PREA Facility Audit Report: Final

Name of Facility: Diersen Charities Albuquerque
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 11/04/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	■
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	■
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.	■
Auditor Full Name as Signed: Chris Sweney	**Date of Signature:** 11/04/2026

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	10/06/2026
End Date of On-Site Audit:	10/06/2026

FACILITY INFORMATION	
Facility name:	Diersen Charities Albuquerque
Facility physical address:	2331 Menaul Boulevard Northeast, Albuquerque , New Mexico - 87107
Facility mailing address:	

Primary Contact

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

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

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

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

Facility Characteristics	
Designed facility capacity:	Redacted
Current population of facility:	Redacted
Average daily population for the past 12 months:	Redacted
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-75
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the	Redacted

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facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	Redacted
Number of volunteers who have contact with residents, currently authorized to enter the facility:	Redacted

AGENCY INFORMATION	
Name of agency:	Dismas Charities, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2500 South Seventh Street, Louisville, Kentucky - 40208
Mailing Address:	
Telephone number:	5026362033

Agency Chief Executive Officer Information:	
Name:	Ellen Donnarumma, President/CEO
Email Address:	edonnarumma@dismas.com
Telephone Number:	(502) 636-2033

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
5	• 115.217 - Hiring and promotion decisions • 115.231 - Employee training • 115.233 - Resident education • 115.241 - Screening for risk of victimization and abusiveness • 115.242 - Use of screening information
Number of standards met:	
36	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-10-06
2. End date of the onsite portion of the audit:	2026-10-06

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Rape Crisis Center of Central New Mexico - Hotline: (505) 266-7711 Website: https://www.abqsane.org/

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	Redacted
15. Average daily population for the past 12 months:	Redacted
16. Number of inmate/resident/detainee housing units:	Redacted
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	Redacted
25. 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:	1
26. 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
27. 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:	0
28. 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
29. 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:	1
30. 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:	0

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31. 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
32. 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
33. 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
34. 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
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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
37. 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

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38. 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
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None

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42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor conducted interviews with random and targeted residents. The in-house resident population on the first day of the onsite review was (Redacted). All reasonable efforts were made to conduct the required number of targeted resident interviews. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There was a total of 16 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area of the facility.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2

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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".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported no residents with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and resident interviews.

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported no residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and resident interviews.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported no residents who are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and resident interviews.

51. 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:	1
52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported no residents who identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and resident interviews.
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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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).	The facility reported no residents who identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and resident interviews.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported there were no residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.
55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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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).	The facility reported no residents who disclosed prior sexual victimization during their risk screening. This was verified while reviewing intake documentation and confirmed by facility staff during their interviews.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility reported no residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ 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). ☑ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☒ Staff who perform screening for risk of victimization and abusiveness ☒ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	◉ Yes ○ No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
75. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

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.

77. 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?	◉ Yes ○ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

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.

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

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

80. 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	1	0	1	0
Total	1	0	1	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.

81. 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

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

84. 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	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	Dismas Charities reported zero sexual harassment investigations during the audit period. This was verified during staff and resident interviews.

86. 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No
AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with this standard: 1. DISMAS Charities Policy #24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION 2. Dismas Charities Employee Handbook-2021 Sexual and Other Unlawful Harassment page 15-17 3. DISMAS Charities Organizational Chart 4. Albuquerque Facility Organizational Chart Interviews: 1. Random Resident Interviews 2. Random Staff Interviews 3. Dismas Charities Agency PREA Coordinator Interview

4. Assistant Director Interview
5. Albuquerque Facility Director/PREA Compliance Manager

During staff and resident interviews there was a general understanding of Dismas Charities zero-tolerance policy toward sexual abuse and sexual harassment and their policies to prevent, detect and respond such conduct.

The agency wide PREA coordinator reported during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The Albuquerque Facility Director/PREA Compliance Manager and Assistant Director reported during their interviews that they have sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities, Inc. has an agency wide operating policy (#24.1 - SEXUAL ABUSE/HARASSMENT/MISCONDUCT PREVENTION INTERVENTION) mandating zero tolerance relating to sexual assault, sexual abuse and sexual harassment.

"Dismas is committed to the enforcement of the zero-tolerance practice related to sexual harassment and to provide a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment and sexual abuse. Actions, words, jokes, or comments based on an individual's race, color, religion, sex, national origin, age, disability, veteran status or any other characteristic protected by law will not be tolerated. Dismas provides on-going sexual harassment/sexual abuse prevention training to ensure you the opportunity to work in an environment free of sexual and other unlawful harassment."

(b) Dismas Charities policy discusses their approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.

(c) Dismas Charities Inc. has a designated agency wide PREA Coordinator who reports to Dismas Charities Executive Vice President/COO. Under the agency wide PREA Coordinator each facility has a Facility Director/PREA Compliance Manager that is responsible PREA Compliance at the facility level. Lines of communication between the PREA Compliance Manager, PREA Coordinator and Executive Vice President appear to be open.

(d) Dismas Charities operates thirty-eight (38) facilities across several states. Each facility has a designated PREA Compliance Manager who reports to both their Regional Vice President and the Agency PREA Coordinator. The Albuquerque Facility's Facility Director is also the designated PREA Compliance Manager.

	The Auditor conducted a thorough review of Dismas Charities' policies and procedures, Organizational Chart, and interviewed staff and residents. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. Dismas Charities has successfully created a culture of zero-tolerance towards all forms of sexual abuse and sexual harassment. Dismas Charities operates thirty-eight (38) facilities across several states and has appointed an agency PREA Coordinator that has oversite and authority for all facilities. Additionally, each facility has an appointed PREA Compliance Manager which ensures compliance at the facility level. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Pre-Audit Questionnaire Interviews: 1. Dismas Charities PREA Coordinator During the interview with the Dismas Charities PREA Coordinator he indicated that they do not contract with other agencies to house their residents. Diersen Charities Albuquerque is a private, not for profit halfway house which contracts with the Federal Bureau of Prisons, housing residents released from incarceration. Diersen Charities Albuquerque does not contract out for the confinement of its residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Diersen Charities Albuquerque Facility provided the following documents to

assist the auditor in determining compliance with the standard:

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

Interviews:

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

Staff and residents interviewed indicated Resident Monitors conduct head counts every two hours and do additional "walk-throughs" each hour between counts in all areas of the facility including dorms, restrooms, and other common areas.

Resident interviews indicated that female staff rarely go in male dorms and male staff rarely go in female dorms. They also indicated that when necessary to do so they knock and announce and wait before entering areas where residents may be undressed. Residents were also asked in they felt they had enough privacy to shower, change clothes and use the restroom. All indicated they did.

During interviews with supervisory staff (Facility Director, Assistant Director) they indicated they conduct unannounced rounds, each day, often multiple times per day. Both Resident Monitors and supervisors stated they document rounds in a log book in the Central Monitoring Office (CMO) and in the computer.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Diersen Charities Albuquerque Facility is a male and female facility and has a staffing plan and policy (Dismas Staffing Policy Pg. #10) which accounts for generally accepted practices; the Albuquerque Facility follows applicable regulations and standards to determine staffing levels. All components of the facility's physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. Staffing requirements are addressed in their contract with the BOP and is assessed annually and adjustments are made if necessary. Any changes to the Albuquerque Facility's staffing levels must be approved by Dismas Charities Executive staff and the and BOP. Documentation and interviews with staff and residents and the facility tour indicated adequate staffing levels.

	Since their last PREA audit, the Diersen Albuquerque Facility reported the average daily number of residents was (Redacted). Since their last PREA audit, the Diersen Albuquerque Facility reported the average daily number of residents on which the staffing plan was predicated was (Redacted). (b) During the onsite audit the auditor was provided a list of all staff and hours they work. This was compared to the staff working at the time. No issues were identified. (c) The Albuquerque Facility reported no deviations from their staffing plan during the audit period, Dismas Charities policy requires the Facility Director to document and report any deviation to Dismas Charities Executive staff. (d) The Albuquerque Facility is a male and female facility and has sufficient male and female staff available to staff the Central Monitoring Office (CMO), conduct rounds in living areas and restrooms, and do pat-searches when necessary. The minimum staffing for the facility is one male staff and one female staff. Resident interviews indicated that male staff rarely go in female dorms and female staff rarely go in male dorms. They also indicated that when necessary to do so they knock and announce and wait before entering areas where residents may be undressed. During the tour all areas were observed including dorms, restrooms, dayrooms, dining, Central Monitoring Office (CMO) and the main entrance. In the CMO the camera system was observed and no issues were identified concerning blind spots or cross-gender supervision. The Auditor concluded Diersen Charities Albuquerque Facility has an adequate staffing plan to ensure the protection of residents from sexual abuse and harassment. The Auditor reviewed policies, procedures, Staffing Plan, Staffing Plan Reviews, facility logbooks, shift rosters, and conducted interviews with staff and residents. The facility conducts an annual staffing plan review as required by this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc. PROGRAMS Searches and Contraband Procedure 2. Dismas Charities, Inc. SEARCHES AND CONTRABAND

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

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

Interviews:

1. Random Resident Interviews
2. Resident Monitor Interviews

During resident interviews, residents reported being able to use the restroom, take a shower and change clothing with privacy from staff and other residents. The process for exiting and returning to the facility was discussed with residents. They indicated that when they return to the facility from either work or other passes they go through a process which includes a property search and pat search. All residents reported that male staff search male residents and female staff conduct searches of female residents. If same sex staff are not available staff use a hand-held metal detector to conduct the search.

During Resident Monitor interviews, they reported that when doing counts and routine rounds that female staff rarely go in male dorms. They also indicated that when necessary to do so they knock and announce and wait before entering areas where residents may be undressed. The process for exiting and returning to the facility was also discussed with Residents Monitors. They indicated that when residents return to the facility from either work or other passes there is a process which includes a property search and pat search. All reported that male staff search male residents and female staff conduct searches of female residents. If same gender staff is not available, staff is trained to use a "wand" style metal detector to conduct searches. Resident Monitor stated they have received training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents if needed.

Site Review Observations:

1. Observations during on-site review of physical plant

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

Diersen Charities Albuquerque Facility reported the number of cross-gender strip or

	cross-gender visual body cavity searches of residents were (0) zero. (b) Dismas Charities does not permit cross-gender pat-down searches of female residents absent exigent circumstances. Diersen Charities Albuquerque Facility reported the number of pat-down searches of female residents that were conducted by male staff were (0) zero. (c) The Albuquerque Facility has sufficient staff available to conduct searches when needed. If male staff is not available, female staff is trained to use a "wand" style metal detector to conduct searches. (d) Dismas Charities policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical 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. Policies 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. Both a review of policies and interviews with staff and residents confirmed that staff knock and announce their presence and wait before entering into dorms. During the tour and review of cameras in the CMO it was found that none of the cameras view the dorms, toilet, shower or other areas where residents may be undressed. All toilets have doors on stalls and all showers have curtains. (e) Dismas Charities policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Diersen Charities Albuquerque reported zero (0) searches or physical examinations of transgender or intersex resident for the purpose of determining the resident's genital status. (f) Diersen Charities Albuquerque reported 100% of staff have been trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The Auditor concluded staff had been appropriately trained to conduct cross-gender searches if necessary. Staff make opposite gender announcements when entering resident living units. Residents are able to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender and intersex inmates professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, shift rosters, made on site observations, and interviewed staff and resident Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Inc. Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 2. Dismas Charities, Inc. Initial PREA Screening Questionnaire (in English and in Spanish) 3. PREA Informational Posters and Brochures (English and Spanish) posted and displayed for resident and staff access in the facility Interviews: 1. Resident Monitor Interviews 2. Counselor Interviews 3. Resident Interviews During interviews with Resident Monitors who conduct the initial intake screening and education they explained how accommodations can be made if needed. Specifically, information may be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed. Interviews with Counselors who conduct the reassessments and provide additional PREA education indicated the same availability of accommodations. Random residents were asked during interviews if they knew of any other residents that are disabled, unable to speak English or may have trouble understanding the information provide to them during the intake and orientation process. None were aware of any at the facility during the on site audit. Site Review Observations: 1. Observations during on-site review of physical plant Dismas Charities has a policy which states: “Assistance will be provided to those residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Other residents may not be used as interpreters, readers or assistants except in limited circumstances in an exigent situation. The director will seek guidance from the RVP in these cases.” In the past 12 months, the number of instances where resident interpreters,

	readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero (0) The Albuquerque Facility takes steps which ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Dismas Charities provided a Memo for clarification. It states: *The agency (Dismas Charities) shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.* *The Dismas facility will first use an in-house staff member having the necessary skills if none is available, the director will reach out to other Dismas facilities for assistance. If no Dismas employee is available, the director with assistance of the assigned Regional Vice-President will reach out to the local community. The Supervising Authority for the client will be informed for assistance if needed.* The Albuquerque Facility provides residents an orientation, handouts for the local rape crisis center, and Dismas and BOP posters which are available in English and Spanish. Additionally, the facility has access to interpretive services through other Dismas facilities or the BOP if needed. The Auditor concluded the agency provides information that ensures equal opportunities to residents who are disabled. The agency takes reasonable steps to provide residents who are limited English proficient meaningful access to all aspects of the agency's prevention, detection and response policies towards sexual abuse and sexual harassment. The Auditor conducted a thorough review of the agency's policies, procedures, training, made on-site observations, interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:

1. Dismas Charities, Inc. PERSONNEL policy EMPLOYEE BACKGROUND CHECKS Procedure 2.4
2. Dismas Charities, Inc. POLICY MANUAL-PERSONNEL Page #20
3. Dismas Charities, Inc. PREA Questions for New Applicants
4. Dismas Charities, Inc. Background Checks (BOP)
5. New and Current Employee Background Checks
6. Contract Staff and Volunteer Background Checks

Interviews:

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

Interview with the agency PREA Coordinator and Facility Director both indicated that all applicants that may work with residents submit their information to Dismas Charities and it is forwarded on to the BOP for a complete background check. New staff are not allowed to work with residents until they are cleared. The same applies any contract staff and volunteers. Additionally, the PREA Coordinator stated that their contract with the BOP requires criminal background records checks each year and before any new contract for all current employees who may have contact with residents.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities Inc. requires background investigations for all new hires as well as for staff being considered for a promotion. Dismas Charities Policy #2.1 PERSONNEL Employee Background Checks states: *"Prior to hiring a person, the Director or designee must complete reference checks on past employers, obtain education verification, and obtain a background check from the Kentucky Office of the Courts. If a Federal contract is involved, the Director must get an NCIC/NLETS clearance from the BOP."*

Diersen Charities Albuquerque reported that in the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was (0) zero.

Dismas Charities provided documentation showing completion of background checks for new hires, current employees and those being considered for promotion. Background checks are completed by the BOP.

(b) Dismas Charities policy indicates that: *"Any incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents."*

(c) Dismas Charities policy states: *"Employment reference checks will be*

	conducted not only for outside applicants but for internal applicants as well in order to verify current work records. The hiring manager shall request a review of the employee's personnel file, as well as a review of supervisory counseling, formal and informal, for this purpose." This includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. (d) Dismas Charities policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents Diersen Charities Albuquerque reported that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was (0) zero. During the preaudit documentation review, Dismas Charities provided documentation showing completion of background checks for volunteers and contract staff. Background checks are completed by the BOP. (e) Dismas Charities exceeds the requirements of this component of the standard. Their contract with the BOP requires criminal background records checks each year and before any new contract for all current employees who may have contact with residents. (f) Dismas Charities asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions nor does Dismas Charities employees about previous misconduct described in paragraph (a) of this section in as part of reviews of current employees. Questions are found on the online application completed by all applicants. (g) Dismas Charities policy states *"Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."* Dismas Charities provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Auditor concluded that Dismas Charities takes appropriate steps to identify previous acts of sexual misconduct before hiring staff, enlisting the services of contractors, and before promoting existing staff. The Auditor conducted a thorough review of the agency's policies, procedures, employment records, forms and interviewed staff and contractors. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc. Albuquerque Pre-Audit Questionnaire 2. Albuquerque Facility Diagrams 3. Facility Tour Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency Wide PREA Coordinator The agency PREA Coordinator and the Facility Director/PREA Compliance Manager were both aware of the PREA standard requiring their participation in considering the effects of designing new or updating existing facilities. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. (b) Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. The Auditor has established the PREA Coordinator considers design affects and camera placements to protect residents from sexual abuse. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Inc. Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc. Albuquerque Pre-Audit Questionnaire 2. MOU with the BOP CTS

	Interviews: 1. Random Staff Interviews 2. Facility Director/PREA Compliance Manager 3. Rape Crisis Center of Central New Mexico - Interview (Phone) Random staff interviews confirm staff are trained and understand their responsibilities to preserve, collect and properly handle evidence. During the interview with the Facility Director he confirmed that any victim of sexual abuse would be provided access to qualifies staff at University of New Mexico Hospital and that a victim advocate would be notified if requested by the victim. A phone interview with staff from the Rape Crisis Center of Central New Mexico stated they would provide free services to someone housed at Dismas Charities the same as they would someone in the community. She also listed services they provide which include sexual abuse counseling, hotline services, support groups, hospital advocacy including support during examinations and victim support during law enforcement interviews. She stated that their hotline is open to anyone 24/7 and that additional materials including pamphlets are provided for distribution if requested. Site Review Observations: 1. Observations during on-site review of physical plant: (a) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported to the BOP and local law enforcement. Both follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. (b) Diersen Charities Albuquerque Facility is an adult only facility. (c) Diersen Charities Albuquerque Facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the Facility Director/PREA Compliance Manager and Random staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at University of New Mexico Hospital by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The number of forensic medical exams conducted during the past 12 months was zero. The number of exams performed by SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero

	(d) Diersen Charities Albuquerque has an MOU with the BOP CTS Crisis counseling and may utilizes the Rape Crisis Center of Central New Mexico to provide victims of abuse with a victim advocate During the intake process, Dismas Charities provides information including the web address, physical address and phone number to the Rape Crisis Center of Central New Mexico who provides victims of abuse with an advocate as needed. Additionally, information is posted on bulletin boards and by the resident phones. (e) Interviews conducted with the Facility Director/PREA Compliance Manager and random staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services (f) Dismas Charities is responsible for administrative investigations, all investigations which may result in criminal charges are reported local law enforcement and/or the BOP. (g) The auditor is not required to audit this provision (h) This provision is Not Applicable; Diersen Charities Albuquerque Facility refers these services to BOP CTS Crisis counseling or may utilize the Rape Crisis Center of Central New Mexico for access to a victim advocate. The Auditor determined an appropriate uniform evidence protocol is used when collecting forensic evidence following a sexual abuse incident. Diersen Charities Albuquerque allows residents access to victim advocates form a rape crisis center. The facility provides access to forensic exams when necessary which are conducted by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Auditor reviewed the agency's policies, procedures, Memorandums of Understanding, and conducted interviews with investigators, and victim advocate. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc., Albuquerque Pre-Audit Questionnaire

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

Interviews:

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

Interviews with the Facility Director and Assistant Facility Director confirmed that all allegations of sexual abuse and sexual harassment are immediately investigated and that allegations that appear to be criminal in nature are forwarded to the BOP and that the BOP and/or local law enforcement complete those investigations.

A phone interview with the Dismas Charities PREA Coordinator confirmed that BOP or Local Law Enforcement conduct criminal investigations in all facilities that house BOP inmates/residents including contract facilities.

Site Review Observations:

1. Observations during on-site review of physical plant

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

In the past 12 months, Diersen Charities Albuquerque reported one (1) allegation of sexual abuse and sexual harassment.

In the past 12 months, the number of allegations resulting in an administrative investigation was one (1).

In the past 12 months, the number of allegations referred for criminal investigation was zero (0).

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

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

	(c) Information on the Dismas Charities website clearly explains who is responsible for investigations. *Dismas Charities, Inc. ensures that allegations of sexual abuse or sexual harassment are referred for investigation to the appropriate agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior in which case, the allegation is referred for administrative investigation. All allegations are referred for investigation.* *Dismas Charities, Inc. will fully assist and support the appropriate agency conducting criminal investigations as requested.* *Residents of Dismas Charities, Inc. are encouraged to immediately report allegations of sexually abusive behavior to a staff member they trust, the Director, or via the Resident Kiosk process. All allegations, including third-party reports, are confidential and will be thoroughly investigated.* *Third-party allegations on behalf of a resident can be initiated by contacting the PREA Coordinator at 502-387-7745, or by email at info@Dismas.com.* *You may also report allegations of inmate abuse as below.* *To initiate an investigation, please provide information about the incident(s) including: the dates, times, and locations where each incident took place; names of the inmates, staff, or others who were involved; and their identifying information. Any detail you can provide will greatly assist our investigation.* *If reporting on behalf of a Federal resident write to one of the following addresses, depending on the type of allegation:* *Resident abuse of other Residents:* *FEDERAL BUREAU OF PRISONS* *NATIONAL PREA COORDINATOR* *CORRECTIONAL PROGRAMS DIVISION* *320 FIRST ST. NW, ROOM 554* *WASHINGTON, DC 20534* *Staff abuse of residents:* *FEDERAL BUREAU OF PRISONS* *OFFICE OF INTERNAL AFFAIRS* *320 FIRST ST. NW, ROOM 600* *WASHINGTON, DC 20534* *If reporting on behalf of a State resident housed within a Department of Corrections facility, you may call the PREA Hotline toll free at 1-833-362-PREA (7732).* *Please have any information or evidence available for the investigator who will be assigned to handle the case. False accusations may be prosecuted. All reports are taken seriously and investigated as outlined in PREA.*

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

	Allegations will be investigated based on client status. Federal Bureau of Prison clients may be investigated by agency or bureau investigators depending on allegations. Department of Corrections clients may be investigated by agency or DOC investigators depending on allegations. All allegations found to be criminal in nature will be referred to local law enforcement for investigation and prosecution if warranted. (d,e) Auditor is not required to audit these provisions The Auditor concluded that Dismas Charities appropriately refers criminal allegations of sexual abuse and sexual harassment to the BOP or Local Law Enforcement. The BOP and Local Law Enforcement have legal authority to conduct such investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, agency website, investigative reports and interviewing staff and inmates, the Auditor determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Albuquerque Pre-Audit Questionnaire 2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 3. Dismas Charities, PERSONNEL policy EMPLOYEE ORIENTATION Procedure 2.3 4. Dismas Charities, PERSONNEL policy SEXUAL ABUSE INFORMATION Procedure 2.6 5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention 6. Dismas Charities, Initial Employee Orientation Checklist 7. Dismas Charities, “Annual and Initial PREA Standards for Staff” 8. Dismas Charities, Albuquerque Staff Training Record Interviews: 1. Random Staff Interviews 2. Assistant Facility Director 3. Facility Director/PREA Compliance Manager

During random staff interviews all indicated they receive PREA related training as part of their new hire orientation. They also stated that PREA is part of their annual curriculum and is covered at monthly staff meetings. Training includes the Dismas Charities zero-tolerance policy, methods residents can report, responder duties, retaliation, how to care for the victim, preservation of evidence, pat search policies and additional topics.

Interviews with the Director and Assistant Director confirmed PREA training is part of the new hire orientation and annual training curriculum. Additionally, they stated that staff who transfer from another Dismas Facility would receive facility specific training before working with residents.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities provides all staff with training which includes:

- Dismas Charities' zero-tolerance policy
- How to fulfill their responsibilities under agency sexual abuse and sexual Harassment prevention, detection, reporting, and response policies
- Residents' right to be free from sexual abuse and sexual harassment
- Rights of residents and employees to be free from retaliation for reporting abuse
- Dynamics of sexual abuse and sexual harassment in confinement
- Common reactions of sexual abuse and sexual harassment victims
- Signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Training is provided before new staff can work with residents and annually for all current employees. Dismas Charities provide copies of the "Annual and Initial PREA Standards for Staff" for all current employees with the preaudit checklist and staff training files were reviewed on site.

(b) Dismas Charities staff receives training tailored to the gender of the residents, the Albuquerque Facility houses male and female residents and training records reviewed demonstrated a distinction in training. All staff receives training regardless of whether or not they are reassigned from another facility.

(c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed at monthly staff meetings.

	(d) Dismas Charities provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. The Auditor concluded that Diersen Charities Albuquerque Facility has appropriately trained its staff and documented the employees' understanding of the training received. All facility staff interviewed were knowledgeable and retained the information provided through their training efforts. The Auditor reviewed agency policies, procedures, lesson plans, training records, acknowledgement forms, interviewed staff, made observations and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Albuquerque Pre-Audit Questionnaire 2. Dismas Charities, Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention TRAINING Procedure 24.2 3. Dismas Charities, PERSONNEL policy SEXUAL HARRASSMENT Procedure 2.K 4. Dismas Charities, PERSONNEL policy USE OF VOLUNTEERS Procedure 2.C 5. Dismas Charities, Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention 6. Dismas Charities Volunteer Application that includes VOLUNTEER RULES 7. Dismas Charities: A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders For Staff, Work Crew Supervisors (KY), Volunteers, Contractors and Vendors Interviews: 1. Facility Director/PREA Compliance Manager 2. Random Staff 3. Volunteer Interview Interviews with the Facility Director and random staff confirmed that volunteers and contractors receive PREA orientation prior to entering the facility and working with residents. An interview with on of the Reentry Connection volunteers confirmed that

	volunteers received an orientation to the facility which included Dismas Charities' Zero-Tolerance policy and who to report to if they see or hear something or one of the residents report sexual abuse or harassment to them. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is (Redacted). (b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation. (c) Dismas Charities maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material. Training is provided before volunteers can work with residents and again each year for current volunteers. Dismas Charities provide copies of the "Staff/Volunteer Acknowledgement" for all current volunteers with the preaudit checklist. The Auditor concluded that Dismas Charities is appropriately training volunteers and contractors. Dismas Charities' training curriculum is appropriate and documentation is maintained showing that volunteers and contractors have received training. The Auditor reviewed the agency's policies, procedures, training curriculum, training records, and interviewed staff and volunteers and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.233	Resident education
	Auditor Overall Determination: Exceeds 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
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-TRAINING Procedure 24.2 3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSION Procedure 9.2 5. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents 6. Dismas Charities Initial PREA Screening Questionnaire 7. Dismas Charities SEARCHES AND CONTRABAND 8. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/ Misconduct Prevention Intervention 9. PREA Informational Posters and Brochures Interviews: 1. Resident Monitor Interviews 2. Random Resident Interviews During interviews with Resident Monitors who conduct the initial education and facility orientation they explained how accommodations can be made if needed. Specifically, information could be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed. During resident interviews, all indicated they received PREA reporting information during the intake process and had a full orientation to the facility within the first 24 hours including the PREA video with subtitles. Most residents had a good of the agency's zero-tolerance policy and indicated they felt safe at the facility. Residents indicated they received information about the availability of outside services during orientation but most were unable to offer specific information. Most indicated they knew the services were available and where to find the information if needed. All residents indicated they signed for the information they received. Site Review Observations: 1. Observations during on-site review of physical plant (a) During intake, Resident Monitors provide all residents with PREA educational materials. Residents sign a "Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct Form" which explains Dismas Charities' zero-tolerance policy towards sexual abuse and sexual harassment, right to be free from abuse,

	harassment and retaliation for reporting such conduct. Within the first 24 hours residents are provided a full orientation to the facility including the PREA orientation video. The number of residents admitted during past 12 months who were given this information at intake is (Redacted). (b) Dismas Charities provides refresher information whenever a resident is transferred to a different facility. The number of residents transferred from a different community confinement facility during the past 12 months was zero (0). The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero (0). (c) Dismas Charities provides education to residents about their rights to be free from sexual abuse and sexual harassment. The educational materials, resident handbook and Dismas PREA Pamphlet include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be reported to the Facility Director for investigation. (d) Within 30 days and during regular sessions with Resident Counselors, residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided. Documentation of additional PREA education is noted in the resident file and was reviewed during the onsite audit. (e) Dismas Charities provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills. The Diersen Albuquerque Facility had one Spanish speaking resident during the onsite audit. His file contained documentation that the resident was provided PREA educational information in Spanish. Additionally, case notes in the file were translated for each meeting with his counselor so he could understand what was written. The resident was not able to be interviewed because of his work schedule during the onsite audit. (f) Dismas Charities maintains documentation of resident participation in initial PREA education and their full comprehensive facility orientation in the resident file. Ten (10) files were randomly selected and reviewed during the onsite audit. All files had documentation of the resident's initial PREA education and their full facility orientation including the Dismas Charities and PREA video. (g) Dismas Charities provides additional educational materials in the resident dorms in the form of posters. Random interviews and the facility tour confirmed the existence of additional materials in most areas. During the tour of the facility postings with reporting information including the

	Dismas Charities PREA Hotline and contact information for the Office of Inspector General Investigations Division was observed in the dining hall, on both bulletin boards and buy the resident kiosk. However, outside service information was not by resident phones. This was discussed with the Facility Director and corrected while on site. The Auditor concluded the resident population at the Diersen Albuquerque Facility is educated in the facility's zero tolerance policy, how to report allegations, their rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies. Dismas Charities maintains appropriate documentation in the resident file. The Auditor reviewed the agency's policies, procedures, Resident Handbook, resident orientation, acknowledgement form, interviewed staff and residents and determined the facility meets the requirements of this standard. Based on the review and analysis of all of the available evidence, the auditor has determined Diersen Albuquerque Facility is fully compliant with this standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities PREA - Specialized Training: Investigating Sexual Abuse in Confinement Setting 3. Investigator Training Certificates Interviews: 1. Facility Director/PREA Compliance Manager 2. Assistant Director 3. Agency PREA Coordinator During interviews with the Agency PREA Coordinator, Director and Assistant Director they stated they received specialized investigator training that was provided by the KYDOC. Criminal investigations are completed by the BOP or local law enforcement. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities ensures that its Facility Directors have received training in

	conducting sexual abuse investigations in confinement settings; The Facility Director is responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the Facility Director may refer the case to the BOP or local law enforcement for a criminal investigation. (b) Specialized training includes: • techniques for interviewing sexual abuse victims • proper use of Miranda and Garrity warnings • sexual abuse evidence collection in confinement settings • criteria and evidence required to substantiate a case for administrative action or prosecution referral. (c) Dismas Charities maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. The number of Dismas Charities investigators currently employed who have completed the required training is 29. (d) Auditor is not required to audit this provision The Auditor concluded that Dismas Charities has provided appropriate training to those that conduct sexual abuse and harassment investigations. The Auditor conducted a review of policies, procedures, training records, interviewed investigators and determined the agency meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities Memo Interviews: 1. Agency PREA Coordinator 2. Facility Director/PREA Compliance Manager Site Review Observations:

	1. Observations during on-site review of physical plant (a) Diersen Charities Albuquerque Facility does not employ their own medical staff or contract for on-site medical services. The number of medical and mental health care practitioners who work regularly at this facility is zero (0). (b) The portion of the standard is Not Applicable as all forensic exams are conducted at University of New Mexico Hospital or another community hospital. Staff interviews confirmed this information. (c) Diersen Charities Albuquerque Facility does not employ their own medical staff or contract for on-site medical services. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 6. Dismas Charities Initial PREA Screening Questionnaire (dci902) 7. Random Resident Files (Counselor Case Notes) Interviews: 1. Resident Monitor interviews 2. Facility Director/PREA Compliance Manager 3. Resident Counselor interviews 4. Random Resident Interviews During Resident Monitor interviews they indicated that during the intake process

they utilize the Initial PREA Screening Questionnaire (dci902) as part of the intake packet. Resident Monitors stated they go over questions with the resident and forward the packet to the Facility Director for review.

During the Facility Director interview, he explained that he reviews all intake packets including the PREA Screening Questionnaire. Additionally, he indicated that screening information is used to insure residents who may be vulnerable are kept separate from those that may take advantage of them.

During Counselor interviews they indicated they review the residents initial PREA Screening Questionnaire with residents during their initial one-on-one meeting with the resident. Counselors indicated that initial meetings with new residents generally take place within the first five days of arrival at the facility. Additionally, Counselors stated they asked residents if anything has changed since their initial PREA screening or if they have any concerns about their safety during each biweekly one-on-one meeting.

During resident interviews it was confirmed that Resident Monitors ask PREA screening questions within the first few hours upon arrival at the facility and that questions are asked individually in a private location. Residents also confirmed that during biweekly, one-on-one meetings with their counselor they are asked if anything has changed since their initial PREA screening and if they have any concerns about their safety.

Site Review Observations:

1. Observations during on-site review of physical plant

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

(b) Interviews conducted with staff indicate intake screenings are typically completed within two hours of arrival but always take place within 72 hours of arrival at the facility.

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

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

(d) Dismas Charities intake screening instrument considers:

- whether the resident has a mental, physical, or developmental disability
- whether the resident is at risk of sexual victimization

- the age of the resident
- the physical build of the resident
- whether the resident has previously been incarcerated
- whether the resident's criminal history is exclusively nonviolent
- whether the resident has prior convictions for sex offenses against an adult or child
- whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- has previously experienced sexual victimization
- the residents' own perception of vulnerability

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

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

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

(f) Within a set time period not more than 30 days from the resident's arrival at the facility, the resident's assigned Resident Counselors reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Resident Counselor and Random Resident interviews that this reassessment is being completed at their initial one-on-one meeting and every two weeks and documented in the counselor's case notes.

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

(g) Dismas Charities reassesses a resident's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information

	that bears on the resident's risk of sexual victimization or abusiveness. (h) Dismas Charities does not discipline residents for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that residents would be not disciplined for refusing to answer the screening questions. (i) Dismas Charities has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited. Information is maintained in the Resident file and kept in the counselor's office and is only accessible to authorized staff. Counselor's case notes are completed on the computer which is password protected. Case notes, once compete, are printed and placed in the resident file. Ten (10) file reviews were completed, Initial PREA Screening Questionnaires (dci902) were found to be properly completed and filed. Counselor case notes were also printed and found in the resident file. Dismas Charities asks screening questions to discover each residents level of risk of sexual victimization or sexual predation during the intake process and during each biweekly Counselors meeting. Additionally, reassessments are completes based upon any new additional information, an incident or referrals. The Auditor reviewed the agency's policies, procedures, PREA Screening Questionnaire, Case Notes, Resident Files and interviewed staff and residents. Based on the review and analysis of all of the available evidence, the auditor has determined the Diersen Albuquerque Facility is fully compliant with this standard.

115.242	**Use of screening information**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-Training Procedure 24.2 3. Dismas Charities PROGRAMS-INDIVIDUAL ORIENTATION Procedure 10.3 4. Dismas Charities PROGRAMS-PROGRAM PLANNING AND PROGRESS Procedure 10.4 5. Dismas Charities REFERRAL AND INTAKE PROCESSING-ADMISSIONS Procedure 9.2 6. Dismas Charities Initial PREA Screening Questionnaire (dci902)

	Interviews: 1. Resident Monitors 2. Resident Counselor Interviews 3. Facility Director/PREA Compliance Manager During Resident Monitor interviews they confirmed that during the intake process they utilize the Initial PREA Screening Questionnaire (dci902) as part of the intake packet and use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators. During Resident Counselor interviews they indicated that they review the PREA Screening with the resident with residents during regular meetings and offer resources to those that disclose prior abuse and make referrals to outside counseling when needed. During the Facility Director interview, he explained that he reviews and signs all PREA Screenings. He also stated they use information from the screening to determine where to house residents in the facility to insure vulnerable residents are housed away potential predators and have the option to work with the BOP to move residents to a similar facility. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities uses information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments. (b) Dismas Charities reviews the Initial PREA Screening Questionnaire (dci902) and utilizes the information to make an individualized, case-by-case determination about how to ensure the safety of each resident while housed at the facility. Generally, the BOP does not authorize residents with a predatory history to be housed in facilities like Diesen Albuquerque. (c) When deciding where to assign transgender or intersex resident the Facility Director determines the residents housing assignment after consulting with Resident Counselors and reviewing resident records and an interview with the resident taking into consideration the residents own views of where they would prefer to be housed. (d) Dismas Charities policy requires that placement and programming assignments for each transgender or intersex resident is reassessed at least once per year. (e) Resident Counselors meet with transgender or intersex individuals to discuss

	the residents' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments. (f) Transgender residents at the Albuquerque Facility have the opportunity to shower separately from other residents. During the onsite audit there were know transgender residents assigned to the facility. (g) Dismas Charities does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The Albuquerque Facility does not have a dedicated unit or wing solely on the basis of identification or status. Information is maintained in the Resident file and kept in the counselor's office and is only accessible to authorized staff. Counselor's case notes are completed on the computer which is password protected. Case notes, once compete, are printed and placed in the resident file. Ten (10) file reviews were completed, Initial PREA Screening Questionnaires (dci902) were found to be properly completed and filed. Counselor case notes were also printed and found in the resident file. The Auditor concluded Dismas Charities makes individualized determinations when assigning resident's housing, bed, work, programming and education assignments. Dismas Charities has appropriate policies, procedures and practices in place to protect vulnerable residents from those identified as potential abusers. The Auditor conducted a thorough review of policies, procedures, records, PREA Screenings, interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention

Intervention Statement for Residents
4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/ Misconduct Prevention Intervention
5. PREA Refresher: Community Confinement, Ways Residents Can Report
6. PREA Refresher: Community Confinement, Encouraging Residents to Report Sexual Abuse
7. PREA Informational Posters and Brochures (English and Spanish)

Interviews:

1. Random Staff Interviews
2. Random Resident Interviews

During staff interviews, they were able to articulate multiple ways that residents can report abuse and harassment. They included written reports, verbal reports to any staff member, use of the kiosk (action requests), anonymous and third-party reports and the use of hotline number for Dismas Charities and the address for the Bureau of Prisons National PREA Coordinator and Office of Internal Affairs. Additionally, staff stated that most residents had access to personal cell phones or could go directly to the local police if needed. Resident Monitors indicated how reporting information is provided to residents at intake and during orientation and where addition information is posted.

During Resident interviews, they understood multiple ways they can report abuse and harassment. These included written notes, verbally telling a staff member, use of the kiosk (action requests), anonymous and third-party reports and the use of the hotline number for Dismas Charities. Many residents also indicated they could also report to their probation officer or go directly to the local police. Resident's indicated they were provided reporting information at intake and during orientation and were aware of locations where addition information is posted.

Site Review Observations:

1. Observations during on-site review of physical plant

The Albuquerque Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information on how to make a report is provided to residents at intake and orientation and posted in resident dorms and common areas.

Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Residents have access to two kiosks in dining area that they can uses to submit an "action request" to speak privately with counselors and administrative staff. Additionally, the Dismas Charities hotline is posted in several locations around the facility and the Bureau of Prisons National PREA Coordinator and Office of Internal Affairs information is posted on both bulletin boards.

	Outgoing mail is sealed and locked in the Central Monitoring Office until it is picked up daily by the Postal Service. Residents also have the option of sending mail while out of the facility. Residents have access to free house phones which are accessible during "house" hours from 0600 – 2230 Monday to Friday and 0600 – 2330 on the weekends. The majority of residents also have their own cell phones. Postings informing residents of how to make a report were found by the front entrance, on bulletin boards by the Central Monitoring Office, dining area, hallway and by the resident phones. The Dismas Charities posters have the phone number and email for the Agency PREA Coordinator. The Dismas Charities number was tested during the onsite audit. The Dismas Charities phone number was answered immediately by the agency PREA Coordinator. Additionally, numbers are provided for local law enforcement. Dismas Charities provides multiple ways for residents to report allegations of sexual abuse and sexual harassment including Dismas Charities leadership and the BOP. Dismas requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Resident Handbook, education materials, staff training materials, Zero-Tolerance Poster, Investigative records, training records, and interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 3. Dismas Charities GRIEVANCE PROCEDURE 4. Dismas Charities ADMINISTRATIVE REMEDY-GRIEVANCE PROCEDURE Interviews: 1. Random Resident interviews. 2. Facility Director Interview Interviews with random residents confirmed multiple ways a resident could report

	allegations of sexual abuse or sexual harassment, submitting a grievance was one of those ways. The residents explained there are grievance boxes in the facility. None of the random residents interviewed had ever filed a grievance regarding an allegation of sexual abuse or sexual harassment. The Facility Director explained during his interview that all resident grievances came to him for a final decision and understood the timeframes for responding to a PREA related grievance. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities permits residents to submit grievances regarding allegations of sexual abuse without any type of time limits. (b) Dismas Charities does not require residents to use an informal grievance process, or to otherwise attempt to resolve incidents of sexual abuse. (c) Dismas Charities ensures a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to the staff member who is the subject of the complaint. (d) Dismas Charities policy states: *"All grievances pertaining to an allegation of sexual abuse are handled formally and are documented and investigated. 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."* (e) Dismas Charities policy states: *"Third parties, including other residents, staff members, family members, attorneys or outside advocate, shall be permitted to assist residents in filing requests for Administrative Remedy relating to allegations of sexual abuse, and shall be permitted to file such requests on behalf of the resident. If a third-party files such a request on behalf of a resident, Dismas requires as a condition of processing the requires that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the Administrative Remedy Process. If the resident declines to have the request process on his or her behalf, the resident's decision will be documented."*

	Dismas Charities has established procedures for filing an emergency grievance. Dismas Charities policy states: *"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 decision within 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."* (g) The Dismas Charities does not discipline residents for filing a grievance related to alleged sexual abuse. *"The Director may discipline a resident for filing a grievance related to alleged sexual abuse only where the Director can demonstrate that the resident filed the grievance in bad faith."* The Diersen Charities Albuquerque Facility reported zero (0) grievances related to sexual abuse or harassment for the past 12 months. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero (0). In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero (0). In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero (0) Dismas Charities provides multiple ways for residents to report allegations of sexual abuse and sexual harassment including a formal grievance process. Dismas requires staff to forward all grievances related to sexual abuse and sexual harassment to the Facility Director. The Auditor reviewed the agency's policies and procedures, and interviewed staff and residents. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:

1. Diersen Charities Albuquerque Pre-Audit Questionnaire
2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3
3. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/ Misconduct Prevention and Intervention
4. PREA Informational Posters and Brochures
5. MOU BOP Community Treatment Services (CTS)

Interviews:

1. Facility Director/PREA Compliance Manager
2. Random staff interviews
3. Random resident interviews

During interviews with staff they indicated that residents are provided information about outside services available during the intake and orientation process and that additional information was available through the resident's counselor.

During resident interviews all indicated they received information at intake but several were unable to recall specifically if the information was for outside service providers or if information was provided about the confidentiality of their interactions with the provider. Several also indicated they would speak with their counselor if they needed those type of services. Residents understood that conversations with their counselors and outside providers are confidential.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents email addresses and telephone numbers, including toll-free hotline numbers, of local, State, and national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet provided at intake and on posters on bulletin boards in the dining area and day rooms.

(b) Dismas Charities informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.

(c) Dismas Charities has an MOU with the BOP Community Treatment Services (CTS) which covers BOP contract facilities. Locally, Diersen Charities Albuquerque Facility utilizes the Rape Crisis Center of Central New Mexico for confidential emotional support services related to sexual abuse.

Residents are provided a web address and phone number for the Rape Crisis Center of Central New Mexico

and information about accessing service through BOP Community Treatment

	Services (CTS). Additionally, Residents have access to free house phones which are accessible during "house" hours from 0600 – 2230 Monday to Friday and 0600 – 2330 on the weekends. The majority of residents also have their own cell phones. Posters were posted on the bulletin board by the Central Monitoring Office, in the hallway and in dayrooms. The posters have the web address and phone number for the Rape Crisis Center of Central New Mexico. They were contacted during the onsite audit, they explained they provide a whole list of services including hot line counseling services, crisis response, sexual assault services, and victim advocacy. They also indicated that any correspondence with residents are confidential and they would only notify authorities if they felt there was a significant threat to the resident or if the resident asked them to. Dismas Charities maintains documentation it provides emotional support services for sexual abuse victims through a written agreement with the BOP Community Treatment Services (CTS) and may also utilize the Rape Crisis Center of Central New Mexico. Contact information for these organizations is provided to each resident upon intake, during orientation and is available thought the facility. The Auditor reviewed the agency's policies, procedures, agreements, Resident Handbook, pamphlet, interviewed staff and residents to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTIONAND REPORTING Procedure 24.3 3. PREA Informational Posters and Brochures 4. Dismas Charities website (http://www.dismas.com/about/prea/) Interviews: 1. Random Staff Interviews 2. Random Resident Interviews During interviews with staff they were asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed

	the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation During interviews with residents they were asked what avenues were available for reporting sexual abuse or sexual harassment. Residents stated they could tell a staff member, write a "Action Request" or inform another person to make an allegation for them. Residents were aware they could also report anonymously. Residents understood they could have a family member, other resident or any other person file an allegation on their behalf. Site Review Observations: 1. Observations during on-site review of physical plant (a,b) Dismas Charities accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Dismas Charities website. (http://www.dismas.com/about/prea/) Dismas Charities public reporting number was tested during the onsite audit. The Dismas Charities phone number goes directly to the Agency PREA Coordinator and was answered immediately. The Auditor determined Dismas Charities staff accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the Dismas Charities website how and to hum to make third-party reports on behalf of residents. The Auditor reviewed the agency's policies, procedures, website, training and education documents, Resident Handbook, posters, and conducted interviews with staff, volunteers and residents and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention

Intervention Statement for Residents
4. Dismas Charities Resident Acknowledgement Sexual Abuse/Harassment/ Misconduct Prevention Intervention
5. PREA Informational Posters and Brochures

Interviews:

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

During random staff and volunteer interviews it was understood that all information about any sexual abuse or harassment was immediately forwarded to the Facility Director and that all information was expected to be kept confidential.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse.

(b) Apart from reporting to the Facility Director, Albuquerque Facility staff refrains from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The staff was able to clearly articulate during interviews the importance of keeping the information confidential. Any information collected following a report of sexual abuse or harassment is securely stored in the Facility Director's office.

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

(d) The Albuquerque Facility does not house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

(e) Albuquerque Facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Facility Director/

	PREA Compliance Manager or designee for investigation. Staff interviewed where aware of their reporting responsibilities. The Auditor concluded staff and volunteers are aware of the requirement to report any knowledge, suspicion, or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information. The Auditor reviewed agency policies, procedures, training materials and interviewed staff and residents and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 Interviews: 1. Facility Director/PREA Compliance Manager Interviews with the Facility Director/PREA Compliance Manager indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat. Site Review Observations: 1. Observations during on-site review of physical plant (a) According to Dismas Charities' policy (SEXUAL ABUSE HARASSMENT MISCONDUCT PREVENTION INTERVENTION PREVENTION and REPORTING) when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. Dismas Charities' policy states: ***"Requirements when resident(s) are at risk of Sexual Abuse*** *Dismas will at all times protect all residents from the threat or harm of sexual abuse*

	within the center either perceived or actual. *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 coordinated 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."* In the past 12 months, the number of times Diersen Charities Albuquerque determined that a resident was subject to a substantial risk of imminent sexual abuse was zero (0). The Auditor concluded that Dismas Charities takes immediate and appropriate actions to ensure the protection of residents who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed facility policies, procedures, classification records, housing records, and conducted interviews with staff and residents and made observations and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3 Interviews: 1. Facility Director/PREA Compliance Manager 2. Random Staff During the Facility Director's interview, he understood that he was to report any information about sexual abuse at anther facility to the head of such facility. Additionally, Dismas staff understood that all allegations received about abuse at their facility is to be taken seriously, reported and investigated immediately. Site Review Observations:

	1. Observations during on-site review of physical plant (a) Dismas Charities policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The Albuquerque Facility indicated that in the previous 12 months they have received zero reports in which a resident alleges they were sexually abused while being housed at another facility. (b) Dismas Charities policy states that within 72 hours of receipt of an allegation a resident was sexually abused while confined at another facility, the receiving Facility Director will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications shall be documented and maintained in the resident's file. (c) Dismas Charities documents all such notifications (d) The Facility Director will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility. In the previous 12 months the Albuquerque Facility reported zero reports from another facility in which a Resident alleged sexually abuse while housed at the facility. The Facility Director fully understands the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated. Staff members Dismas Charities understand the agency's requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency's policies, procedures, and interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-PREVENTION AND REPORTING Procedure 24.3

2. Dismas Charities laminated response card titled "1st Responder PREA Protocols"

Interviews:

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

Random staff interviews confirmer their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in Dismas Charities policy. Additionally, staff referenced their PREA Protocol Card which is used as a quick reference guide should they receive a report.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities staff upon learning of an allegation that a resident was sexually abused are required to:

- Separate the alleged victim and abuser
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence

Request that the alleged victim not take any actions that could destroy physical evidence

- including washing
- brushing teeth
- changing clothes
- urinating or defecating
- smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection of physical evidence.

Additionally, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence including:

- washing
- brushing teeth
- changing clothes
- urinating or defecating
- smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection

	of physical evidence. A review of training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided. In the past 12 months, the number of allegations that a resident was sexually abused was zero (0). Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0). In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero (0). Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero (0). The Auditor determined that staff are knowledgeable in their duties as first responders to sexual abuse. The Auditor reviewed agency policies, procedures, training records, conducted interviews with staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-RESPONSE PROCEDURES Procedure 24.4 Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews Interviews with the Facility Director, PREA Coordinator and other random staff show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Also, all staff carries a PREA Response Card and have access to Dismas

	Charities' PREA Response Policy which details the steps to take in response to a sexual abuse allegation. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, investigators, and victim advocate services. The Auditor determined that Dismas Charities' coordinated response plan includes actions to ensure personnel respond appropriately to reports of sexual abuse. The Auditor reviewed policies, procedures, PREA Response Card, and interviewed staff to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: Interviews: 1. Agency PREA Coordinator Site Review Observations: 1. Observations during on-site review of physical plant The Albuquerque Facility has space and ability to protect residents from known abusers. Dismas Charities employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention PROTECTION AGAINST RETALIATION Procedure 24.6 Interviews: 1. Facility Director/PREA Compliance Manage During an interview with the Facility Director he indicated he is responsible for monitoring for retaliation. The Facility Director explain what steps he takes to monitor those who report abuse or harassment. The Facility Director indicated disciplinary charges, Incident Reports, classification actions, changes in behavior, and work assignments are reviewed. Documents reviewed by the Facility Director are reviewed electronically and in written form. The Facility Director discussed the review process if a resident alleges retaliation by a staff member. The Facility Director periodically meets with residents who report abuse or harassment. The Auditor asked what the maximum amount of time they monitor for acts of retaliation. He indicated Dismas Charities does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. The Auditor asked what actions may be taken to ensure inmates are protected if he discovers an inmate is being retaliated against. The Director explained they can make housing adjustments, programming assignment changes, education adjustments, or move residents to another Dismas Charities facility or work with the BOP to make other arrangements. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Facility Director/PREA Compliance Manager or designee is responsible for monitoring. (b) Dismas Charities has multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident

	abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (c) The Facility Director/PREA Compliance Manager or designee will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Facility Director/PREA Compliance Manager or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Facility Director/PREA Compliance Manager or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) The Facility Director/PREA Compliance Manager or designee conducts status checks and that information is documented and maintained in the residents file. (e) The Facility Director/PREA Compliance Manager or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation. In the past 12 months Diersen Charities Albuquerque reported zero (0) incidents of retaliation. The Auditor determined that Dismas Charities' has a process in place to effectively monitor for retaliation against those that report sexual abuse and harassment. The Auditor reviewed policies, procedures, and interviewed staff to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 3. PREA Informational Posters and Brochures

Interviews:

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

Both the Facility Director and Agency PREA Coordinator stated that PREA investigations are initiated immediately including anonymous and third-party reports and that investigations that appear to be criminal are turned over to BOP and/or local law enforcement for investigation.

The Facility Director indicated they were provided investigation training which included interviewing sexual abuse victims, use of Miranda and Garrity warnings, protection of evidence, and criteria and evidence required to substantiate a case for administrative investigations and when to refer an investigation to criminal investigators.

The Facility Director stated that PREA investigations are initiated immediately by gathering all the basic information from the victim, perpetrator and any witnesses. All video and physical evidences is collected, documented and secured.

The Facility Director stated that the credibility of an alleged victim, suspect, or witness is based on the ability corroborate their statements against any evidence that has been collected.

The Facility Director stated that they do not use a polygraph.

The Facility Director indicated that administrative and criminal investigations are documented and contain all information gathered during the investigation including the victim allegation, suspect and witness statements, date, time and location of the incident, actions taken by staff and all evidence that was collected.

The Facility Director stated that any investigation that appears to be criminal based on evidence is turned over to the BOP and/or local law enforcement and is referred for prosecution.

The Facility Director stated that investigations are completed regardless of whether the perpetrator leaves the facility or if the perpetrator is a staff member is terminated. He also indicated that there is mutual cooperation and sharing of information throughout the investigation process.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) Where sexual abuse is alleged, the Albuquerque Facility uses investigators who have received specialized training in sexual abuse investigations as required by

	115.234 and the Facility Director will be notified immediately. (c) Either the BOP or local law enforcement will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to local law enforcement and/or the BOP as soon as possible. (d) The BOP or local law enforcement are responsible for the criminal investigations that maybe referred for prosecution. The Diersen Charities Albuquerque Facility reported the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit is zero (0). (e) An interview conducted with the Facility Director confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. Dismas Charities investigates all allegations of sexual abuse and may refer matters to the BOP or local law enforcement as warranted. (f) Dismas Charities conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding. All investigative files are securely kept in the Facility Directors office. (g) Albuquerque Facility staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence and to the Facility Director/PREA Compliance Manager. (h) Dismas Charities retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All investigation documents are securely stored in the Facility Director's office. Any documentation stored on the computer is password protected. (i) Dismas Charities policy states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. (j) Not required to audit this provision (k) Dismas Charities provides all of their internal reports to the BOP and/or local law enforcement as soon as possible following an allegation. Dismas Charities staff cooperates with investigators as requested. The Auditor determined that Dismas Charities investigations are conducting appropriate, objective and thorough sexual abuse and sexual harassment investigations. and have received appropriate training to conduct sexual abuse and sexual harassment investigations in a confinement setting. The facility refers all

	criminal allegations to the BOP or local law enforcement for criminal investigation. The Auditor reviewed facility policy, procedures, training records, interviewed staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 Interviews: 1. Facility Director/PREA Compliance Manager Interviews with the Facility Director/PREA Compliance indicated they conduct fact finding investigations and make conclusions following their investigations and determine the best course of action based on the preponderance of evidence. Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The BOP or local law enforcement and/or Facility Director/PREA Compliance Manager investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. The Auditor determined facility investigators utilize a preponderance of evidence to substantiate sexual abuse and sexual harassment allegations. The Auditor reviewed the agency's policy; procedures, investigative reports, interviewed investigators and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Dismas Charities, Inc. Albuquerque Pre-Audit Questionnaire 2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention INVESTIGATIONS Procedure 24.5 Interviews: 1. Facility Director/PREA Compliance Manager 2. Assistant Director Interviews with the Facility Director and Assistant Director indicated that residents are notified of the outcome of investigations involving sexual abuse regardless of who completed the investigation. Site Review Observations: 1. Observations during on-site review of physical plant (a) Following an investigation into a resident's allegation that he suffered sexual abuse the Dismas Charities informs the resident utilizing the Resident Notification PREA Alleged Sexual Abuse by a Resident Form as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation. Diersen Charities Albuquerque Facility reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero (0). Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was zero (0). (b) The Facility Director/PREA Compliance Manager requests relevant information from outside investigators in order to inform the resident. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero (0). Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero

	(0). (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Facility Director/PREA Compliance Manager will subsequently inform the resident utilizing the Resident Notification PREA Alleged Sexual Abuse by Staff Form (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. (d) Following a resident's allegation that he has been sexually abused by another resident, the Facility Director/PREA Compliance Manager will inform the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file. (f) Auditor is not required to audit this provision The Auditor concluded that Dismas Charities informs residents of investigative findings after the conclusion of an investigation. The Auditor reviewed facility policies, procedures, notifications to inmates and conducted interviews with Investigators to determine the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Completed Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/ HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Dismas Charities Employee Handbook-Corrective Action Page #40 4. Dismas Charities Human Resources Policies and Procedures Manual-DISCIPLINARY PROCEDURECORRECTIVE ACTION Page #57

	5. Dismas Charities Human Resources Policies and Procedures Manual-STAFF DISCIPLINARY Page #58 and #59 Interviews: 1. Facility Director/PREA Compliance Manager 2. Assistant Facility Director 3. Random Staff Interviews Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies. (b) Dismas Charities policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Diersen Charities Albuquerque Facility reported that in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero (0) (c) Dismas Charities policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. (d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Diersen Charities Albuquerque Facility reported that in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies is zero (0). Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Completed Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DISCIPLINE FOR VIOLATING SEXUAL ABUSE/HARASSMENT POLICIES OR PROCEDURES Procedure 24.7 3. Dismas Charities Staff/Volunteer Acknowledgement Sexual Abuse Prevention and Intervention Interviews: 1. Facility Director/PREA Compliance Manager 2. Assistant Facility Director Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies. (b) Dismas Charities policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies. Diersen Charities Albuquerque Facility reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero (0). Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard:

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

Interviews:

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

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Residents at the Albuquerque Facility are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).

(b) The Albuquerque Facility resident rule book reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

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

(d) The Albuquerque Facility is a short-term facility and does not provide therapy or other counseling services. If needed, residents will be transferred to another facility that does provide those services. Dismas Charities does offer intervention services.

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

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not

	establish evidence sufficient to substantiate the allegation. (g) Dismas Charities has a zero-tolerance policy concerning sexual contact. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (b) All Albuquerque Facility staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. (c) Albuquerque Facility staff confirmed that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (d) Treatment services are provided to the victim without financial cost and

	regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities MEDICAL SERVICES Procedure 13.B 3. Dismas Charities Sexual Abuse/Harassment/Misconduct Prevention Intervention Statement For Residents Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Resident Monitor Interviews Interviews with administrative staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the residents' health record. Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care. Site Review Observations:

	Observations during on-site review of physical plant (a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority. (b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. (c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence. (d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. (e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (g) Medical co-payment fees are not imposed to residents for any medical services. (h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse. Dismas Charities staff had protocols in place to assist in expediting a resident to at University of New Mexico Hospital for emergency services. Also, facility staff will contact Mary's Place to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities, Inc. Policy Sexual Abuse/Harassment/Misconduct

Prevention Intervention-INCIDENT REVIEWS Procedure 24.8

Interviews:

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

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Dismas Charities policy requires a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team includes the Facility Director/PREA Compliance Manager, Agency PREA Coordinator and Investigators.

(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(e) Dismas Charities policy requires the implementation of recommendations or documents its reasons for not doing so.

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

The Auditor determined the facility conducts incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the agency's policies, procedures, training records, investigative record, conducted interviews with staff and determined the facility meets the requirements of this standard. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator Site Review Observations: 1. Observations during on-site review of physical plant (a) The Facility Director/PREA Compliance Manager collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. (b) The Facility Director/PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Agency PREA Coordinator to be posted it on the Dismas Charities PREA webpage. (http://www.Dismas.com/about/prea/) (c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (d) Dismas Charities maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) Dismas Charities obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents. (f) Dismas Charities upon request provides all such data from the previous calendar year to the Department of Justice. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ 4. Dismas Charities Annual Report Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) Dismas Charities annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse (c) The Albuquerque Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http:-//www.dismas.com/about/prea/ (d) Dismas Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.289	Data storage, publication, and destruction

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Diersen Charities Albuquerque Facility provided the following documents to assist the auditor in determining compliance with the standard: 1. Diersen Charities Albuquerque Pre-Audit Questionnaire 2. Dismas Charities Policy Sexual Abuse/Harassment/Misconduct Prevention Intervention-DATA COLLECTION, STORAGE AND DISSEMINATION Procedure 24.9 3. Dismas Charities PREA Webpage - http://www.dismas.com/about/prea/ Interviews: 1. Facility Director/PREA Compliance Manager 2. Agency PREA Coordinator Site Review Observations: 1. Observations during on-site review of physical plant (a) Dismas Charities reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) Dismas Charities annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse (c) The Albuquerque Facility's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Dismas Charities website. http:-//www.dismas.com/about/prea/ (d) Dismas Charities indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The auditor reviewed the Dismas Charities web page (http://www.Dismas.com/about/prea/) The page has posted thirty-eight (38) audit reports for their thirty-eight (38) facilities' audits completed through October 2026. Dismas Charities works with Certified PREA auditors to ensure one third of their facilities are audited each year. The auditor had access to the entire facility and was able to conduct confidential staff and resident interviews and was provided documentation as need to assess compliance with the standards. Residents were aware they could send confidential correspondence to the auditor. Pre-audit postings were provided to the facility six weeks prior to the audit. Documentation the notices were posted was provide to the auditor and postings were seen in all areas of the facility during the tour. Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the Dismas Charities web page (http://www.Dismas.com/about/prea/) The page has posted thirty-eight (38) audit reports for their thirty-eight (38) facilities' audits completed through October 2026. 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.

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	na

	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.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
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	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
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	yes

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**Policies to ensure referrals of allegations for investigations**	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	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

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

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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

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115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

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

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

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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	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

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	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes