Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ **Interim** ☒ **Final**

Date of Report August 19, 2019

Auditor Information

Name: Vevia Sturm	**Email:** Vevia.Sturm@doc.mo.gov
Company Name: Click or tap here to enter text.	
Mailing Address: 2728 Plaza Drive	**City, State, Zip:** Jefferson City, MO 65109
Telephone: 572-522-3335	**Date of Facility Visit:** July 25 – July 26, 2019

Agency Information

Name of Agency: Dismas House of Saint Louis		**Governing Authority or Parent Agency** *(If Applicable)*: Click or tap here to enter text.	
Physical Address: 5025 Cote Brilliant		**City, State, Zip:** St. Louis, MO 63104	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: dismashouse.net			

Agency Chief Executive Officer

Name: Randy Howard	
Email: rhoward@dismashouse.net	**Telephone:** 314 578-0856

Agency-Wide PREA Coordinator

Name: John Moehlhe	
Email: jmoehle@dismashouse.net	**Telephone:** 314 229-1489
PREA Coordinator Reports to: Randy Howard, Executive Director	**Number of Compliance Managers who report to the PREA Coordinator:** 0

Facility Information

Name of Facility: Dismas House of Saint Louis			
Physical Address: 5025 Cote Brilliante		**City, State, Zip:** St. Louis, MO 63113	
Mailing Address (if different from above): Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: dismashouse.net

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA Compliance Audit completed in August 2016

Facility Director

Name:	Anthony Arington		
Email:	Aarington@dismashouse.net	**Telephone:**	314 361-2802 Ext. 105

Facility PREA Compliance Manager

Name:	John Moehlhe		
Email:	jmoehle@dismashouse.net	**Telephone:**	314 229-1489

Facility Health Service Administrator ☒ N/A

Name:	Click or tap here to enter text.		
Email:	Click or tap here to enter text.	**Telephone:**	Click or tap here to enter text.

Facility Characteristics	
Designated Facility Capacity:	163
Current Population of Facility:	108
Average daily population for the past 12 months:	92
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	21-81
Average length of stay or time under supervision	73 months
Facility security levels/resident custody levels	Residential Reentry
Number of residents admitted to facility during the past 12 months	553
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	406
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	386
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☒ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☒ Other - please name or describe: U.S. Probation ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	48
Number of staff hired by the facility during the past 12 months who may have contact with residents:	22

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	24
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	36
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	30
Number of open bay/dorm housing units:	6
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative

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

A Prison Rape Elimination Act (PREA) Compliance Audit was conduct at Dismas House of Saint Louis (Dismas House) on July 25th and 26th, 2019. The audit was conducted by Vevia Sturm, Department of Justice Certified PREA Auditor.

The auditor forwarded the Notice of Audit to the facility and received photos on May 23, 2019, showing the Notice of Audit posted throughout the facility. The photos were received 8-weeks prior to the scheduled onsite audit. The auditor communicated with the agency PREA Coordinator via email during the pre-audit period. On June 22nd, the auditor received the PREA Audit Questionnaire and supporting documentation uploaded onto a flash drive. This allowed for ample time to conduct an in-depth review of the pre audit questionnaire and supporting documentation. It should be noted that the material received from Dismas House was extremely well organized and thorough which was very much appreciated.

The PREA Auditor arrived at Dismas House on July 25th at 8:30 AM. After a short entrance meeting with the Program Director, Anthony Arington; PREA Coordinator, John Moehlhe; and Training Coordinator, Tara Barrett, I was escorted to a private office to use during my stay at the facility. This office was used to conduct both staff and resident interviews and to review personnel and resident files.

After providing me a few minutes to settle in, the Program Director, PREA Coordinator and Training Coordinator provided a tour of the facility which included all areas of the facility. I noted that prior to entering residents' rooms or dorms, the Facility Director knocked on the door. The female Training Coordinator informed the residents assigned to the room that females were entering. In addition, I observed posters which provided residents multiple ways to report sexual abuse and included the phone number to the St. Louis Police Department. In addition, the posters provided residents with the phone number for the National Sexual Assault Center where they can call for counseling or crisis intervention as well as a number of local advocacy centers.

Cameras were noted in the hallways, common areas, and outside the building. No cameras were observed in sleeping areas or bathrooms.

The PREA Coordinator provided a resident roster and a list of staff member which allowed this auditor to randomly select residents and staff for interviews. These rosters were also used to randomly select personnel files and resident files to review. On the first day of the audit, Dismas House housed 108 residents: 97 from the Federal Bureau of Prisons (BOP) and 11 Federal U.S. Probation (USPO) residents.

A total of 20 randomly selected residents were interviewed during the onsite audit. Interviews included both USPO and BOP residents. Dismas House had no residents who was disabled or non-English speaking. There were no residents who identified as Gay, Bisexual, transgender or intersex (LGBTI) or who had reported sexual abuse. The auditor received no correspondence from residents prior to the audit.

On the first day of the audit, Dismas House employed 48 staff. The auditor randomly selected staff who had experience working on all three shifts and that represented a cross-section of work assignments. A total of 15 staff were interviewed. Interviews conducted included random staff, staff who conduct risk screening, intake, staff who has acted as first responders since the last audit, human resources, the designee for the agency head, the Facility Director, PREA Coordinator, and Training Coordinator.

From the resident roster provided, the auditor randomly selected 20 resident files to review to ensure assessments were conducted within 72 hours and 30 days of intake and to review resident education acknowledgements. Each file review contained the necessary documentation.

In addition, the auditor 16 staff files. The selected staff included newly hired staff, staff who had be promoted within the audit year as well as tenured staff. The files were reviewed to ensure backgrounds checks were completed prior to hire, and every 5 years thereafter. Training records were also reviewed to ensure staff received all training as required by the standards. Dismas House received one allegation of staff on resident sexual misconduct which involved an alleged inappropriate pat search. The investigation file was provided for review.

An exit meeting was conducted with on July 26, 2019 with Program Director, Anthony Arington; PREA Coordinator, John Moehlhe; and Training Coordinator, Tara Barrett. During the meeting we discussed recommendations to enhance the agency's current process such as creating a form to document incident reviews, and a form to document their efforts to monitor staff and resident for retaliation. In addition, staff tasked with conducting administrative investigations must receive specialized investigator training as required by the standards.

This auditor stayed in contact the agency's PREA Coordinator who quickly provided all documentation requested during the post audit period. This included the agency's new retaliation monitoring form, incident review form and documentation showing three staff had completed Relias' PREA specialized investigator training.

Facility Characteristics

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

Dismas House is an all-male facility located in St. Louis, MO. Residents served by Dismas House are referred by one of the following: The Federal Bureau of Prisons (BOP), the Federal U. S. Probation Office or by a Direct Court Commitment. The program also has a home detention component. The typical length of stay in the program is 120 days, approximately 2/3 of the time the residents are in the facility before being moved to home detention. Dismas House is a Reentry program focused on providing ex-offenders with skills and resources to assist them with a successful reintegration back into their communities. Services provided include job placement, transitional skills as well as networking with a variety of local providers to meet a variety of resident needs. While the majority of programming opportunities are based in the community, Dismas House does offer an inhouse program geared toward life and job skills and the facility has one outside speaker each month.

The facility is comprised of one building that includes resident rooms and dorms as well as case management staff and the facility director.

The facility has a basement and 3 above grade floors. The basement includes an exercise room, common laundry room, staff offices, utility rooms, a common bathroom and dorm-style sleeping quarters. The common bathroom provides privacy for the resident to attend to personal care needs.

The first floor has semi-private ADA approved sleeping areas, a full bath, kitchen areas, 2 common rooms used for dining and recreation and staff offices.

The second floor is a mixture of multi person rooms and dorm style sleeping area as well as office space for case managers.

The third floor consists of a common bathroom, and multi person rooms.

A digital camera system has views of all common hallways, all common rooms, as well as outside cameras on the recreation yard, parking lot and facing Cote Brilliante, the street where the facility is located.

A recreation area is located in the back of the building. It is surrounded by a wooden fence with razor wire. At the time of the audit the area was closed due to drugs being introduced over the fence. The facility has plans to build an additional fence to address the issue.

The facility can only be accessed at the front of the building. Access is controls by security staff members.

The facility has made the following renovations since the last PREA Audit conducted in 2016:

2nd Floor, South Wing:
The facility converted 9 resident rooms (rooms 219 thru 227) which included seven 2-man rooms and two 1-man rooms, to a single dorm with capacity of 28. The open style dorm reduces the likelihood of sexual abuse. The south wing was completed in the spring of 2017. The new dorm includes 5 sinks.

Camera System:
The facility increased their total cameras in the facility from 47 to 59. Camera placements were changed due to new floor plan of the 2nd floor and additional cameras were added to eliminate blind-spots.

The facility is in the process of making the following renovations:

2nd Floor, North Wing:
The facility is converting G, H and I dorms to a dorm capable of housing 28. This will be an open rectangle with reduced blind spots and high traffic creating a safer environment. The new dorm will include a bathroom that includes 4 showers, 5 sinks and 4 toilets.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.216 and 115.231

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 facilities? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires an agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and requires the policy to outline the agency's approach to preventing, detecting and responding to such conduct. Dismas House's Sexual Abuse and Sexual Harassment policy clearly states the agency zero tolerance stance for all forms of sexual abuse, sexual harassment and retaliation. The policy defines sexual abuse and sexual harassment as outlined in the PREA standards. The agency's policy includes disciplinary sanction for both staff and residents who are found to have participated in prohibited behavior. A review of the policy shows the agency has clearly outlined their strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The standard also requires the agency to designate an upper-level, agency wide PREA Coordinator that has the authority to develop, implement and oversee the agency's efforts to reduce and prevent sexual abuse and to comply with the PREA standards. The agency appointed the Director of Special Project as the PREA Coordinator. This individual reports to the Executive Director.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency does not contract for the confinement of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
  ☒ Yes ☐ No ☐ NA

115.213 (c)

- 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 ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the agency to develop and document a staffing plan that provides for adequate levels of staff and video monitoring to protect residents. The staff plan must take into consideration the physical layout of the facility, the composition of the residents and prevalence of substantiated and unsubstantiated sexual abuse investigations.

Dismas House has developed a plan to ensure adequate staffing levels and video monitoring to protect residents from sexual abuse. A review of the staffing plan includes the Program Director who is onsite

Monday through Friday 8:00 AM – 4:00 PM. The Program Director is dedicated to managing all aspects of the program as well as federal offender supervision and/or programming activities as needed.

The facility employs 1 case manager for every 25 residents. At the time of the audit, the facility employed eight Case Managers. These case managers have varying schedules, to ensure coverage Monday through Friday from 7:00 AM to 9:00 PM. Case Manager's are dedicated to federal residents supervision and/or programming activities.

The facility employees two Social Services Coordinators who are dedicated to assessing the needs of residents as well as developing programs and facilitating services to meet the needs of the population. Social Services Coordinators work a varying schedule to ensure coverage Monday through Friday from 7:00 AM until 9:00 PM.

The facility staffs Facility Monitor positions to provide around the clock coverage. The Facility Monitors act as the security staff for the facility. The staffing pattern was developed based on the resident population. The facility has at least two facility monitors on duty at all times. The minimum staffing pattern for Dismas House is as follows:

Resident Population	Day Shift	Evening Shift	Over Night Shift
1 -119	3	3	3
120-225	4	4	3

The Facility Director reported the facility normally staffs above the staffing plan which was the case during the onsite audit. While the facility only housed 108 residents at the time, the facility was staffed with four Facility Monitors during the day and evening shift and 3 on the night shift.

The standard requires that the facility document any deviations from the staffing plan. In addition, staffing plan must be reviewed annually. The facility has not deviated from the minimum staffing plan noted above. The facility provided documentation confirming that a thorough review of the staffing plan and video monitoring is conducted each year.

Dismas House has 59 cameras situated both inside and outside the facility. Cameras are located in common areas only. There are no cameras located in sleeping areas or bathrooms. The system will retain video for approximately three weeks. Specific incidents are copied and stored indefinitely. Camera placement is reviewed annually.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

- 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 residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that 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? ☒ Yes ☐ No

- Does the facility have procedures that enables 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? ☒ Yes ☐ No

- 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 ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard prohibits facilities from conduct cross gender strip searches or body cavity searches except in exigent circumstances. Dismas House's Sexual Assault and Harassment Policy, 215 |Cross Gender Viewing and Searches, shows, "Dismas House staff will only conduct pat-down searches; when any other more intrusive search is deemed necessary the contracting authority will provide staff to conduct the search." Interviews with residents and staff confirmed that strip searches or body cavity searches are not conducted at the facility.

The standard requires facilities to develop policies and procedures to ensure residents have the ability to shower and attend to personal care needs outside the view of staff of the opposite gender. Dismas House's Sexual Assault and Harassment Policy, supports this standard. During the tour I observed that all bathrooms provided privacy barriers. All residents were asked about privacy concerns at Dismas House. All reported female staff have never seen them in a state of undress or toileting.

In addition, the standard requires staff of the opposite gender to announce their presence when entering areas where residents are likely to be showering, performing bodily functions or changing clothing. Dismas House's Sexual Assault and Harassment Policy, requires staff of the opposite gender to announce their presence. The facility's compliance with this standard was demonstrated during the tour of the facility. Before entering a sleeping area, the residents were notified that a female staff person would be entering. Before this auditor or the female training coordinator entered a bathroom, the area was cleared. In addition, all residents interviewed confirmed that normally female staff do not enter their living areas but if they do, they knock and announce their presence.

The standard prohibits facilities from searching or examining a transgender or intersex resident to determine their genital status and that staff should be trained to conduct searches on transgender and

intersex residents. Dismas House's Sexual Assault and Harassment Policy, supports this standard. The facility utilizes The Moss Groups "Guidance on Cross Gender and Transgender Pat Searches" to train staff. The training includes an overview of the facility's searches procedure, the Moss Group PowerPoint and training on documenting a cross gender body search. The facility provided documentation showing all staff completed the training and sign an acknowledgement showing the received and understood the training provided.

Staff interview confirmed they receive training regarding the topics outlined above.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☐ Yes ☐ No

- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the agency to take appropriate steps to ensure residents with disabilities and resident who are limited English proficient benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. Dismas House's Sexual Assault and Harassment Policy, 216 Clients with Disabilities and Limited English Proficiency, outlined the agency's establish policy that provides disabled resident equal opportunity to benefit from the facility's efforts.

For mental or Intellectual disabilities, Dismas House provides one-on-one engagement for residents who have trouble with group settings. Staff ensures the environment is peaceful and free from interruptions. Staff use the "Three Tell Them" model of presentation to ensure understanding. This model of working with this population requires staff to tell the resident what they going to tell them, tell them (details) and then tell them what you told them (review).

Residents that have sensory disabilities benefit from the Adobe Acrobat's "Read Out Loud". This assists residents who have challenges reading due limited sight or illiteracy. Large print versions of documents are made available, if applicable. If requested by a resident, Dismas House staff will read and explain any document or portion of any document to ensure understanding.

For residents who are deaf or hard of hearing, Dismas House ensures an American Sign Language interpreter/translator will be available as needed. Dismas House has an agreement with DEAF Inc. for this purpose. The facility provided their agreement with DEAF Inc.

Dismas House utilizes Google Translate or a similar service to communicate with residents who have limited English. Certified Languages International provides language translation via telephone on an as needed basis. The facility provided the contract with Certified Languages International. In addition, USPO and BOP also have resources available if needed.

Dismas House provides Working with Special Needs Residents training to their staff. The facility provided documentation showing staff received this training.

Dismas House's Sexual Assault and Harassment Policy requires the facility will not depend on resident interpreters, resident readers, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of required first-response duties, or the investigation of resident's allegations.

The policy requires staff to document if a resident assistant was used. The documentation is then retained in the resident's file. Staff interviewed shared if an interpreter was needed, they would notify the Program Director or the PREA Coordinator.

There were no disabled or limited English-speaking residents housed at the facility during the time period of the onsite audit.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (f)

- 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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard prohibits agencies from hiring or promoting anyone or enlist the services of contractors, who has engaged in sexual abuse in an institutional setting or community. The standard requires criminal background checks to be conducted and all past institutional employers be contacted to inquire about allegations of sexual abuse prior to hiring. Dismas House's Sexual Assault and Harassment Policy, 217 Hiring and Promotion Decisions, supports this standard.

Utilizing the list of Dismas House staff, I randomly selected 10 employee personnel files to review to ensure compliance with this standard. These files included 8 staff hired within the auditing year and 2 files of staff employed over 10 years with the agency.

Of the 8 personnel files reviewed of staff who were hired during the audit year, I made the following observations:

- All files contained evidence of a background check being completed by BOP prior to hire.
- All files continued the "Employee Affirmation of No Misconduct" form. The form asks the employee if they have engaged in the prohibit behaviors. The form includes the following statement "My signature below confirms that the above checked statement is true and I understand I have continuing affirmative duty to disclose immediately to the Associate Director upon engaging in listed activities or being criminally convicted, civilly or administratively adjudicated for such activities."
- All files contained a signed copy of "Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment" form which informs the employee of the agency's zero tolerance policy for all forms of sexual abuse and sexual harassment and the employees ongoing duty to immediately report knowledge or suspicion of sexual abuse, sexual harassment or retaliation. By signing the form, staff are acknowledging they have read, understand and have received a copy of the document.
- Of the 8 files reviewed, two had previously worked in an institutional setting both contained documentation showing the facility had attempted to contact past employers to inquire about allegations of sexual misconduct or if they resigned during an investigation.

Of the two personnel files reviewed of tenured staff, I made the following observations:

- Both files included documentation showing BOP conducted a background check prior to employment and then every five years thereafter.
- Each year since 2016, staff complete the agency's "Employee Affirmation of No Misconduct" form. The form asks the employee if they have engaged in prohibit behaviors. The form includes the following statement "My signature below confirms that the above checked statement is true and I understand I have continuing affirmative duty to disclose immediately to the Associate Director upon engaging in listed activities or being criminally convicted, civilly or administratively adjudicated for such activities."
- Both files contained a signed copy of the "Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment" form which reaffirms the agency's zero tolerance of all forms of sexual abuse and sexual harassment and the employees ongoing duty to immediately report knowledge or suspicion of sexual abuse, sexual harassment or retaliation. By signing the form, staff acknowledge they have read, understand and have received a copy of the document.

I also review 6 files of staff who had been recently promoted. Prior to promotion all staff must sign the "Employee Affirmation of No Misconduct" form. The form asks the employee if they have engaged in prohibit behaviors. The form includes the following statement "My signature below confirms that the above checked statement is true and I understand I have continuing affirmative duty to disclose immediately to the Associate Director upon engaging in listed activities or being criminally convicted, civilly or administratively adjudicated for such activities."

Dismas House has 24 individual contractors. Prior to enlisting the services of a contractor, background checks are conducted by Validity Screening Solutions. In addition, contractors must read the "Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment" form which informs them of the agency's zero tolerance policy for all forms of sexual abuse and harassment, their ongoing duty to immediately report knowledge or suspicion of sexual abuse, sexual harassment or retaliation. By signing the form, contractors acknowledge they have read, understand and have received a copy of the document. Dismas House provided documentation of background checks conducted on all contractors as well as the signed acknowledgement.
Dismas House's Sexual Assault and Harassment Policy, page 9, 217 Hiring and Promotion Decisions, shows material omissions regarding misconduct or providing false information shall be grounds for termination. In addition, the policy indicates the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employee upon receiving a request from the institutional employer for who such employee has applied to work. My interview with the human resources staff confirmed the agency would provide this information to prospective employers.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has made the following renovations since the last PREA Audit conducted in 2016:

2nd Floor, South Wing:
The facility converted 9 sleeping rooms (rooms 219 thru 227) which included seven 2-man rooms and two 1-man rooms, to a single dorm with capacity of 28. The open style dorm reduces the likelihood of sexual abuse. The south wing was completed in the spring of 2017. The new dorm includes 5 sinks.

Camera System:
The facility increased their total cameras in the facility from 47 to 59. Camera placements were changed due to new floor plan of the 2nd floor and additional cameras were added to eliminate blind-spots.

The facility is in the process of making the following renovations:

2nd Floor, North Wing:
The facility is converting G, H and I dorms to a dorm capable of housing 28 residents. This will be an open rectangle with reduced blind spots and high traffic creating a safer environment. The new dorm will include a bathroom that includes 4 showers, 5 sinks and 4 toilets.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires agencies responsible for conducting administrative or criminal sexual abuse investigations to have a uniform evidence collection protocol. At the time of the audit, Dismas House had no trained investigators and no evidence collection protocol. Administrative staff were of the understanding that they did not conduct administrative investigations, that investigations were conducted by BOP. A review of administrative investigations completed since the last audit showed Dismas House staff were conducting investigations, noting a finding and forwarding the investigation to

the BOP for review. This does not meet the standard which requires individuals who conduct administrative investigations into allegations of resident sexual abuse complete a Specialized Investigator Training.

Since the onsite audit, three Dismas House staff have completed the Relias PREA: Investigation Protocols training and provided documentation of completion to the auditor. In addition, Dismas enhanced their Sexual Assault and Harassment Policy to include an evidence collection protocol.

It should be noted, Dismas House received one allegation of an inappropriate pat search during the audit year. All pat searches conducted at Dismas House are conducted on camera. Camera footage was reviewed and determined the allegation was unfounded and the pat search was conducted according to policy. This auditor suggested that pat searches conducted as part of the staff person's normal duties should not be considered a PREA event unless it is determined that the touching was sexual in nature. It is the opinion of this auditor, that the review of camera footage to determine if the allegation should be investigated should be considered triaging the event to determine in further investigation is warranted. In this case, further investigation was on warranted.

Policy requires and past records confirm that allegations that appear criminal in nature are referred to the St. Louis Police Department. The facility provided a certified letter addressed to the St. Louis Police Department requesting them to following PREA Standard 115.221 Evidence Protocol and Forensic Medical Examinations when conducting investigations at their facility.

To verify that the facility adheres to the policy of referred allegations that appear to be criminal in nature to the St. Louis Police Department, this auditor received all allegations and subsequent investigation conducted since the last PREA audit in 2016. In my review I found one allegation of resident-on-resident sexual abuse. The allegation of sexual abuse was reported by the resident to the Program Director. Documentation with in the file shows the Program Director immediately notified the St. Louis Police who investigated the allegation. The memo to BOP Residential Reentry Manager shows the "victim" was offered advocacy services but declined services. The victim refused medical attention and reported feeling safe.

All staff interviewed described their role as first responders and was aware that victims would be transported to Barnes Jewish Hospitals for a forensic exam. The hospital has a SANE/SAFE examiner on call at all times. Forensic exams and follow up services would be offered at no cost to the victim.

Dismas House provided the auditor with a memorandum of understanding (MOU) between Dismas House and the Crime victim Advocacy Center. The MOU shows the Center will provide emotional support services related to sexual abuse. The MOU shows, advocacy staff will accompany and support a victim through the forensic medical examination process and investigatory interviews and provide. In addition, the Crime Victim Advocacy agreed to provide crisis intervention and referral services.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment received by the facility and that the allegations of sexual abuse be referred to an agency with the legal authority to conduct criminal investigations. The policy must be posted on the agency's website.

Dismas House's Sexual Assault and Harassment Policy, 222 Policies to ensure referrals of allegations for investigations, supports this standard and shows, administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Dismas House staff conduct administrative investigations and rely on outside agencies to conduct criminal investigations. The PREA Coordinator reports that criminal investigations are referred to the St. Louis Police Department.

A review of allegations received since the last audit shows Dismas House received one allegation of resident-on-resident sexual abuse that appeared to be criminal in nature. The allegation of sexual abuse was reported by the resident to the Program Director. Documentation within the file shows the Program Director immediately notified the St. Louis Police who investigated the allegation.

Dismas House only received one allegation during this auditing year which was an alleged inappropriate pat search. Camera footage was immediately reviewed and the video showed the pat search was conducted by policy. It should be noted that the alleged incident occurred while the staff person was conducting their official duties.

As required by this standard, Dismas House's Sexual Assault and Harassment policy which includes the referrals of allegation of sexual abuse and harassment to that appear to be criminal in nature is posted on the agency's website, dismashouse.net.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Instructions for Overall Compliance Determination Narrative

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This standard requires all staff who may have contact with residents receive training every two years and must address the elements noted in this standard. The training elements include but are not limited to, the agency zero tolerance policy for all sexual abuse and sexual harassment, dynamics of sexual abuse and sexual harassment, how to detect and respond to sexual abuse, etc. The agency's Sexual Assault and Harassment Policy, 231 Employee Training supports all requirements of this standard.

Dismas House employs a Training Coordinator who is dedicated to ensure training for all staff. Training at Dismas House is extensive, comprehensive and continual. All new hires receive comprehensive PREA training which includes the requirements of this standard utilizing the training developed by The Moss Group in corroboration with the PREA Resource Center. In addition, new hire training includes Cross Gender Viewing and Searches, Predation and Victimization Risk Assessment Screening, how to select housekeeping details for resident assessed to be possible victim or perpetrators, First Responder Duties and working with residents with disabilities or limited English. Each module includes a quiz and an acknowledgement signed by the staff indicating they received and understood the training provided.

The facility provided acknowledgements signed by all staff showing they received comprehensive PREA training. This PREA Training is delivered every two years utilizing the PREA training developed by The Moss Group for the PREA Resource. A review of the presentation materials confirmed that all elements required by this standard are covered. Staff also sign the agency's "Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment" form indicating they received the document, read it and understand its contents.

In between the every two-year PREA training required by this standard, staff are provided the "Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment" form which they sign indicating they received the document, read it and understand its contents In addition, staff are provided a PREA Information Review document which is a refresher for staff. This document reminds staff about the PREA icon on their computer and the information available within, first responder duties, reminder of the facility's zero tolerance stance a well a refresher on cross gender announcements. Staff sign the form

acknowledging they have “complete understanding of all information and training expressed” on the document.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires that all contractors and volunteers who have contactors with residents be trained on their responsibilities in regards to resident sexual abuse and sexual harassment. The level and type of training provided should be based on the level of service provided and the amount of contact with the

residents. In addition, the agency must maintain documentation of the training provided. Dismas House' Sexual Assault and Harassment Policy, 232 Volunteer and Contractor training, supports this standard.

On the first day of the audit the facility has 11 volunteers and 24 individual contractors. To ensure that these individuals who have contact with residents understand their responsibilities, Dismas House provides two levels of training. For those that will have minimal or incidental contact with residents such as contractors that deliver goods in the facility, repair men and a volunteer who conducts a presentation to a group of residents either as a one-time event or infrequently, the agency utilizes the Zero Tolerance Staff Notification. The document outlines the facility's zero tolerance stance, defines sexual abuse and sexual harassment and requires that all knowledge or suspicions of the sexual abuse or harassment of residents be reported immediately. The facility provided acknowledgements signed by all current volunteers and contactors who have minimal contact with residents.

Contractors and volunteers who have direct contact with resident on more than just an occasional basis complete the Prevent, Detect, Respond Volunteer Training developed by the National PREA Resource Center. These individuals sign the "Non-Employee Prevent, Detect and Report Client Sexual Abuse and Harassment" form indicating acknowledging they have completed the training and understood the information provided. Each of these individual also sign the Zero Tolerance Staff Notification form which is outlined above. Eight of the 11 Dismas House volunteers have direct contact with the residents. Dismas Housing provided signed acknowledgements shows all 8 volunteers with direct contact completed the Prevent, Detect and Respond Volunteer Training and signed the Zero Tolerance Staff Notification form.

During my interview with a volunteer that provides reentry services at the facility, he acknowledged that he received PREA information from the facility and verbalized his responsibility to immediately report allegations and suspicions of resident sexual abuse or sexual harassment.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires that facility's provide residents with information explaining the agency's zero tolerance policy for sexual abuse, sexual harassment and retaliations and the agency's policy to respond to sexual abuse and sexual harassment. The standard requires PREA education must be in formats accessible to all resident, included those with disabilities or non-English speaking. In addition, the standard includes a requirement that key information be readily available and visible to the residents.

The agency's Sexual Assault and Harassment Policy, 233 Client Education, supports this standard. Staff reported and residents interviewed confirmed that upon intake the resident is read the Zero Tolerance Sexual Abuse and Harassment document which explains the agency zero tolerance policy for all forms of sexual abuse and harassment. The form includes the definitions of sexual abuse and sexual harassment, provides the phone number to the St. Louis Police Department to report allegations as well as the phone numbers to both national and local advocacy centers. The resident signs and dates the form. The original is retained in the residents file and they are provided a copy. During orientation, Dismas House utilizes the Just Detention International, What You Need to Know video and a post-viewing discussion to educated the residents.

Dismas House provided a flash drive containing acknowledgements signed by residents admitted since the last PREA audit showing residents viewed the "What You Need to Know" video. During the onsite audit, this auditor randomly selected and reviewed 20 resident files. All files contained documentation showing the residents received the handout at intake and viewed the video during orientation.

The facility has implemented many strategies to meet the needs of residents with disabilities and non-English speaking as outlined in stand 115.216. During the tour I observed posters which provided residents multiple ways to report sexual abuse and sexual harassment, which included the phone number to the St. Louis Police Department. In addition, the posters provided residents with the phone number for the National Sexual Assault Center where they can call for counseling or crisis intervention as well as a number of local advocacy centers. These posters were also located at wheelchair height in areas easily assessable to the wheelchair bound. Posters were posted in both English and Spanish.

All residents reported they received PREA education when admitted to the facility, they were aware there were posters throughout the facility. All facility monitors reported they provide residents with PREA information upon intake.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that investigator be trained on conducting sexual abuse investigations in confinement settings. The standard requires the training to include the following topics: techniques for interviewing victims, proper use of Miranda and Garrity warning, evidence collections, standards of evidence required to substantiate an investigation.

Since the onsite audit, three staff have completed Relias' PREA: Investigation Protocol training and provided this auditor copies of their certification of completion. A review of the course description on Relias' website shows the three-hour course appears to cover the topic required by this standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ 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.)
  ☐ Yes ☐ No ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

☐ Yes ☐ No ☒ NA

115.235 (c)

- 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.) ☐ Yes ☐ No ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☐ 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Dismas House does not employ medical or mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No

- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.241 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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The standard requires all residents to be assessed within 72 hours from intake and then again within 30 days of intake for the risk of being sexually abused or sexually abusive to others. The intake assessment must consider the criteria outlined in the standard which includes, but is not limited to: mental, physical or developmental disability, age, physical build, previously incarcerations, criminal history, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming (LGBTI), etc. The standard requires the resident be reassessed with warranted and the resident may not be disciplined for refusing to answer. In addition, the agency must implement controls who has access to the sensitive information provided during the assessment. A review of Dimas House's Sexual Assault and Harassment Policy, 241 Screening for risk of victimization and abusiveness, supports this standard.

During the onsite audit, this auditor randomly selected 20 residents' files. Each file was reviewed to ensure assessments were conducted within 72 days of intake and again within 30 days of intake. Dismas House's Sexual PREA Risk Assessments are conducted by the case managers. The assessment addresses all criteria required by this standard however, the questions regarding, whether the resident is or is perceived to be LGBTI shows staff are to "Observe" for behavioral characteristics or display of sexual orientation in a way that project vulnerability. The form did not require staff to ask the resident if they identify as LGBTI.

All 20 files contained both the initial assessment and reassessment what were completed within the timeframes required by this standard. The case managers interviewed reported that they receive a resident's file several days before the resident arrives at the facility. This allows ample time for a thorough review the resident's institutional history. All Case Managers reported many of the answers to the questions can be found in the resident's institutional file, however, when the resident arrives, they ask the resident each question. If the resident's answer conflicts with the information contained within the institutional record, they discuss this with the resident. All case manager shared that if the resident reported a history of sexual abuse or perpetration, even if it was not supported in their institutional record, they would mark the answer as "yes" as reported by the resident. In addition, all reported they

ask the resident how they identify and then also make an observation regarding behavioral characteristics.

Training provided to staff and verified through signed acknowledgements and interviews with case managers shows responses to questions asked during the assessment should not be discussed with other staff members in order to ensue the sensitive information is not exploited.

Recommendation: It is recommended that the assessment be revised to direct case management staff to ask each resident whether they identify as LGBTI and to observe for behavioral characteristics that would lead a person to believe the resident is gay, lesbian, bisexual, transgender, intersex or gender nonconforming.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement

would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The standard requires that the information from the Risk Assessment be used to inform the resident's placement in housing, bed assignment, education or program assignments and that the agency make individualized determination to ensure the safety of each resident. Dismas House's Sexual Assault and Harassment Policy, 242 Use of screening information, supports this standard.

Dismas House only offers one program within the facility which is a 9-hour transitional skills program taught by Case Managers and Social Service Coordinators. This program is supervised at all times. Dismas House provides "Using the Results of the Screening Assessment" training to staff, Dismas House has an Access database to assist staff with ensuring the safety of residents assessed at risk of being sexually abused or sexually abusive. If the resident is assessed at high risk, the case manager enters this information in the database which will alert all staff or the resident's status. Prior to assignment to a housekeeping detail, the Access databased is reviewed to determine if there is an "alert" that would indicate the resident is at risk.

Staff interviewed were aware of the Access database and the use of the database to ensure the safety of residents.

This standard requires facilities to make individualized decisions on whether to place a transgender resident in a male or female housing. As noted previously in this report, Dismas House is an all-male facility. Therefore, all residents referred by BOP and USPO will be housed with male residents.

The standard requires that the transgender or intersex resident's own views regarding their safety will be given consideration and they will be offered an opportunity to shower separately. Dismas House's policy supports this standard. As noted previously in this report, all showers allow for privacy however, the agency's policy shows should a transgender or intersex resident request to shower separately, the resident would be provided a designed time to shower and this would be managed by the security staff. Dismas House provided documentation showing all staff received training that included transgender or intersex residents being given the opportunity to shower separately from other residents.

The agency policy and training also show that gay, bisexual, transgender or intersex residents will not be placed in a dedicated wing or room.

Dismas House had no residents who identified as LGBTI during the onsite audit.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to have multiple ways for residents to report sexual abuse, harassment and retaliation, both internally and externally. The external reporting channel must allow the resident to make anonymous reports upon request. The agency must accept reports in writing, anonymously and from third parties. In addition, staff must be provided a way to report privately. Dismas House's Sexual Assault and Harassment Policy, 251 client reporting, supports this standard.

During the tour this auditor observed posters which provide residents multiple ways to report sexual abuse which included the phone number to the St. Louis Police Department. In addition, the posters provide residents with the phone number for the National Sexual Assault Center where they can call for counseling or crisis intervention as well as a number of local advocacy centers. Phone are not monitored at the facility and residents are allowed flip phones within the facility.

Staff all felt comfortable reporting allegations or suspicions of sexual abuse to the Facility Director or PREA Coordinator.

All residents interviewed reported they were aware of the posters throughout the facility.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☒ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.252 (c)

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.252 (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 ☐ No ☒ NA

- 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 of time to respond 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.252 (e)

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

- 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 ☐ No ☒ NA

115.252 (g)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Dismas House does not have an administrative procedure addressing resident grievances. The agency's Sexual Assault and Harassment Policy, 252 Exhaustion of administrative remedies contains the following statement, "The Bureau of Prisons' Program Statement 1330 is the governing document for grievances and administrative remedies. The responsibility for responding to client grievances rests with the Bureau. Dismas House is exempt from this standard. Clients wishing to file a grievance are directed to the Program Director or designee. The Program Director will provide the client with proper forms and a stamped, addressed envelope to Residential Reentry Manager's office, located in St. Louis, MO."

BOP memorandum January 6, 2014, number 1330, supports Dismas House's policy statement.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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This standard requires facilities to provide residents with access to outside victim advocacy services by providing phone numbers and addresses. The facility shall inform resident prior to giving access of the extent to which such communications are monitored. In addition, facility should attempt to enter into a MOU with an advocacy agency.

Dismas House 's Sexual Assault and Harassment Policy, 253 Client access to outside confidential support services, supports this standard. The facility provided this auditor with a copy of their MOU with the Crime Victim Advocacy Center. The MOU shows Dismas House will post the advocacy center's contact information throughout the facility and that staff are aware of the services offered.

The MOU also shows residents can report sexual abuse or harassment to the advocacy center and they will forward reports to Dismas House allowing the resident to remain anonymous upon request.

During the tour of the facility, the auditor observed posters throughout the facility that lists phone numbers for The Crime Victim Advocacy Center, Barnes Jewish Hospital AWARE program, the YMCA Sexual Assault Center and Safe Connections. The organizations are all local and will provide advocacy and counseling services for to victims.

The majority of residents interviewed said they had never been sexually abused, or nothing like that would ever happen to them. But, upon further questioning, they all were aware of the posters and that there are numbers made available to the resident population.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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The standard requires the agency to establish a method to receive third-party reports of sexual abuse or sexual harassment and that this information be distributed publicly.

Dismas House makes third party reporting avenues available on their website, dismashouse.net. The website is easily accessed. The person making the third-party report can enter their name, email address and their concern. In addition, the website provide an email address, PREA@dismashouse.net, a phone number that can be utilized to make a report as well as the Associate Director's address.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- 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 ☐ No

- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

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The standard requires that all staff be required to immediately report any knowledge, suspicion or information regarding resident sexual abuse, sexual harassment or retaliation for making such a report. In addition, such report should remain confidential.

The standard requires the facility to report all allegations including third party and anonymous to the facility's investigators.

The facility's policy, Sexual Assault and Harassment Policy, 261 Staff and agency reporting duties supports this standard.

All employees, contractors and volunteers are required to read and sign the agency's "Zero Tolerance Sexual Abuse and Harassment" form which includes the requirement for immediately reporting. The form shows the Program Director will be in the initial contact, followed by the PREA Coordinator and the Executive Director. In addition, all allegations are reported to BOP's Residential Reentry Manager. The form mandates that all information related to the sexual abuse report should remain confidential. Dismas House provided documentation showing staff sign Zero Tolerance Sexual Abuse and Harassment each year. By signing the form, staff are acknowledging they have received the document, read it and understand its contents.

In addition, all staff interviewed stated they would immediately report allegations or suspicions of resident sexual abuse or sexual harassment to the Program Director or PREA Coordinator and aware that reports or suspicions are confidential

Dismas House does not house residents under the age of 18 and does not employ medical or mental health staff.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

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This standard requires the agency to take immediately action when they learn that a resident is at imminent risk of sexual abuse. Dismas House's policy, Sexual Assault and Harassment Policy, 262 Agency protection duties, support this standard and requires staff to take immediately action to ensure the safety of the resident.

In the last 12 months, Dismas House the facility has not determined that a resident was an imminent risk. All staff interviewed report they would take immediately action, ensure the resident is safe and contact the Program Director and/or PREA Coordinator.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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This standard requires each agency to develop a policy requiring the facility to immediately report allegations of sexual abuse received from residents that are alleged to have occurred at another confinement facility. These allegations of sexual abuse must be shared with the effective facility within 72 hours of receipt. In addition, the agency must establish a policy that requires a facility to investigate all allegations that they received from another facility that is alleged to have occurred while the resident was assigned at their facility. A review of the facility's Sexual Assault and Harassment Policy, 263 Reporting to other confinement facilities, supports this standard.

During the auditing year, Dismas House received no reports of sexual abuse that occurred at other confinement facilities nor have they received a report from another facility that a resident was abuse while assigned to their facility.

Staff interviewed reported if they were to receive a report from another facility, they would immediately notify the Program Director. The Program Director was aware that reports must be made to the facility where the abuse allegedly occurred within 72 hours of receipt. The Program Director shared that any allegations of sexual abuse that is reported to have occurred at Dismas House would immediately be referred to the St. Louis Police Department for investigation and reported to BOP.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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The standard requires both security and non-security staff know how to respond should they be the first responder that encounters a resident who has been sexual abused. These actions include, separate the alleged victim and subject; preserve and protect the crime scene; request the victim not to destroy physical evident, if applicable, and ensure the subject does not destroy physical evidence.

Dismas House's Sexual Assault and Harassment Policy, 264 Staff first responder duties, supports this standard. In the past 12 months, the facility has received no allegations of sexual abuse, therefore, the facility did not have a staff member who had acted as a first responder in the last year. It should be noted that the facility received an allegation of an inappropriate pat search that occurred while staff were conducting their official duties. Video footage was immediately reviewed and it was determined the pat search was conducted by policy.

To determine compliance with this standard this auditor conducted a review of all allegations received since the last audit. This reviewed showed Dismas House received only one allegation of resident-on-

resident sexual abuse that appeared to be criminal in nature since the last audit. The allegation of sexual abuse was reported by the resident to the Program Director. Documentation within the file shows the Program Director immediately notified the St. Louis Police who investigated the allegation. The Program Director offered the resident medical services and an advocate which the resident declined.

All staff interviewed was aware of their responsibility to separate the victim and suspect, protect the crime scene, request physical evidence not be destroyed and to immediately contact the Program Director. The facility's "Coordinated Response to a Sexual Assault Incident" outlines the first responders' duties. Training records contain acknowledgments signed by all staff showing they received First Responder training. The training utilized by Dismas House was developed by The Moss Group in collaboration with the National PREA Resource Center.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Instructions for Overall Compliance Determination Narrative

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This standard requires that agencies have a coordinated response plan that coordinates the actions taken in response to an incident of sexual abuse among facility staff, first responders, medical and mental health practitioners, investigators and facility leadership. The agency's Sexual Assault and Harassment Policy, 265 Coordinated Response, supports this standard.

The agency has developed a coordinated response protocol that covers all incidents of sexual abuse. The coordinated response directs the actions of the first responder, point person which is defined as

the Program Director or designee and the PREA Coordinator. The protocol shows it is the duty of the first responder to separate the victim and perpetrator, secure the crime scene, request victim and perpetrator to not destroy physical evidence and contact the Point Staff.

The Point Staff is responsible for the overall implementation of the coordinated response which includes the proper investigative authority being contacted, coordinating the victim's medical needs with outside agencies, notifying BOP of the alleged incident, working with the investigative agency, obtaining advocacy services for the victim, ensure the victim and reporters are monitored for retaliation, etc.

The PREA Coordinator is responsible for ensuring administrative investigations are completed when applicable and to ensure an incident review is conducted following the completion of the investigation.

All staff were clearly aware of their first responders' duties as noted in the above standard and received Frist Responder Training developed by the Moss Group for the National PREA Resource Center.

Dismas House had no staff that acted as a first responder during this auditing year.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Dismas House does not have a collective bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 housing changes? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☐ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that agencies protect residents and staff who report sexual abuse or sexual harassment, as well as those that participate in an investigation from retaliation by other residents or staff. This retaliation monitoring should continue for 90 days or longer if there is evidence of retaliation. However, monitoring can cease if the investigation is unfounded or when the victim is no longer housed at the facility. Dismas House's Sexual Assault and Harassment Policy, 267 Protection Against Retaliation, supports this standard. The policy shows the Associate Director and Program Director are the primary staff tasked with conducting retaliation monitoring.

While the facility received no allegations that required retaliation monitoring during the reporting year, the facility did provide an example of retaliation monitoring from an allegation that was reported on n March 26, 2018. The allegation was forwarded to the St. Louis Police Department who conducted the investigation the same day of the report. The police closed the case due to insufficient evidence. In the Program Director's report to the BOP's Residential Reentry Manager, dated April 27, 2018, he notes that he met with the "victim" and inquired about his feeling of safety and notes the "victim" and "perpetrator" was observed to be socializing together following the allegation. Following the police interaction the residents was observed laughing and talking. The resident was leased from the facility within the next 30 days.

At the time of the onsite audit, Dismas House did not have a Retaliation Monitoring form to document their efforts their retaliation monitoring efforts or period status checks. It was recommended during the exit meeting that the facility develop a form. Since the onsite audit, the agency has developed a form that will be used to document retaliation monitoring for staff or residents for at least 90 days following the allegation. The form requires the signature of the person being monitored and the person conducting the monitoring.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No

- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dismas House's Sexual Assault and Harassment Policy, 271 Criminal and Administrative Agency Investigations, supports all elements of this standard. The policy shows Dismas House will ensure all allegations including anonymous and third party are forwarded for investigation. The facility's trained

Specialized PREA Investigators will conduct administrative investigations. Criminal investigations will be conducted by outside agencies (St. Louis Police Department) at the direction of the Federal Bureau of Prisons. The facility will immediately notify the St. Louis Police Department in emergency situations where evidence preservation or life safety issues may be compromised due to delayed response.

Dismas House has three PREA Specialized Investigators that have completed Relias PERA Investigator training. The agency provided this investigator with copies of the certificates of completion.

Dismas House's policy contains an evidence collection protocol for administrative investigations which includes the requirement for investigators to gather and preserve direct and circumstantial evidence, including video, interviews of relevant persons, staff personnel files and attendance, information in client files, including prior complaints and reports of abuse of suspects, as well as information stored in software-based programming tools.

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The policy shows when criminal investigations are referred to an outside agency, Dismas House will cooperate and will take the necessary steps to preserve physical and DNA evidence and assist outside agencies when the quality of evidence appears to support criminal prosecution.

As noted previously in this report, the facility has received one allegation of resident on resident sexual abuse that was reported by the resident to the Project Director. The Project Director immediately reported the allegation to the St. Louis Police Department who investigated the incident. The event file contained a copy of the policy investigation.

This auditor obtained a copy of BOP's letter dated May 23, 2014, which informs contractors that all sexual abuse allegations much be taken seriously and must be immediately reported to BOP. The letter shows "inmate-on-inmate allegations must be referred to the Bureau and administratively reviewed, as well as criminally investigated locally in indicated." The letter goes on to shows, "Report to the Bureau shall be comprehensive, thorough, and contact specific detail to permit an informed review of the incident."

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that agency's use no standard of evidence higher than preponderance to substantiate an administrative investigation. Dismas House's, Sexual Assault and Harassment, 272 Evidentiary Stand for Administrative Investigations, supports this standard.

Between August 2016, the date of the facility's last PREA Audit, and July 25, 2019, the first day of this onsite audit, the facility has only received 8 allegations, 6 of which involved allegations of inappropriate pat searches where contraband was discovered, 1 was referred to the St. Louis Police Department and in one instance, the resident withdrew the allegation. Since all pat searches are Dismas House are conducted on camera, these 6 allegations were quickly shown to be baseless and false.

While the facility has had no substantiated investigations, they do have a policy in place to guide their efforts and three facility staff have received PREA investigator training which includes preponderance of evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 ☐ No ☐ NA

115.273 (c)

- 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 ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.273 (d)

- 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 ☐ No

- 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 ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires residents who have reported sexual abuse or harassment to be notified of the finding of an investigation. In addition, the resident must also be informed of the status of the subject of the investigation, whether the subject is a staff member or a resident, unless the investigation is unfounded. Dismas House's Sexual Assault and Harassment Policy, 273 Reporting to Clients supports all mandates of this standard.

Dismas House has received 8 allegations since the last audit, only one of these was during the audit year. All investigative files contained documentation of the notification to the resident or documentation indicating why a notification was not required. The "victim" was notified following the completion of 6 of the investigations, 1 was an anonymous report and the victim was not identified and one "victim" was no longer a resident at the facility.

The Program Director reported he is resposonsible for notifying the resident at the completion of the investigation. Investigations files confirm that the Program Director makes notification to the resident my memo.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Dismas House's Sexual Assault and Harassment Policy, 276 Disciplinary Sanctions for Staff, shows staff shall be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse and harassment policy. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of a resident. Disciplinary sanction shall be commensurate with the nature and circumstances of the acts committed and all terminations or resignations by staff who would have been terminated will be reported to law enforcement or to other relevant licensing bodies. The agency policy supports the standard.

Dismas House has had no staff terminated or who has resigned for violating the agency's resident sexual abuse policy.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires contractors and volunteers who engage in the sexual abuse of a resident to be reported to law enforcement and to other relevant licensing bodies and prohibited from having contact with residents. The agency policy supports this standard. The agency has received no reports of sexual abuse or sexual harassment by a contractor or volunteer.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- 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 ☐ No

115.278 (d)

- 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 ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Dismas House's Sexual Assault and Harassment Policy, 278, Disciplinary Sanctions for Clients, shows residents will be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for such an incident. Sanctions recommended to Dismas House by the BOP will be commensurate with the nature and circumstances of the offense. The policy shows the residents mental disabilities or illnesses will be considered when determining sanctions. The facility prohibits disciplinary action for reports of sexual abuse made in good faith. Dismas House's policy supports the requirements of this standards.

The Program Director shared the only type of discipline the facility has available is work details or house restriction which are both for minor rule violations. Should the facility have a substantiated allegation of resident on resident sexual abuse, the facility would request BOP to remove the resident perpetrator from the facility.

The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse.

The facility has not had a substantiated allegation of resident on resident sexual abuse, therefore there were no discipline files to review to assist with determining compliance with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- 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 ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires that victims of sexual abuse receive timely access to emergency medical treatment and crisis intervention services. Victim must receive sexually transmitted infections prophylaxis and services offered at no cost to the victim. Dismas House's Sexual Assault and Harassment Policy, 282 Access to emergency medical and mental health services meets the requirements of this standard.

Dismas House does not employ medical or mental health staff. However, the agency has a detailed coordinated response plan that directs and coordinates the activities of the first responder, point person i.e. Program Director or designee and the PREA Coordinator. The first responder ensures the victim is

safe, protects the crime scene, etc. and notifies the point person who is responsible for the overall implementation of the coordinated response which includes coordinating the victim's medical needs, obtaining advocacy services for the victim, etc. Should a forensic exam be indicated, the victim would be transported to Barnes Jewish Hospital who has sexual assault nurse examiner on staff. The program provides sexual transmitted infections prophylaxis to victims. These services are provided at no cost.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- 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 ☐ No ☒ NA

115.283 (e)

- 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 ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires facilities to offer medical and mental health evaluation to all resident who have been sexual abused in a confinement facility. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. All services must be provided at no cost to the victim. In addition, the facility should 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.

Dismas House's Sexual Assault and Harassment Policy, 283 Ongoing medical and mental health care for sexual abuse victims and abusers, supports this policy.

All case manager shared that if the resident reported a history of sexual abuse or perpetration, they would mark the answer as "yes" as reported by the resident and immediately report this to the Program Director. The Project Director reported he would meet with the resident and offer services.

The PREA Coordinator reported that residents that are supervised by the BOP are covered by the BOP contracted medical and mental health provider, NaphCare, so any emergency and non-emergency medical treatment or evaluations will be paid for by the BOP through NaphCare. Dismas House pays for medical and mental health services for USPO residents and is reimbursed by BOP.

The agency also has an MOU with Crime Victim's Advocacy Center who provide counseling, and crisis intervention services.

About 85-90% of Dismas House residents are supervised by the BOP, so the majority of services are provided through NaphCare.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- 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 ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that facilities conduct a sexual abuse incident review within 30 days of the conclusion of sexual abuse investigations unless the allegation is unfounded. The review team must include upper level officials, with input from line supervisors and investigators. The standard outlines elements that must be included in this review. In addition, the facility must implement recommendations for improvement or shall document its reasons for not doing so. Dismas House's Sexual Assault and Harassment Policy, 286 Sexual Abuse Incident Reviews, supports all subsections of this standard.

While Dismas House did not have a sexual abuse allegation that required an incident review within this audit year, or since the last audit, the agency has developed the "Report Outline for Post Incident Review Substantiated and Unsubstantiated Allegation of Sexual Abuse" form which will guide their review and provide documentation for future audits. It should be noted that the facility does not employ

medical or mental health staff. Interviews with the PREA Coordinator and Program Director serve to support compliance with this standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- 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 ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- 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.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency's Sexual Assault and Harassment Policy, 288 Data Review of Corrective Action, supports this standard and requires Dismas House to collect accurate, uniform data for every allegation of sexual abuse utilizing a standardized instrument and set of definitions. The policy requires the agency to aggregate the incident-based sexual abuse data at least annually. In addition, if requested by the Department of Justice, Dismas House must provide the incident-based data requested.

The agency's policy and data collection efforts utilize the definitions recommended by the standards. The agency has developed the "Summary of PREA Related Incidents for Annual DOJ Survey" to collect incident-based data. The form includes date of incident, date of report, the type of incident, finding and includes a section for notes. These forms are maintained by the agency's PREA Coordinator who is tasked to compiling and maintaining this data.

The auditor observed that each investigation/allegation since the last PREA audit in 2016 included the completed form.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency to review the collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and practices and training. The review should identify problem areas, take corrective action and the agency must prepare an annual report of its findings and corrective actions. The report should include a comparison of the current year with those of previous years. The report must be approved by the head of the agency and made publicly available. Dismas House's Sexual Assault and Harassment Policy, 288 Data Review for Corrective Action, supports this standard.

A review of the agency's website, disashouse.net, includes the facility's annual report which was extremely easy to access from the facility's homepage. The report is very comprehensive and contains the definitions of sexual abuse and sexual harassment, a chart of type of PREA allegations received in calendar year 2018, a comparison of calendar years 2017 and 2018 and an overall assessment of progress to prevent, detect and respond to sexual abuse within the facility. The report is signed by the Executive Director.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? ☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires that all data collected be securely retained, the data should be publicly available and all personal identifies should be removed before the data is made publicly available. In addition, the standard requires the data to be maintained for at least 10 years after the data of the initial collection.

Dismas House's Sexual Assault and Harassment Policy, 289 Data Storage, Publication, and Destruction, supports this standard. Data is collected electronically and stored on hard drives by the PREA Coordinator. As noted in standard 115.288, the annual report which includes sexual abuse data is easily accessed via the agency's website, dismashouse.net.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☒ No ☐ 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.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dismas House's first PREA Audit was conducted in August of 2016 which was the 3rd year of the 2nd audit cycle. At that time, the facility was found to be in full compliance with PREA standards.
This current audit is being conducted the 3rd year of the 3rd audit cycle. During the onsite audit, the auditor had free access to all areas of the facility. All requested documentation was readily made available. Interviews of both staff and residents were conducted in a private office. The auditor received no correspondences from the residents prior to the audit. Mail at Dismas House is not monitored. Residents have the freedom to leave the facility and send mail without staff being aware.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Dismas House's audit report from August 2016 is published on the agency's website, dismashouse.net.

AUDITOR CERTIFICATION

I certify that:

☒ 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, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Vevia Sturm August 19, 2019

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.