responder duties when they learn a resident was sexually abused. The card had contact information for those who are to be contacted if a situation is reported. Staff all reported they attended the required training upon being hired and then attended training each year after they were hired. Training records were reviewed and indicated that staff attended the required training and learned of the proper responses when learning a resident was sexually abused.

The Director/PCM reported that there had been one incident reported to security and non-security staff members that a resident had been sexually abused in the past twelve (12) months.

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

Corrective Action:

None

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

115.265	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures • Dismas Charities 1st Responder PREA Protocols for Tupelo • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Tupelo Director • Random sample of staff <p>Findings:</p> <p>Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.4, Response Procedures and Dismas Charities 1st Responder PREA Protocols for Tupelo identifies the facility's written coordinated response and actions to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>The Director shared that he as well as the staff assigned to the facility are confident in their knowledge of coordinated actions to take when a situation of sexual abuse is reported to them. Staff are provided a 1st Responder card that details their responsibilities as first responders to a report of sexual abuse allegations. Random staff interviews confirmed that staff were aware of the proper steps to protect a resident alleging sexual abuse/assault, securing and preserving evidence, requests made to both the resident victim and resident perpetrator to not take any actions that would destroy evidence, notification to the Director, ensuring resident victim is seen provided medical care and documentation of the incident prior to the conclusion of their shift. The Response Plan was reviewed and included a more detailed step-by-step instructions regarding first responder responsibilities, evidence collection procedures, documentation required, notifications required, medical care provisions, investigator responsibilities and administration responsibilities.</p> <p>After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="297 136 756 163">Auditor Overall Determination: Meets Standard</p> <p data-bbox="297 195 492 222">Auditor Discussion</p> <p data-bbox="297 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="331 382 1284 438" style="list-style-type: none"> • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 466 410 493">Interviews:</p> <ul data-bbox="331 541 743 598" style="list-style-type: none"> • Dismas Charities Tupelo Director • Dismas Charities Human Resources staff <p data-bbox="297 625 396 653">Findings:</p> <p data-bbox="297 678 1445 827">Dismas Charities, Inc. is a private, not for profit, residential reentry center. Dismas Charities Inc. does not engage in a collective bargaining agreement with their employee workforce. There has been no collective bargaining agreement entered into that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Human Resources staff and the Director both confirmed collective bargaining is not utilized within Dismas Charities.</p> <p data-bbox="297 854 1393 911">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 938 480 966">Corrective Action:</p> <p data-bbox="297 993 350 1020">None</p>

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115.267	Agency protection against retaliation
	<p data-bbox="297 134 756 161">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 195 492 220">Auditor Discussion</p> <hr/> <p data-bbox="297 254 1076 279">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 331">Information or Documents Reviewed:</p> <ul data-bbox="331 380 1393 499" style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.6, Protection Against Retaliation • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 527 410 552">Interviews:</p> <ul data-bbox="331 600 665 625" style="list-style-type: none"> • Dismas Charities Tupelo Director <p data-bbox="297 653 396 678">Findings:</p> <p data-bbox="297 707 1451 953">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.6, Protection Against Retaliation requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or sexual harassment investigation. The Director is responsible for monitoring against retaliation of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. Multiple protection measures, such as dorm/room changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations may be used.</p> <p data-bbox="297 980 1440 1226">For at least 90 days following a report of sexual abuse, the center shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or changes in staff schedules or hours. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include checks when meeting with counselor during scheduled times. If any other individual who cooperates with an investigation expresses a fear of retaliation, the center shall take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="297 1253 1170 1278">The monitoring will end if the allegation is unfounded, or the resident is transferred or released.</p> <p data-bbox="297 1306 1393 1365">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 1392 480 1417">Corrective Action:</p> <p data-bbox="297 1444 350 1470">None</p>

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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations
Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Curriculum and Agenda
PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group
Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
PREA Standards Compliance Checklist

Interviews:

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

Findings:

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.5, Investigations requires the facility conduct a systematic and official inquiry into all allegations of sexual abuse/harassment reported or discovered to aid in determining the facts from all available evidence, prevent further trauma to the victim, safeguard the community, protect the rights of all parties and hold accountable those parties responsible for violating the law. An effort should be made for a "multi-disciplinary team" approach which may include Investigators, victim advocate, social services, mental health, district attorney, etc.

Sexual abuse and sexual harassment administrative investigations shall be conducted by staff that have received special training in sexual abuse/harassment investigations or for criminal investigations, the appropriate authority having jurisdiction. Interviews with a Dismas Charities Inc. investigator confirmed their completion of the Specialized Training: Investigating Sexual Abuse in Confinement Settings. Dismas Charities Inc. currently has fourteen (14) staff who has attended the Investigator training. More recently, Dismas investigators have attended and completed the PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group When an outside agency investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Director notifies the Regional VP and the PREA Coordinator of all allegations of sexual abuse and harassment who will ensure completion of an administrative investigation. One of the fourteen (14) trained PREA investigators could be assigned to conduct the administrative investigation.

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

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

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

According to the PAQ, and verification from interviews with the Director/PCM, it was confirmed that there was one situation of

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allegations that were substantiated involving an employee and conduct that potentially could have been criminal that was referred to the Tupelo Police Department for criminal investigation and prosecution since the last PREA audit. The police investigator declined to investigate based on the circumstances of the case. Ultimately, the employee was terminated from the facility.

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

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

Corrective Action:

None

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115.272	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations • PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group • Specialized Training: Investigating Sexual Abuse in Confinement Settings Training Curriculum and Agenda • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities Inc. Investigator <p>Findings:</p> <p>Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.5, Investigations, requires that when a facility investigates an allegation, the investigator shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Specialized Training: Investigating Sexual Abuse in Confinement Settings and the PREA Investigations for Allegations of Sexual Abuse: Specialized Training curriculum from the Pacific Training Group that Dismas Charities' PREA Investigators attend, explains that the preponderance of the evidence is a lesser standard of proof than, "beyond a reasonable doubt," which is required to convict in a criminal trial. This standard is satisfied if the evidence shows that it is more probable than not that an event occurred.</p> <p>The investigator shared that when they conduct investigations, they seek the facts and make decisions and conclusions based on these facts. The Investigators will identify in their investigative reports if they make a decision based on the preponderance of evidence with further explanation.</p> <p>After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations
- Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse by Staff form (dci907int)
- Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse form (dci906int)
- Dismas Charities Tupelo Investigation packet, RM Roland and Resident Hughes
- Email thread regarding RM Roland and Resident Hughes completed Investigation
- Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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

Findings:

Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.5, Investigations, requires any resident who makes an allegation that he or she suffered sexual abuse is informed in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Also, the policy contains the process for notifying residents whether the allegation was proven to be substantiated, unsubstantiated or unfounded following an investigation. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing to the resident on the Dismas Charities, Inc. Resident Notification-PREA Alleged Sexual Abuse form (dci906int). The policy further requires following an resident's allegation a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are "unfounded" whenever the staff member is no longer posted within the resident's housing unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing on the Dismas Charities, Inc., Resident Notification-PREA Alleged Sexual Abuse by Staff form (dci907int).

The "Authority Having Jurisdiction" include the Bureau of Prisons and the Department of Corrections (Kentucky) for residents under their care. Results of indictments or criminal convictions of Dismas Charities Tupelo staff will be shared with the Director. The Director will inform the resident whenever the facility learns the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Interviews with the investigator and the Director/PCM confirmed all investigation outcomes, whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation, are completed by agency investigator and the documentation is maintained with the investigation. The interview with the Director/PCM confirmed there has been one (1) reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in the facility in the past twelve (12) months which was investigated by agency investigators. The investigation was substantiated. The staff member was terminated and the resident who made the allegation was no longer in the custody of Dismas Charities Tupelo. The resident was transferred by the Bureau of Prisons the day after the Tupelo Director reported the allegations due to security. In accordance with 115.273 (f), the agency's obligation to report under the standard shall terminate if the resident is released from the agency's custody.

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

Corrective Action:

None

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

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Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

- Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies and Procedures
- Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Standards Compliance Checklist

Interviews:

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- Dismas Charities Tupelo Director
- Dismas Charities, Inc. Human Resources Staff

Findings:

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Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies and Procedures state that discipline is imposed on those whose behavior is not in compliance with Dismas policies, Procedures, Center rules, Bureau of Prisons (BOP) rules and Kentucky Department of Corrections (KDOC) rules. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The severity of the corrective action reflects the nature of the offense, and increasingly severe measures will be taken for more serious or repeated offenses. Serious offenses may result in immediate termination. Although employment with Dismas is based on mutual consent and both the employee and Dismas have the right to terminate employment at will, with or without cause or advance notice, Dismas may use progressive corrective action at its discretion.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Employees are subject to a federal, state or local government investigation if any allegation is made concerning any matter affecting the interests of the government entity. Any employee suspected of violating the Standards of Employee Conduct is subject to corrective action including suspension without pay and/or termination. Additionally, until the "questioned" conduct is resolved, the employee may contact their immediate supervisor or a member of executive management, but any contact with any Dismas client, volunteer or staff member is specifically prohibited.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviews with the Director and Human Resources Staff both reported that there had been one (1) staff from Dismas Charities Tupelo who violated agency sexual abuse or sexual harassment policies in the past twelve (12) months.

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

Corrective Action:

None

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115.277	Corrective action for contractors and volunteers
	<p data-bbox="297 136 755 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 195 492 222">Auditor Discussion</p> <hr/> <p data-bbox="297 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="331 380 1411 499" style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7 Discipline for Violating Sexual Abuse/Harassment Policies and Procedures • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 527 410 554">Interviews:</p> <ul data-bbox="331 600 665 657" style="list-style-type: none"> • Dismas Charities Tupelo Director • Random Volunteers/Contractors <p data-bbox="297 684 396 711">Findings:</p> <p data-bbox="297 739 1455 984">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies and Procedures require that any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents and shall be reported to the State police and local law enforcement agencies, unless the activity was clearly not criminal, and to Authority having Jurisdiction over the affected resident. The enter should also take any appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The center shall notify any other Dismas center that the contractor or volunteer performs services at, of the alleged incident and the findings.</p> <p data-bbox="297 1012 1451 1131">Interviews with the Director confirmed there were no situations in the past twelve (12) months where a volunteer or contractor was alleged to have violated the sexual abuse or sexual harassment policies and procedures. Just like employees, volunteers and contractors are required to sign the "PREA Acknowledgement Forms" upon completion of their required training.</p> <p data-bbox="297 1159 1419 1215">After reviewing agency policy and procedures, staff and volunteer interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 1243 482 1270">Corrective Action:</p> <p data-bbox="297 1297 350 1325">None</p>

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115.278	Disciplinary sanctions for residents
	<p data-bbox="297 134 756 161">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 195 492 218">Auditor Discussion</p> <hr/> <p data-bbox="297 252 1076 277">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 329">Information or Documents Reviewed:</p> <ul data-bbox="331 382 1417 499" style="list-style-type: none"> • Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7, Discipline for Violating Sexual Abuse/Harassment Policies and Procedures • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 527 410 550">Interviews:</p> <ul data-bbox="331 602 665 625" style="list-style-type: none"> • Dismas Charities Tupelo Director <p data-bbox="297 653 396 676">Findings:</p> <p data-bbox="297 707 1450 919">Dismas Charities Inc. Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Procedure 24.7 requires that a resident shall be subject to disciplinary sanctions pursuant to Procedure 11 of the Operations manual concerning the formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions may be imposed by the center management or the Authority having Jurisdiction and shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="297 949 1398 1005">The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="297 1035 1429 1121">The center may offer therapy, counseling, or other interventions designed to address and correct underlying reasons or maybe motivations for the abuse, the AHJ ought to consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits, but they are not bound by the recommendation.</p> <p data-bbox="297 1150 1443 1207">The center may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="297 1236 1446 1323">For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="297 1352 1451 1409">The center prohibits all sexual activity between residents and will discipline residents for such activity. It is not sexual abuse if the activity is not coerced.</p> <p data-bbox="297 1438 1446 1587">An interview with the Director explained that formal disciplinary hearings are held where appropriate sanctions are assigned. If necessary, consultation with mental health staff would take place prior to the hearing. The Director shared that the resident can be sanctioned to center restriction, extra duty, loss of privileges, and demotion in custody. Criminal charges could also be considered. The PAQ and the Director both reported that there had been zero (0) incidents of criminal findings of guilt for resident-on-resident sexual abuse that occurred in the facility.</p> <p data-bbox="297 1617 1393 1673">After reviewing agency policy and procedures, staff interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 1703 482 1726">Corrective Action:</p> <p data-bbox="297 1755 350 1778">None</p>

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115.282	Access to emergency medical and mental health services
	<p data-bbox="297 136 756 163">Auditor Overall Determination: Meets Standard</p> <p data-bbox="297 195 492 222">Auditor Discussion</p> <p data-bbox="297 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="297 306 669 333">Information or Documents Reviewed:</p> <ul data-bbox="331 382 1369 533" style="list-style-type: none"> • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures • dci900 Sexual Abuse Harassment Misconduct Prevention Intervention Policy Statement • Dismas Charities Tupelo Operational Manual, Procedure 16.3, Medical Services, PREA, dated 4/2022 • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="297 560 410 588">Interviews:</p> <ul data-bbox="331 636 995 693" style="list-style-type: none"> • Representative from North Mississippi Medical Center • Representative from the Shelter & Assistance in Family Emergencies <p data-bbox="297 720 394 747">Findings:</p> <p data-bbox="297 772 1451 892">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures requires all parties involved received emergency medical treatment and arrange for a Sexual Assault Forensic Exam (SAFE) if wanted. If resident is unclear about the need for an exam, the Sexual Assault Nurse Examiner (SANE) should make that decision. Staff will start a log of events and complete an Extraordinary Occurrence Report.</p> <p data-bbox="297 919 1451 1228">Arrangements will be made for the resident to receive the emergency medical treatment at the North Mississippi Medical Center Per Dismas Charities Tupelo Operational Manual, Procedure 16.3, Medical Services, PREA, dated 4/2022, provisions of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis are provided by the hospital. Per the dci900 Sexual Abuse Harassment Misconduct Prevention Intervention Policy Statement, the center Director will ensure that a resident victim receives medical follow-up and is offered a referral for mental health services. All care for sexual abuse will be provided at no cost to the resident. The Director will coordinate with the Shelter & Assistance in Family Emergencies for continued mental health treatment and counseling as needed. An interview with the representative from North Mississippi Medical Center, confirmed that the North Mississippi Medical Center SANE staff provide emergency care and the forensic medical exam at no cost to the victim. The Shelter & Assistance in Family Emergencies will provide emotional support services to the residents at Dismas Charities Tupelo.</p> <p data-bbox="297 1255 1419 1312">Non-medical staff (First Responders) who learn of an allegation of sexual abuse are trained to follow the PREA Response Procedure.</p> <p data-bbox="297 1339 1451 1428">After reviewing agency policy and procedures, staff and outside agency representative interviews, information obtained through documentation review and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="297 1455 480 1482">Corrective Action:</p> <p data-bbox="297 1509 350 1537">None</p>

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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Prevention and Reporting • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Policy Statement • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures • Dismas Charities Tupelo Operational Manual, Procedure 16.3, Medical Services, PREA, dated 4/2022 • BOP CTS Crisis Counseling MOU • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Representative from North Mississippi Medical Center • Representative from Shelter & Assistance in Family Emergencies <p>Findings:</p> <p>Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Response Procedures, Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention Policy Statement, and Dismas Charities Tupelo Operational Manual, Procedure 16.3, Medical Services, PREA, dated 4/2022 requires that the facility offer medical and mental health care for sexual abuse victims and abusers. When a resident victim is evaluated and treated, it should include follow-up services, treatment plans and referrals for follow-up care upon release, transfer or placement in other facilities. The Shelter & Assistance in Family Emergencies is able to provide confidential emotional support services as it relates to sexual abuse. This also includes treatment for alleged abusers. The facility has a MOU with the BOP Community Treatment Services (CTS) that are able to provide confidential emotional support services as it relates to sexual abuse. CTS is responsible for providing mental health assessments and counseling for those residents who fall under PREA while residing at the Residential Reentry Center and/or home confinement. This includes treatment for alleged abusers. The policies require the facilities to offer follow-up treatment that may include screening, including follow-up care for sexually transmitted infections and other communicable diseases and any other counseling or assistance as requested. Also required are treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Interviews with the medical staff from North Mississippi Medical Center confirmed that all sexual assault victims are offered a sexual assault assessment, individual counseling, referral to the mental health services, medications as ordered by the physician, laboratory testing for STD and HIV and follow-up. Victims of sexual abuse will be transported to North Mississippi Medical Center to receive such treatment and the physical evidence will be gathered by a certified SANE.</p> <p>After reviewing agency policy and procedures, interviews with local hospital staff, information obtained through documentation review, this auditor finds the facility is compliant with the standard.</p> <p>Corrective Action:</p> <p>None</p>

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

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

The following evidence was analyzed in making the compliance determination:

Information or Documents Reviewed:

Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.8, Incident Reviews
PREA Case Review Protocol
Tupelo PREA Incident Review
Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
PREA Standards Compliance Checklist

Interviews:

Dismas Charities Tupelo Director
Dismas Charities Inc., PREA Coordinator

Findings:

Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure 24.8, Incident Reviews ensures proper procedures were followed in all incidents of Sexual Abuse/Harassment and to provide a system wide review to prevent future incidents as well as improvements to the program or center to support the Dismas PREA policy and procedures. It requires the collaboration of all involved: Center staff, investigations, victim services, mental health, and medical.

Dismas shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The case review meeting will be scheduled and facilitated by the PREA Coordinator.

The review team shall include the Dismas PREA Coordinator, The Regional Vice-President and the director of the center involved, with input from line supervisors, investigators, and/or medical/ mental health practitioners as needed. The review team is tasked with reviewing the situation and consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the center; examine the area in the center where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during the different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Policy also requires completion of a written report of its findings that includes any recommendations for improvement and any reasons recommendations were not implemented.

All closed cases of sexual abuse, except those determined to be unfounded, will be evaluated by the PREA Review Team. The Review team will consist of the Agency PREA coordinator, the appropriate Regional Vice-President, the center's director and if part of the case, the following: any internal Investigators, Medical, Mental Health, Victim Services Advocate, and (if applicable) Community Crisis Center Advocates may be invited for input. It may be advisable in some cases to extend invitations to investigators from the Local Law enforcement to the supervising authorities, and to other professionals who were involved in the case.

A PREA Review Team was held for the one allegation case the facility had. The Agency PREA Coordinator, the Regional Vice-President and the center Director (Investigator) were members as noted in the Case Review Report provided. This incident review was overlooked and not held within 30 days of the conclusion of the investigation.

Members of a potential PREA Review Team were interviewed and shared the discussions that take place during the Incident Review. Members shared that discussion regarding recommendations for improvement are held and their recommendations are taken seriously. During the Incident Review, a brief summary of the incident is shared, discussion about those things that went well during the process and those that did not. All components of the standard are considered during the Incident Review with discussion on each as a PREA Case Review Protocol form is available to follow.

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

Corrective Action:

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

None

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115.287	Data collection
	<p data-bbox="297 138 756 163">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="297 197 492 222">Auditor Discussion</p> <ul style="list-style-type: none"> <li data-bbox="329 222 345 243">• <p data-bbox="297 256 1076 281">The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> <li data-bbox="329 281 345 302">• <p data-bbox="297 310 670 336">Information or Documents Reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="329 344 345 365">• <li data-bbox="329 382 1352 441">• Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination <li data-bbox="329 449 1162 474">• Dismas Charities Inc., Website, PREA Information: http://www.dismas.com/about/prea/ <li data-bbox="329 483 821 508">• Dismas Charities, Inc. 2020 PREA Annual Report <li data-bbox="329 516 1284 541">• Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) <li data-bbox="329 550 732 575">• PREA Standards Compliance Checklist <p data-bbox="297 592 410 617">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="329 667 740 693">• Dismas Charities Inc., PREA Coordinator <li data-bbox="329 701 670 726">• Dismas Charities Tupelo Director <p data-bbox="297 751 394 777">Findings:</p> <p data-bbox="297 806 1438 924">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination addresses the standard by requiring the facility collect and maintain accurate, uniform data of every allegation of sexual abuse/harassment using Corporate provided forms and to submit the documentation to the PREA Coordinator upon request. The data should be collected using a standardized instrument and set of definitions.</p> <p data-bbox="297 953 1450 1071">The agency shall aggregate the incident-based sexual abuse data at least annually at the corporate level. The policy requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions (18 in total) from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (bjs.gov, look under Data collection).</p> <p data-bbox="297 1100 1411 1188">Dismas Charities, Inc. shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. This data will be used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="297 1218 1450 1335">A report will be prepared of the findings of any problem areas and of all corrective actions taken throughout the year for each center and for the agency as a whole. This report will include a comparison of data with the prior years and an assessment of progress in addressing sexual abuse. This report will be reviewed and approved by the President/CEO and posted on the website.</p> <p data-bbox="297 1365 1450 1419">Upon request, Dismas Charities, Inc. shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="297 1449 1414 1600">An interview with the PREA Coordinator verified that the agency maintains, reviews and collects data needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The data collected was sufficient and would allow the agency to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The information gained is published on the agency website annually.</p> <p data-bbox="297 1629 1438 1684">After reviewing agency policy, information gained through the interview with the PREA Coordinator and review of the Annual Reports, the auditor finds this standard in compliance.</p> <p data-bbox="297 1713 480 1738">Corrective Action:</p> <p data-bbox="297 1768 350 1793">None</p>

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115.288	Data review for corrective action
	<p data-bbox="298 134 756 159">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="298 195 492 220">Auditor Discussion</p> <p data-bbox="298 254 1076 279">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="298 306 669 331">Information or Documents Reviewed:</p> <ul data-bbox="331 380 1354 562" style="list-style-type: none"> • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination • Dismas Charities Inc., Website, PREA Information: http://www.dismas.com/about/prea/ • Dismas Charities, Inc. 2021 PREA Annual Report • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p data-bbox="298 590 410 615">Interviews:</p> <ul data-bbox="331 663 740 720" style="list-style-type: none"> • Dismas Charities, Inc. PREA Coordinator • Dismas Charities Tupelo Director <p data-bbox="298 747 396 772">Findings:</p> <p data-bbox="298 800 1451 1077">Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination requires the agency to collect and review data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices and training. A report will be prepared of the findings of any problem areas and of all corrective actions taken throughout the year for each center and for the agency as a whole. This report will include a comparison of data with the prior years and an assessment of progress in addressing sexual abuse. This report will be reviewed and approved by the President/CEO and posted on the website. Upon request, Dismas Charities Inc. shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. All data collected will be securely retained for 10 years; all aggregated data to be posted annually on the website will have all personal information removed.</p> <p data-bbox="298 1104 1027 1129">The 2021 Annual Report reflected nineteen (19) fewer allegations than in 2020.</p> <p data-bbox="298 1157 1344 1213">After reviewing agency policy, website PREA information, information gained through the interview with the PREA Coordinator and review of additional documentation, the auditor finds this standard compliant.</p> <p data-bbox="298 1241 480 1266">Corrective Action:</p> <p data-bbox="298 1293 350 1318">None</p>

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115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination • Dismas Charities Inc., Website, PREA Information: http://www.dismas.com/about/prea/ • Dismas Charities, Inc. 2020 PREA Annual Report • Dismas Charities Tupelo's PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) • PREA Standards Compliance Checklist <p>Interviews:</p> <ul style="list-style-type: none"> • Dismas Charities, Inc. PREA Coordinator <p>Findings:</p> <p>Dismas Charities Inc., Sexual Abuse/Harassment/Misconduct/Prevention/Intervention, Procedure, 24.9 Data Collection, Storage and Dissemination requires the agency to ensure that all data collected will be securely retained for 10 years after the date of initial collection; all aggregated data to be posted annually on the website will have all personal information removed. Statistics are reported monthly to the Kentucky Department of Corrections for State residents and annually for Bureau of Prisons, USPO and Pre-Trial clients or more frequently if requested.</p> <p>Information for the agency's annual report is compiled from investigative files, Incident Reviews and other reports submitted.</p> <p>After reviewing agency policy, information gained through the interview with the PREA Coordinator and review of the agency website, the auditor finds the facility in compliance with the standard.</p> <p>Corrective Action:</p> <p>None</p>
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115.401	Frequency and scope of audits
	<p data-bbox="298 136 756 163">Auditor Overall Determination: Meets Standard</p> <p data-bbox="298 197 492 224">Auditor Discussion</p> <p data-bbox="298 254 1076 281">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="298 308 669 336">Information or Documents Reviewed:</p> <ul data-bbox="331 384 1169 501" style="list-style-type: none"> • Dismas Charities, Inc., Website, PREA Information: http://www.dismas.com/about/prea/ • Dismas Charities Tupelo PREA Report (August 9, 2018) • Dismas Charities, Inc. PREA Reports • Facility Tour/Observation <p data-bbox="298 529 410 556">Interviews:</p> <ul data-bbox="331 604 870 632" style="list-style-type: none"> • Informal Interviews with Staff and Residents during tour <p data-bbox="298 659 396 686">Findings:</p> <p data-bbox="298 714 1438 957">The Dismas Charities, Inc., Website, PREA Information: http://www.dismas.com/about/prea/ contains PREA audit reports from the first and second years of the third PREA Audit cycle. The first PREA Audit Cycle was from August 2013-August 2016. The second PREA Audit Cycle was from August 2016-August 2019. The third PREA Audit Cycle is current and began August 2019 thru August 2022. There were 8 audits completed the first year of the third PREA Audit Cycle (August 2019-August 2020). Covid 19 prevented several audits from being conducted throughout 2020. Dismas Charities, Inc. has a total of thirty-six (36) facilities. After completing a comparison, each facility had been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the Dismas Charities, Inc. ensured at least one-third of its facilities were audited. The website also contained the Dismas Charities, Inc. PREA Annual Report.</p> <p data-bbox="298 984 1422 1073">The Dismas Charities Tupelo facility opened in 2014. The auditor was also allowed access to all areas of the facility and provided documentation requested by the auditor. Interviews with staff and residents were able to be conducted in private and residents were allowed to correspond with the auditor confidentially.</p> <p data-bbox="298 1100 1455 1283">The facility provided any documentation this auditor requested without hesitation. The staff and resident interviews were able to be held in a comfortable, private area. Residents were provided an opportunity to correspond with the auditor confidentially. During the audit tour, the auditor observed audit notices posted throughout every area of the facility. The notices were posted January 10, 2022, with photos and locations of the posting being uploaded to the supplemental folders in the OAS. The notices included an address of where residents were permitted to send confidential correspondence to the auditor in the same manner as sending legal mail to the courts or legal.</p> <p data-bbox="298 1310 1435 1367">After reviewing the agency website, previous PREA Audit report, Dismas Charities, Inc. PREA Reports, interviews with staff and residents, and observations made during the onsite portion of the audit, this auditor finds this standard in compliance.</p> <p data-bbox="298 1394 480 1421">Corrective Action:</p> <p data-bbox="298 1449 350 1476">None</p>

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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Information or Documents Reviewed:</p> <ul style="list-style-type: none"> • Dismas Charities, Inc., Website, PREA Information: http://www.dismas.com/about/prea/ <p>Interviews:</p> <ul style="list-style-type: none"> • None <p>Findings:</p> <p>The auditor reviewed the Dismas Charities, Inc. web page at http://www.dismas.com/about/prea/ containing thirty-five (35) PREA audit reports for the thirty-six (36) Dismas facilities. Dismas recently opened a new facility that has yet to have an initial PREA audit. Thirty (30) of the thirty-six (36) facilities have final reports on the website so far for the third cycle. Dismas Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p> <p>After a review of the agency's website this auditor finds this standard in compliance.</p> <p>Corrective Action:</p> <p>None</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
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

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

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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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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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 §1 15.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	

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	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes

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	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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

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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
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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	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.)	yes
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
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

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

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

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115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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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
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

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

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115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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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
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	

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	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	

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	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	

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	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	

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	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	

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	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes

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	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes

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	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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

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	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.)	yes
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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