

# PREA AUDIT: AUDITORS'S SUMMARY REPORT COMMUNITY CONFINEMENT FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

Name of facility: Florence Residential Re-Entry Center		
Physical address: 950 E. Diversion Dam Road, Florence, AZ 85132		
Date report submitted: December 31, 2014		
Auditor information: Teri Brister		
Address: PO Box 2958 Mission Viejo, CA 92868		
E-Mail: Audit_Solutions@yahoo.com		
Telephone #: (909) 499-8696		
Date of facility visit: December 1-2, 2014		
Facility information:		
Facility mailing address: Same as above		
Telephone number: (818) 780-5139		
The facility is:	<input type="checkbox"/> Private not for profit <input type="checkbox"/> County <input type="checkbox"/> Municipal	<input type="checkbox"/> Federal <input type="checkbox"/> State
<input type="checkbox"/> Military <input checked="" type="checkbox"/> Private for profit		
The facility Type:	<input checked="" type="checkbox"/> Community based confinement facility <input type="checkbox"/> Mental Health facility <input type="checkbox"/> Other	
<input type="checkbox"/> Community Treatment Center <input type="checkbox"/> Halfway House <input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of Facility Head: Steve Doran	Title: Facility Director/PREA Compliance Manager	
Email Address: sdoran@behavioralsystemssouthwest.com	Phone Number: (520) 868-0080	
Agency Information		
Name of agency: Behavioral Systems Southwest		
Governing authority or parent agency: (if applicable)		
Physical address: 118 Avenida Victoria, San Clemente CA 92672		
Mailing address:		
Telephone number:		
Agency Chief Executive Officer		
Name: Christopher Lindholm	Title: Chief Operations Officer (COO), President	
E-mail Address: cslindholm@behavioralsystemssouthwest	Telephone number: (949) 492-3574	
Agency-Wide PREA Coordinator		
Name: Bari Caine-Lomberto	Title: Executive Vice President	
E-mail Address: bcainelomberto@behavioralsystemssouthwest.com	Telephone number: (818) 378-6470	

# AUDIT FINDINGS

## NARRATIVE:

The PREA audit of the Florence Residential Re-Entry Center (RRC) was conducted on December 1-2, 2014 by Teri Brister, Certified PREA Auditor. Teri was assisted by Christina Kampczyk, Certified PREA Auditor. Notice of the audit with auditor contact information was posted six-weeks prior to the audit in various locations through-out the facility. This was verified with photos received from the agency. The Pre-Audit Questionnaire was received three weeks prior to the audit along with the requested documentation which were reviewed prior to the on-site visit. Documents reviewed prior to the on-site visit included the Pre-Audit Questionnaire, PREA training records for residents and staff, PREA training curriculum, agency policies and recent audit reports by the Federal Bureau of Prisons (BOP) and the American Correctional Association (ACA).

An entrance meeting was conducted with Executive Vice President Bari-Caine Lomberto who is the agency-wide PREA Coordinator and Facility Director Steve Doran who is the facility's PREA Compliance Manager. During the meeting we discussed our agenda for the two-day on-site visit and explained what we would need to accomplish during that time frame. Following the entrance meeting, we toured the single-story facility including the interior and exterior of the building, the residents' living quarters, the staff office areas, the kitchen, the classroom/multipurpose room and dining room. Director Doran facilitated the tour while providing information about the facility.

Ten staff were randomly selected and interviewed including security staff, the social service staff, casework staff and graveyard staff. The facility director/PREA compliance manager, Steve Doran was also interviewed. Twelve randomly selected residents were interviewed. There was one resident with who appeared to have mental health disabilities, one resident who was interviewed had limited English speaking ability, and there was one gay individual interviewed. There were no other lesbian, bisexual, transgender or intersex residing at the facility within this audit cycle nor were there any reports of abuse or harassment.

Eleven staff files and eleven resident files were reviewed. Among the documents reviewed for staff files included but were not limited; application questionnaire, staff background clearance, PREA training, and PREA acknowledgment. The review of resident files included but was not limited to; screening assessments for victimization and abusiveness, PREA handout, re-assessments and PREA training. During the audit the facility logbook was reviewed. The logbook is a chronologically maintained journal of the resident's daily activities. The staff and facility director document all incident occurred, then a written recording should be made in the logbook.

An exit interview was conducted at the end of the on-site portion of the audit with Executive Vice President/PREA Coordinator Bari Caine-Lomberto and Facility Director Steve Doran. The recommended corrective action items were developed and agreed upon at this meeting. The agency stated the items would be completed by the end of the thirty-day period and prior to the finalization of this report. The corrective action items were completed and verified through staff training records and other documentation received from the agency prior to the completion of this report.

## DESCRIPTION OF FACILITY CHARACTERISTICS:

The Florence Residential Re-Entry Center (RRC) is located in Florence, Arizona and is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation headquartered in San Clemente, California. Currently, BSS provides community correctional services to the Federal Bureau of Prisons (BOP), and residential parolee service centers for the California Department of Corrections and Rehabilitation (CDCR) with three residential facilities in California and three residential facilities in Arizona. A non-residential day reporting center and a non-residential drinking driver program are other services offered by BSS. The Florence facility is operated under contract with BOP.

The 6 RRC locations are operated under contract with BOP and are based on a social service model using evidence-based programming so that the particular needs of the ex-offender can be met. The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Inmates residing in the structured environment of an RRC remain in federal custody while serving the remainder of their sentences. They are able to participate in work and school activities outside of the facility and seek/utilize community resources with the assistance of BSS casework staff. Participation in the RRC averages 6 months and includes a home detention component. Each RRC operated by BSS is accredited by ACA.

Florence RRC is located in Florence, Arizona and was opened in 2001 to provide re-entry services to federal inmates. Florence is located in Pinal County midway between Phoenix and Tucson and is the County Seat as well as being one of the oldest towns in Arizona. Florence RRC is surrounded by numerous prison systems and the rural location is also home to many Indian tribes. The facility houses both male and female inmates with a total of 72 beds, 24 of which are designated for female residents.

Residents are provided with and participate in a two-week transitional skills class on-site, before they are able to seek work/education in the community. Residents are provided with assistance in filling out job applications and accessing community resources. Because of the rural location, staff transport the residents to various work sites inside and outside the community. According to Director Doran, the majority of the residents' employment is in manual labor. The social services coordinator accesses local businesses in the community willing to work with the inmates. Director Doran shared the Florence RRC has a very high employment rate for their inmates.

Florence RRC consists of one large single-story building with three living units "dormitories" which house 24 inmates each. There is a large bathroom located in the dormitories with bunk beds and storage cabinets for residents' personal belongings. Each dorm has a rear exit door that residents are not allowed to use and is equipped with an alarm that will alert staff if the door has been opened. There are large bulletin boards in each of the housing units that contain PREA information as well as the agency's zero-tolerance policy against sexual abuse and harassment. In the center of the building is the kitchen/dining room, the laundry facilities, the classroom, staff offices, the security office and the front lobby area.

The exterior of the facility includes a basketball court, a volleyball court, gym equipment, locked storage sheds, tables and benches, payphones and a sweat lodge. The sweat lodge is not a completely enclosed structure and staff are able to observe the residents who choose to participate in the ritual, according to their Indian culture and traditions. There is also outdoor grills available on the side of the facility for the residents' use during family visitation. The areas inaccessible to residents are fenced in to prohibit access. Sixteen cameras cover the exterior and interior of the facility including the front parking lot and excluding the housing units. The cameras are positioned to cover potential blind spot areas and to aid in staff supervision. The camera

monitors are located in the front security office and in the director's office. Staff stationed in the security office are responsible for viewing the monitors during the course of their duties. The assistant director is also responsible for periodically reviewing video footage. All security staff carry a hand-held radio with a "man down" button to be used not only as a source of additional communication, but during a critical incident.

PREA related information including the PREA audit notice, was observed throughout the entire facility throughout the audit tour. The PREA audit notice and the zero-tolerance policy was posted in the front lobby area which was accessible to visitors. A notice was also posted on the doors to each dormitory regarding the policy of staff of the opposite gender to knock and announce prior to entering. The facility was noted to be in very well-maintained condition and provided a clean and orderly atmosphere for the residents.

The facility director, Steve Doran was very accommodating during the audit visit. He was knowledgeable and also well-versed in PREA. Director Doran, who has over 27 years of law enforcement experience, shared that he strives to work with the surrounding prison systems and other law enforcement agencies by sharing resources. He stated a year and half ago Corrections Corporation of America (CCA) provided PREA training to his staff. CCA operates the prison located behind and surrounding the Florence facility. Additionally, his staff will attend training facilitated by BOP at the CCA run prison. Recently, he added that the United States Probation Officers (USPO's) came on site to discuss using the Florence facility for trainings. Director Doran shared that it is important for his agency to work collaboratively with the surrounding agencies and community resources as it adheres to the agency's mission statement.

**SUMMARY OF AUDIT FINDINGS:**

<b>Number of standards exceeded:</b>	<u>0</u>
<b>Number of standards met:</b>	<u>35</u>
<b>Number of standards not met:</b>	<u>0</u>
<b>Number of non-applicable</b>	<u>4</u>

**§ 115.211- Zero Tolerance of sexual abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Behavioral Systems Southwest has a written agency-wide policy mandating zero tolerance of sexual abuse and sexual harassment. The policy describes in detail the actions the agency will take in the event of an incident of sexual abuse or harassment and the agency's approach to preventing, detecting and responding to such an incident. The zero-tolerance policy is also

located in the agency's employee handbook, the Acknowledgment of PREA Training for staff and residents, and in the PREA Resident handout.

Executive Vice President Bari Caine-Lomberto is the agency-wide PREA coordinator. She stated she has sufficient time and authority to oversee the agency's efforts in the development, implementation and compliance of the PREA standards. Additionally the facility has one PREA compliance manager Steve Doran, who reports he has the time and resources to provide the development, implementation and oversight of the PREA standards. Bulletin Boards are posted with PREA information in each of the three housing units. Interviews with residents indicate an understanding of the agency's zero tolerance toward sexual abuse and harassment.

**§ 115.212- Contraction with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

Behavioral Systems Southwest (BSS), owns and operates five other RRC locations and is a private provider that does not contract with other agencies for their residents.

**§ 115.213- Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The Florence RRC is a co-ed facility, therefore both male and female staff are scheduled to work during each shift as indicated and documented on the weekly staffing schedule prepared by the facility director. Additionally and according to agency policy, BSS will ensure that male and female staff are present on each shift in co-ed program in order to protect the offenders against sexual abuse.

The agency provides a staffing plan that provides for adequate staffing levels during each shift. The staffing plan is discussed and reviewed by the facility managers and BSS administration. When the plan is insufficient, such as a population increase, adjustments to the plan will be made as necessary. The program director is responsible for verifying the staffing plan is adhered to by reviewing the daily schedule. There have been no deviations from the staffing plan according to the director. In situations where a staff calls out sick, the director or his assistant are immediately notified and will call in staff to provide the required coverage and/or

require staff to stay over until coverage arrives. The staffing plan is also reviewed annually and documented by the agency PREA coordinator through a review of the staffing schedules and logbook documentation. This is per the requirements of the Statement of Works (SOW) per BOP. This last review was conducted on March 24, 2014.

The staffing levels and use of the video monitoring system were observed by the auditors during the two-day on-site visit. Security staff conduct and document rounds every 15-20 minutes, which includes a population count and a verification of each resident's presence with a cross-check of the daily resident roster. The agency's policy on grounds checks exceed the requirements of BOP. There is a total of 16 cameras located throughout the interior and exterior of the facility with the monitors located in the security office and the director's office. Staff are responsible for periodically viewing the monitor which aids in supervision. Additionally, the assistant director is responsible for reviewing video footage as part of her job duties. Adjustments are made to the staffing plan at times when the plan is insufficient, such as a population increase.

**§ 115.215- Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS policy clearly states cross-gender viewing, cross gender searches or visual body cavity searches are prohibited. In a situation where a female security staff is not available to conduct a pat-down search of a female, then a female casework staff will step in to complete the search as all staff are cross-trained to conduct searches. There have been no incidents when a female has been searched by a male staff. The agency also employs the use of the "wand," a metal detecting device. All staff are trained on the use of the wand which can be used in the event a female staff is unavailable to conduct a search and allows for the female resident to return to regularly available programming and opportunities.

As verified in staff and resident interviews, Florence RRC staff adhere to the policy of announcing their presence when conducting rounds and checking on residents in their sleeping quarters as well as the restroom. All residents interviewed acknowledge that staff of the opposite sex knock and announce their presence before entering their dormitory. Residents stated they are able to shower, change, and use the restroom without being viewed by staff of the opposite sex.

Per BSS policy, should a transsexual or intersex resident not wish a pat-down search to be conducted by a gender staff that the resident does not identify with, accommodations will be made provided that the safety of the facility, including the health and welfare of all residents and staff is not impacted. The BSS program director and other management will obtain further guidance by the BOP's Residential Re-Entry Management (RRM) office.

**§ 115.216- Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS provides residents with PREA information in the following other languages: Spanish, Armenian, Korean, Hebrew and Russian. Additionally, the agency has staff available to interpret these languages with the exception of Hebrew. There was one resident who spoke English as a second language that was interviewed during the on-site audit. This resident had some understanding of the PREA policies including reporting information; however was not able to clearly articulate this information and stated she was not provided this information in her native language. This was concern was discussed with the facility director who ensured the resident was provided the resident hand-out with PREA information in Spanish.

Agency administration stated that if a resident entered the program and they were visually impaired or if they were illiterate, they would ensure the PREA information was read to them by staff. The facility would not be able to accommodate a blind person. There was one resident interviewed who appeared to have limited reading abilities/mental health issues and was not able to describe how they would report an incident of sexual abuse, although they stated they were provided the information and review of the resident's file confirmed he had received the information. This concern was discussed with the facility director who planned to re-educate the resident with the PREA policies and reporting procedures, by having staff individually provide one on one training and having the resident sign and date along with staff that they received the training verbally. Additionally, the director planned to have staff walk the resident through the facility and physically show and explain to them where the PREA information is posted and how to report an incident.

All residents who live at the Florence facility are required to speak English to participate in the program. However, one resident who was interviewed stated they speak limited English and had difficulties understanding the information provided. This was addressed with the director who will provide all residents with the PREA information in the resident's first language as well as in English. In addition, to assist all residents, the director printed business size cards with the number for the PREA hotline and how to report for each resident.

The use of resident interpreters is not utilized except in an exigent circumstance which would be documented. If a situation arose that a resident needed an outside resource for interpretation, then an interpreter would be provided through BOP.

Facility Director Doran provided verification to the auditor regarding the re-education of residents who are limited English proficient and residents with disabilities. Further staff were also re-trained that staff must adhere to such practices in these situations.

**§ 115.217- Hiring and promotion Decisions**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a clear policy outlining their hiring and promotion decisions. Additionally, BSS is bound by the guidelines set forth in the Statement of Works (SOW) governed by the Federal Bureau of Prisons (BOP). This mandate requires a background check be completed at time of hire for all new employees. At the time of their contract renewal with BOP, background checks are completed again, which is well within the five-year requirement. BSS has a policy against hiring or promoting anyone with a history of sexual abuse conviction in any institution or in the community. The agency also has a strict policy regarding inappropriate relationships with the residents. If an employee is found to have violated any of the agency's policies regarding standards of conduct, including sexual abuse or harassment, they will be terminated.

The auditors reviewed 11 random staff files and verified that background checks are completed in accordance with the standard and that documentation is maintained in the employee file. BSS also asks applicants about previous sexual misconduct on the supplemental information form submitted with their application. Written policy also states that any false information provided during the hiring process is grounds for termination. All employees of BSS have a continuing affirmative duty to disclose sexual misconduct both adjudicated and non-adjudicated, in any institution or in the community. Contractors are not currently used by BSS, but if they are in the future, background checks in coordination with BOP would be completed. Four volunteers provided services for the residents during this audit year. A review of the facility's records revealed that all volunteers received the same PREA training that is provided to the staff. Background checks were completed through BOP. All volunteers are always accompanied by staff while at the facility.

<b>§ 115.218- Upgrades to facilities and technologies</b>
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- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

There were no major upgrades to the facility during this auditing period. Windows were added to the exterior doors to the three living units allowing for additional supervision. Additionally, eight cameras were added to various interior and exterior locations since August 20, 2012. The video monitoring system increased from 8 cameras to 16 cameras which allows for all outdoor and indoor areas to be viewed with the exception of the restrooms and living units top allow for privacy when changing, using the restroom or performing other bodily functions. The cameras also allow for a review of video in the case of potential incident review. Video footage is maintained for 21 days. Video monitors are located in the director's office, and the security office.

<b>§ 115.221- Evidence Protocol and forensic medical examinations</b>
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- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for



the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Florence Police Department and/or BOP will conduct all criminal investigations. BSS does not conduct criminal investigations. The agency will initiate investigation by contacting BOP and the Florence Police Department in the case of a PREA incident. According to the Statement of Works, BOP is to immediately be notified of a PREA incident and will provide instructions and guidelines in the case of such an incident. The Residential Re-Entry Manager (RRM) from BOP carries a duty phone 24/7 so there is no delay on the notification process and for receiving immediate instruction in such situations. This information regarding investigations is also listed in the employee handbook.

Forensic medical exams are conducted at Florence Hospital at Anthem where trained Sexual Assault Nurse Examiner (SANE) nurses are provided. Per the facility director, when a victim of sexual assault arrives at the hospital, they immediately place the victim in a safe area and contact a Scottsdale Health Forensic Examiner from Scottsdale Osborn Hospital and one of their SANE trained nurses will immediately respond to their location to conduct the exam at no cost to the victim.

Residents also have full access to local Rape Crisis Centers and hospitals which is posted with additional information on the PREA board in the main dining room. Each facility listed was contacted by the auditor to verify services, phone numbers and addresses were correct. There were no residents who reported sexual abuse or sexual harassment during this audit cycle. Per agency policy, BSS does not employ medical and/or medical health care practitioners.

**§ 115.222- Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Florence RRC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Per BSS policy, the agency refers all allegations of sexual abuse or sexual harassment to BOP and local law enforcement. This policy regarding the referral of allegations of sexual abuse or sexual harassment is contained on the agency website as well as contained in the agency policies. There have been no allegations of sexual abuse and or sexual harassment during the last 12 months including any allegations that resulted in administrative investigation. Per the PREA Coordinator all allegations of sexual abuse and or sexual harassment that are referred for criminal investigation will be documented on a log regarding criminal investigations. This log will document the date the incident was reported to BOP, the individuals involved, the circumstances of the complaint, disposition of the case and notification to the victim.

**§ 115.231- Employee training**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS trains all employees who may have contact with residents on the 10 required elements per 115.231 (a)-1. PREA training is provided upon new employee hire and all existing employees have received the training. Employees are required to sign and document they have received the training and understand the training they received. PREA refresher training will be conducted a minimum of one time per year; however the PREA coordinator stated she planned to include PREA information at least quarterly on her agency's yearly training calendar. Additionally, the PREA Coordinator shared that during their bi-monthly staff meetings, a section of PREA is reviewed by the program director with staff. Interviews with staff indicate they understand how to prevent, detect, and respond to any knowledge or allegation of sexual abuse and sexual harassment.

During a review of employee files, it was noted that the PREA Acknowledgement Training form staff were provided and signed, did not have a date line making it difficult to determine the date said training was received. The agency provided a roster to the auditors indicating the date training was provided to the employee. However, it was recommended that all staff re-sign the PREA Training Acknowledgement form and include a line for the date in which training was received. This information was verified and received prior to the completion of this report. In addition, this form was updated to include a date line.

**§ 115.232- Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

There were four volunteers and no contractors currently associated with the Florence RRC facility. BSS policy requires that all volunteers who have contract with the residents receive training on their responsibilities under the agency's sexual abuse and sexual harassment policies and will be educated on how to make such reports. BSS provided documentation of the volunteers understanding and receiving the PREA training which was verified by the auditors.

**§ 115.233- Resident education**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Each resident receives PREA information as contained in their resident handbook at time of intake which includes telephone numbers to report abuse. This information is provided in 5 different languages. All residents sign a PREA Training Acknowledgement that they have received the information. Residents interviewed stated they understand their right to be free from sexual abuse and sexual harassment and the avenues available to them should they have a need to report. Residents overall understand their ability to report outside the agency and within the agency. Residents were able to articulate multiple methods in which to make a report and various locations in which they could find this information. As mentioned in PREA Standard 115.216, there was one resident who speaks English as a second language who was not provided written PREA information in her native language. Additionally, there was one resident with limited reading abilities and/or Mental Health issues who was not able to articulate methods in which to make a report of sexual abuse and harassment. These concerns were addressed with the facility director who made changes to accommodate these individuals and proof of corrections were documented and received prior to the completion of this report.

The facility has a dedicated PREA board located in the multi-purpose room which includes reporting phone numbers and advocacy information as well as colorful and informative PREA posters. The National Sexual Assault Hotline number (1-800-HOPE) is included. When a caller dials this hotline a computer notes the area code and first three digits of the caller's phone number. The call is then instantaneously connected to the nearest Rape Abuse Incest National Network (RAINN) member center. If all counselors at that center are busy, the call is sent to the next closest center. The caller's phone number is not retained, so the call is anonymous and confidential unless the caller chooses to share personally-identifying information. This information is also contained on a business size card and provided to the residents.

This information is continuously available to residents and can also be found posted in various areas around the facility. Residents are provided the information again by their case manager within three weeks of their intake and upon transfer to another BSS facility. A review of the residents' files indicated they have received this training; however, the date line was missing on the form indicating when the training was received. It was recommended that residents be provided the PREA Acknowledgement training form again and re-sign with a date line included. This information was verified and received prior to the completion of this report.

**§ 115.234- Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not conduct investigations per BOP requirements. All investigations are referred to BOP and the Florence Police Department, per the BOP SOW for investigation. BSS staff stated the agency does not conduct administrative or criminal sexual abuse investigations.

**§ 115.235- Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not employ medical or mental health care practitioners. All medical and mental healthcare services are referred to outside, community-based resources. Since these are outside resources, and not employees or contractors of BSS, the agency does not maintain training records as required per the standard.

**§ 115.241- Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

All residents are privately screened upon arrival by staff using an objective-based risk assessment tool. The screening tool assesses risk for sexual abusiveness and for sexual victimization. This screening tool outlines all nine required criteria as per the standard. Residents are then re-assessed within 30-days of intake. A review of resident files indicated the residents are receiving this assessment at intake and subsequently within 30-days of intake. Interviews with residents also affirmed the screenings are occurring. A resident's risk level will be reassessed when warranted due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. BSS's policy states they will not, under any circumstances, discipline an offender for failing to answer any questions during the assessment.

**§ 115.242- Use of screening information**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Information obtained at time of screening is used to form housing, bed, work/education, and program assignments. The agency shall use information from the risk screening tools with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Additionally, the facility makes individualized determinations about how to ensure the safety of each resident. A high score will trigger a call to the BOP RRM for discussion and further direction which could include transfer of the inmate to another facility. BSS operates an RRC in Phoenix where there are private rooms, so transfer to this facility would be an option. If a resident scores a medium, then potential issues will be discussed at the program review team meeting which is held weekly. BOP and the assigned probation officer are invited to attend this meeting where strategies will be designed to keep the resident safe and address their issues further, often with referrals to community resources.

Residents are informed of BOP policy regarding transgender and intersex, they will be placed in housing based upon their physical anatomy; however, prior to being transferred to an RRC, residents have a choice not to go to this facility based upon this policy. When performing searches, male staff will search the male part of the body and female staff will search the female part of the body or they will use a metal detecting wand at the request of the resident. The facility will allow separate shower times for residents who request to shower apart from other residents.

**§ 115.251- Resident reporting**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has multiple internal and multiple external methods for residents to privately report sexual abuse or sexual harassment. Interviews with the residents and staff confirmed this information. These methods include verbal reporting to the director, the PREA Coordinator or directly to BOP. Phone numbers are listed on the PREA board in the dining room, in each dorm, and in other areas throughout the facility. Residents can also submit written reports to the director or PREA coordinators via e-mail or a written note.

Residents are informed they can make a confidential report to Fast Med Urgent Care, a local community resource in which the agency has established an MOU for third-party reporting. Third-party reporting information is contained on the PREA bulletin board located in various areas about the facility as well as in the resident handbook. Staff are aware of their responsibilities of accepting reports of abuse including third-party reports and that documentation must be completed as soon as possible or before the end of their shift. This policy is contained in the BSS Employee Handbook and discussed in PREA training. Staff indicated during interviews multiple ways in which to privately report sexual abuse or sexual harassment of residents.

**§ 115.252- Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy which indicates the steps residents can take to file a grievance regarding sexual abuse or harassment and that there is no time limitation in which they need to adhere to. The policy specifically states any offender may file a grievance following BOP procedures in regards to sexual abuse or sexual harassment. The offender may send the grievance directly to the RRM office without going through the facility mail. The RRM office number is posted on the offender information boards allowing offenders to make private telephonic contact with the RRM office. Should an offender file a grievance in bad faith, the BOP will provide BSS with the appropriate response to action on a case-by case basis. The agency responding to the grievance is mandated to provide response within 30-days of receipt. A written notification will be provided to the offender if an extension is needed beyond this time frame.

This policy is also in accordance with BOP's policy as per the Statement of Works (SOW). Grievances can also be sent to the facility director or to the PREA Coordinator. Staff are not informed of information contained in the grievance. Final decisions are made within 30 days of submission which is well within the 90 day guidelines as per the standards. There have not been any grievances filed in relation to sexual abuse or harassment during the last 12 months.

**§ 115.253- Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The Florence facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing them with the name, telephone number (including toll-free) and mailing addresses for the local rape crisis center. Residents are provided with a handbook which also contains information. This information is provided at intake and is written in 5 different languages. BSS maintains a memorandum of understanding with Fast Med Urgent Center where residents can receive emotional support services related to abuse. Interviews were conducted with residents who were able to articulate how they would seek support services outside the facility. The auditors tested the resident telephone access for the outside confidential support services and confirmed the numbers are correct and in working order. Residents are educated on the mandatory reporting rules regarding privacy and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.

**§ 115.254- Third-party reporting**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS provides several methods in which to receive third-party reports. Residents can report on behalf of another resident directly to staff verbally or in writing or to the director, PREA Coordinator, BOP or Fast Med Urgent Center. Family members are provided with reporting information for allegations of sexual abuse or sexual harassment during visitation and during the family orientation meeting. Contact numbers are also posted on the PREA bulletin board in the dining room, and throughout the facility, which is accessible to visitors. The facility director also printed small PREA information cards with telephone numbers in which to report abuse. Interviews with both staff and offenders indicate they are aware of the methods of third-party reporting.

**§ 115.261- Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

All staff and managers interviewed were able to clearly articulate their duty to immediately report any knowledge, suspicion or information regarding sexual abuse and sexual harassment that occurred in a facility, whether or not it is part of the agency. Additionally, staff acknowledged they must keep this information confidential and not share with others who do not have a need to be informed, other than to make treatment, investigation and other security decisions to keep the resident safe. Per agency policy, staff are required to immediately notify the Florence Police Department, the director and/or assistant director and the PREA coordinator and are to complete written documentation via an incident report before they leave shift. The agency reports all allegations of sexual abuse and harassment directly to the BOP RRM and this also includes reports received anonymously as well as third-party reports.

BSS policy requires all staff to report suspected retaliation against residents or staff who report abuse. The agency policy also requires that all staff report immediately and according to policy any staff neglect that may have contributed to an incident or retaliation.

**§ 115.262- Agency protection duties**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

When the facility learns that a resident is at substantial risk of imminent sexual abuse, staff and managers will take immediate action to ensure the safety of the resident. This action includes immediate notification and coordination with BOP which would likely result in the transfer of the alleged victim and/or alleged perpetrator to another facility or transfer back to prison. These immediate steps will help to ensure the resident's protection and safety. If necessary, the resident will receive a higher level of supervision including one-on-one staff supervision until an action plan is put in place. The PREA coordinator and facility director both confirmed there have been no incidents in which a resident was at a substantial risk of sexual abuse.

**§ 115.263- Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy, as contained in the BSS Employee Handbook, that the information will be reported by the program director, to the PREA coordinator who will immediately report to BOP, via the duty phone or e-mail and/or to local law enforcement. This report will be followed up with a Serious Incident Report. BOP personnel would provide further guidance pending investigation and notification to the other facility. There have been no allegations received during the last twelve months that a resident was abused while at another facility.

**§ 115.264- Staff first responder duties**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on agency policies and procedures all BSS staff are trained to act as first responders. Upon learning of an allegation that a resident was sexually abused, the first staff member alerted shall separate the alleged victim and perpetrator, call for staff assistance and immediately call 911 and followed by the facility director/assistant director and PREA Coordinator. In addition to immediately notifying the Florence Police Department, and per BSS procedure, staff will perform the following steps as first responders:



- Separate the alleged victim and abuser.
- Immediately notify the on-duty supervisor and remain on scene until relieved by responding personnel.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Do not let the alleged victim or abuser take any action that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- Remain with the alleged abuser.
- Apart for reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.

Based upon the interviews conducted staff and administration were able to explain there is to be no collection of physical evidence and that process is left solely to the Florence Police Department. During the last twelve months, there have been no allegations of a resident being sexually abused.

**§ 115.265- Coordinated response**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based upon agency policy and procedures, and interviews with the facility director and PREA coordinator, there is a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders. Staff will ensure the victim is taken to a facility with SAFE/SANE certified nursing staff and ensure that the victim receives mental health services as necessary as the agency does not provide direct medical or mental health services. The PREA coordinator and/or facility director will refer the victim to community services to address medical, and psychological needs. Casework staff and facility administration will work with BOP and the victim to ensure continuing medical and mental health services by the outside resources.

**§ 115.266- Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

There is no collective bargaining agreement.

<b>§ 115.267- Agency protection against retaliation</b>
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- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per agency policy BSS will ensure that all staff and offenders who report sexual abuse or sexual harassment or who cooperate with sexual abuse or harassment investigations will be free from retaliation by offenders or staff. This includes, but is not limited to monitoring for disciplinary action taken against staff or offenders, observing body language of staff and offenders, and following up on any information provided regarding suspected retaliation. BSS will monitor staff and offenders following a report and response to suspected retaliation. Based upon interviews conducted with the facility director and PREA Coordinator, BSS will protect all residents and staff who report sexual abuse or harassment or who cooperate with investigations, from retaliation by other residents or staff.

Facility Director Doran clearly articulated his role in preventing retaliation and the steps he would take to protect staff and inmates from retaliation. Director Doran is responsible for monitoring retaliation or potential retaliation; however all staff have been informed and charged with monitoring and reporting such incidents. This monitoring will continue for the duration of the resident's stay at the facility. Monitoring checks will be conducted every two weeks during case management visits with the resident. If any other resident expresses retaliation and based on the nature of the retaliation, the perpetrator will be reviewed for possible removal from the program. Residents will be provided with emotional support services by outside providers.

<b>§ 115.271- Criminal and administrative agency investigations</b>
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- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per agency policy and contractual mandates by BOP, at no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to the Florence Police Department and/or BOP. According to BSS policy, the Florence Police Department and BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community members. The Florence Police Department maintains jurisdiction for the Florence facility and would be notified immediately in these circumstances. The issue will be referred for investigation to the contracting agency

(BOP) to conduct an internal investigation and/or the Florence Police Department to engage in a criminal investigation. BSS will coordinate and cooperate with these outside agencies during the investigation process. BSS will retain all written investigatory reports for seven years past the departure of the alleged abuser or victim.

According to the agency, there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. Per the PREA coordinator, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**§ 115.272- Evidentiary standard for administrative investigation**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard.

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not conduct administrative investigations nor does it determine whether allegations of sexual abuse or sexual harassment can be substantiated.

**§ 115.273- Reporting to residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

Upon notification by the Florence Police Department or BOP, the PREA coordinator will inform the resident of the investigation findings. BSS will maintain contact with the Florence Police Department and/or BOP to provide feedback during the investigation and shall request information regarding the progress and outcome of the investigation in order to inform the resident. Per the facility director and PREA Coordinator, there have been no criminal/administrative investigations of alleged resident sexual abuse that were completed by the facility, BOP or law enforcement within the last 12 months. Per agency policy, all notifications to residents will be documented.

**§ 115.276- Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS policy states based on the information provided to BOP, BOP may preclude the employee from working with offenders in which case the employee would be placed on suspension. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be on unpaid suspension pending investigation of the allegation. Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated. All terminations for violations of the agency's sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity was clearly not criminal and relevant to any licensing bodies.

In the past 12 months, no staff from the Florence facility have violated the agency's sexual abuse or sexual harassment policies. Per interviews with the facility director and PREA Coordinator, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances with the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. According to the PREA questionnaire and the agency, there have been no staff from the facility that have been disciplined, short of termination, for the violation of agency sexual abuse or sexual harassment policies.

**§ 115.277- Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, if the allegation is lodged against a volunteer or contractor that volunteer or contractor's services will be reported to law enforcement agencies unless the activity was clearly not criminal, and relevant to licensing bodies. The volunteer or contractor will be suspended and they will have no access to any BSS facility, offender or staff pending investigation. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services will be discontinued. There have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents during the last 12 months.

**§ 115.278- Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, residents are subject to discipline per the BOP Prohibited Acts as contained in the Inmate Discipline Program. This program helps ensure the safety, security, and orderly operation of correctional facilities and the protection of the public by allowing Bureau staff to impose sanctions on inmates who commit prohibited acts. Sanctions will not be imposed in a capricious or retaliatory manner. Sanctions are imposed by BOP and are 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 offenses. This policy applies to all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities.

BSS prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the evidence does not establish evidence sufficient to substantiate the allegation. BSS prohibits all sexual activity, or consensual sexual activity between residents, and between staff and residents. This policy is clearly explained in the employee and resident handbook.

The facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. These services are provided through community resources. BSS's casework staff provides referrals to residents when needed. Additionally, the PREA board contains information as to where the resident can obtain therapy and counseling as needed.

In the past 12 months, no administrative findings of resident--on--resident sexual abuse that have occurred at the facility; and no criminal findings of guilt for resident--on--resident sexual abuse that have occurred at the facility.

**§ 115.282- Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS does not employ medical or mental health care practitioners. Director Doran stated during his interview, in the event where sexual abuse occurs on-site, staff will immediately contact the Florence Police Department, BOP and the PREA coordinator. BSS staff will remain with the victim until assistance arrives. The Florence Police Department will call for an ambulance and

victim advocacy through the county. In Pinal County, victim advocates are provided through the county attorney's office. The victim will be escorted to the Florence Anthem Hospital by same gender staff until the victim advocate arrives.

Victims are provided with timely and unimpeded access to crisis counseling and emotional support, information about emergency contraception, pregnancy tests and sexually transmitted diseases. All services are provided free of charge to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditors confirmed services provided through the rape crisis center through a phone interview with rape crisis center staff.

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

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

In coordination with BOP, all ongoing medical and mental health care is provided by agencies within the community. BSS has developed a list of the local rape crisis clinics/centers which provide all medical/mental health care free of charge to the victim. These services include, but are not limited to forensic collection of evidence, pregnancy tests, sexually transmitted infection testing, and lawful pregnancy-related medical services for female victims if pregnancy is a result of the abuse. The listing of providers is contained in the Offender Handout provided at intake and during training as well as posted on the PREA board in the facility. Casework staff will continue to work with the resident to ensure their access to on-going medical and mental health care.

**§ 115.286- Sexual Abuse incident reviews**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will conduct a sexual incident review at the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review will be conducted within 30-days of the conclusion of the administrative or criminal sexual abuse investigation. The incident review team will consist of the agency-wide PREA coordinator, the PREA Manager and the management team of the facility where the incident occurred. The facility Program Director will prepare a report of the findings from the incident review. This report will include, but not be limited to:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- The facility implements the recommendations for improvement or documents its reasons for not doing so.
- Recommendations made or documentation of reasons for not implementing recommendations made by the review team.

This report will be forwarded to the corporate office for review. There have been no criminal and/or administrative investigations of alleged sexual abuse completed at the Florence facility, excluding only "unfounded" incidents in the past 12 months.

**§ 115.287- Data collection**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will collect PREA data and will complete an annual compilation of said data. The data collected will be adequate to answer all questions from the Department of Justice Survey of Sexual Violence Report (SSV). Should there be a substantiated incident of sexual victimization, the facility will fill out and submit an SSV-IA form as well. BSS will aggregate the incident-based sexual abuse data, at least annually. BSS will maintain, review and collect data as needed from all available incident-based documents, including reports, and sexual incident reviews. BSS does not conduct investigations, therefore investigative reports will be unavailable for inclusion.

**§ 115.288- Data review for corrective action**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS reviews collected data and aggregates in order to assess and improve the effectiveness of the sexual abuse, prevention, detection, response policies and training. This includes identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report of findings from the data review and corrective actions for each facility, as well as BSS as a whole. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and would provide an assessment of the facility's progress in addressing sexual abuse.

There have been no incidents or reports of sexual abuse or sexual harassment. Therefore, there is no current data available to review for corrective action. The agency has a policy in place to ensure this information is captured and documented. The agency will make its' annual report readily available to the public annually through the agency website. The annual reports are approved by the PREA Coordinator. When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

**§ 115.289- Data storage, publication and destruction**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will prepare an annual report regarding PREA compliance and ensure a copy is provided to the BOP's Residential Re-entry Management Office (using the data forms provided by BOP) and to the Program manager assigned to the facility. The annual report provides an assessment of BSS's progress in addressing sexual abuse. The annual reports will be made available on the agency's website on an annual basis. All personal identifiers will be removed from the report prior to posting on the agency's website.

The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state or local law requires otherwise.

**BSS website:** [www.behavioralsystemssouthwest.com](http://www.behavioralsystemssouthwest.com)

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

T. Brister  
Auditor Signature

10-28-14  
Date