

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 facilities: Phoenix and Roosevelt Residential Re-Entry Center		
Physical address: Phoenix – 2846 East Roosevelt Rd , Roosevelt – 2420 East Roosevelt Rd: Phoenix AZ, 85008		
Date report submitted: 12-28-14		
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 visits: December 3 - 4, 2014		
Facility Information:		
Facility mailing address: (if different from above)		
Telephone number: Phoenix (602) 273-6293, Roosevelt (602) 275-9619		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> County	<input type="checkbox"/> State
<input type="checkbox"/> Municipal		
The facility Type:		<input checked="" type="checkbox"/> Community based confinement facility
<input type="checkbox"/> Community Treatment Center		<input type="checkbox"/> Mental Health facility
<input type="checkbox"/> Halfway House		<input type="checkbox"/> Other
<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of Facility Head: Danielle Koger		Title: Facility Director/PREA Manager
Email Address: dkoger@behavioralsystemssouthwest.com		Phone Number: (602) 273-6293
Agency Information		
Name of agency: Behavioral Systems Southwest, Inc.		
Governing authority or parent agency: (if applicable)		
Physical address: 118 Avenida Victoria, San Clemente CA 92672		
Mailing address:		
Telephone number: 949-492-3574		
Agency Chief Executive Officer		
Name: Christopher Lindholm		Title: Chief Operations Officer (COO), President
E-mail Address: cslindholm@behavioralsystemssouthwest.com		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 Phoenix Residential Re-Entry Center (RRC) was conducted on December 3-4, 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 Danielle Koger 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 two story facility including the interiors and exteriors buildings the residents' living quarters, the staff office areas, the kitchen, and the classroom/multipurpose room. Director Koger facilitated the tour while providing information about the facility.

Twelve staff were randomly selected and interviewed including security staff, the social service staff, casework staff and graveyard staff. The Director/PREA Compliance Manager Danielle Koger was also interviewed. In addition, ten randomly selected residents were interviewed. There were no residents with disabilities, limited English speaking abilities, gay, bisexual, transgender or intersex residing at the facility within this audit cycle. There was one lesbian resident at the time of the audit. There were no reports of sexual abuse or sexual harassment.

Ten staff files and twelve 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 incidents occurred, then a written recording is made in the logbook.

An exit interview was conducted at the end of the on-site portion of the audit with Chief Executive Officer Christopher Lindholm, Executive Vice President/PREA Coordinator, Program Director Koger, Assistant Program Directors Mike Brody and West Mayhew. 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 Phoenix Residential Re-Entry Center (RRC) is located in Phoenix, 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 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.

Phoenix RRC is a two story apartment-style building located in residential area of Phoenix Arizona and was purchased by the agency in 1978. The second facility Roosevelt, is within walking distance (two blocks) to the Phoenix facility and was purchased in the early 1980's. Both sites are considered the same program as they share the same director and staff. All staff rotate their work location between both facilities. The two programs operate under one Federal contract with the Bureau of Prisons (BOP). The Phoenix facility provides services to both male and female inmates and has a capacity of 70 beds with 14 designated for female residents. There is one director and two assistant program directors that provide the oversight for both facilities. This facility also provides the Mother Infant Nurturing Together (MINT) program.

BOP offers the MINT program for women who are pregnant at the time of their commitment. Women are eligible to enter the program if they are in their last three months of pregnancy, have less than five years remaining to serve on their sentence, and are eligible for furlough. Prior to the birth, the mother must make arrangements for a custodian to take care of the baby. The resident will receive assistance in finding an appropriate placement for the baby by MINT staff and community-based agencies. The mother has three months to bond with their baby before returning to an institution to complete her sentence. The MINT program promotes bonding and parenting skills for low-risk female residents who are pregnant. Inmates receive classes on childbirth, parenting and coping skills in addition to sexual abuse counseling, budgeting classes and vocational/educational programs. The mother or guardian must assume financial responsibility for the baby's medical care while residing at MINT.

The Phoenix facility consists of 17 living units with three two-bed rooms designated for the MINT program, three rooms with six-beds for females and the remaining 12 rooms with four-beds for male residents. Eleven living units are upstairs and six living units are located on the first floor. Each room has a private bathroom and the MINT rooms also equipped with a kitchenette. A dayroom, the kitchen, the laundry room, a conference room, staff offices, the security office and the case management offices are located on the first floor. The exterior of the facility in the front also includes a covered area for picnic tables and benches, weight lifting equipment, a fenced in swimming pool, and payphones. The rear of the facility consists of the parking lot, a

maintenance office, several locked storage sheds, and a sweat lodge which the agency plans to disassemble since it is no longer being used by the residents.

A total of 16 Cameras are positioned in visible areas in the interior and exterior of the facility. The placement of the cameras excludes the resident living quarters, the restrooms and some office areas. During the facility tour, it was noted by auditors, at least four locations on the building exteriors where there are potential blind spots. It was recommended that cameras be mounted in several areas to cover the back parking lot, the west driveway exit, and in the front of the building to capture the handicapped parking lot. Additionally, it was recommended that a camera be installed to cover the downstairs hallway to cover the back area towards the laundry room. Facility administration agreed to this recommendation and increased the video surveillance system from 16 to 21 cameras. The monitoring screens are located both in the director's office as well as the staff office. The upgraded system was installed and verified by auditors prior to the completion and finalization of this report. The cameras are now positioned to assist staff in supervision and capture blind spot areas.

The Roosevelt facility consists of 32 beds currently housed by male offenders and also provides services sexual offenders. The Roosevelt facility is a two-story apartment-style building with four living units. Three living units are upstairs and one living unit is downstairs. Each living unit has 8 beds and a private bathroom. Two of the upstairs bedrooms have back doors with staircases leading to the rear of the facility that are not equipped with alarms; however cameras are mounted on the building to capture any activity. Residents are not allowed to utilize the rear exit doors upstairs.

There is a staff office, a laundry room and a dayroom located downstairs. The exterior of the facility consists of a parking lot, a picnic table area, pay phones, weight lifting equipment and a basketball court. Food is delivered to the Roosevelt facility from the Phoenix facility as there is no kitchen on-site. Residents walk to the Phoenix facility to participate in services. They are also permitted to use the swimming pool; however not at the same time as female residents. There are eight cameras located on the exterior of the building as well as in the staff office area which appears to provide sufficient coverage. Video monitors are located in the security manager's office as well as the front staff office.

It was noted during the tour, both facilities were very clean, orderly and in well-maintained condition. Additionally, it was noted throughout the tour that PREA related information was posted including the zero-tolerance policy and the PREA audit notice. A notice is also posted on the doors to each living unit regarding the policy of staff of the opposite gender to knock and announce prior to entering.

SUMMARY OF AUDIT FINDINGS:

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

Interviews with staff indicate a solid understanding of the PREA policy and that both sexual abuse and harassment in any form will not be tolerated and dealt with accordingly. 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. These facilities share one director/PREA Compliance Manager; Danielle Koger. Ms. Koger provides and develops the PREA training for staff and residents. Based on a review of the staff training logs and resident PREA training schedule, Ms. Koger has ample time to provide the resources needed in regard to the development, implementation and oversight of the PREA standards. PREA posters are located in various areas throughout the facility in locations accessible to residents, visitors, as well as staff. Residents are provided with copies of the PREA training they received.

§ 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 four other RRC's 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 Phoenix RCC is a co-ed facility and Roosevelt RRC's is a male only facility. However, both facilities share employees. Because staff are trained to work at both facilities there are always male and female staff on duty at all times. The agency provides a staffing plan that provides for adequate staffing levels during each shift for both facilities. The staffing plan is discussed and reviewed by the facility manager 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 in sick, the director is immediately notified and will require a staff to stay over or come in early to provide ample coverage. 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 Work (SOW) per BOP. This last review was conducted on March 24, 2014.

A tour was conducted at both facilities by the auditors where the staffing levels and use of the video monitoring system were observed. 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 were a total of 8 cameras at the Roosevelt facility and 16 cameras at the main facility which were increased to 21 cameras prior to the completion of this report. These cameras are located throughout the interior and exterior of the facility with the monitors located in the staff office, the director's office and in the control area. Staff are responsible for periodically viewing the monitor which aids in supervision.

During the tour of the Phoenix facility it was noted that four areas of the facility needed additional camera locations. These cameras were installed and verified to be in working order prior to the writing of this report.

§ 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 prohibits cross-gender viewing, cross gender searches or visual body cavity searches. 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 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 which they call the "wand". This allows the staff to search the residents for metals without having to touch the resident. This type of search allows for any resident to return to regularly available programming and opportunities.

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.

The staff adheres to the policy of announcing their presence when conducting rounds and checking on residents in their sleeping quarters as well as the restroom. All but one resident 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.

During the interviews with the resident, there was one male resident who stated that one of the female staff members was not properly announcing herself by knocking on the door prior to entering the room as required by agency policy and the standard. Additionally, this resident sent an e-mail after the on-site visit to the auditors stating that there was two additional female casework staff that also was not appropriately knocking and announcing prior to entering the room. This information was forwarded to the PREA coordinator who contacted the resident and spoke with the staff. The three female staff received re-training on the policies and procedures, regarding knocking and announcing their presence. This training was documented and provided to the auditors prior to the completion of this report.

§ 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 were no residents with disabilities or who could not understand English at the time of the audit in order to conduct an interview. In addition, BSS will provide PREA information in the resident's first language as well as in English.

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 be able to accommodate a blind person. 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 or community resource.

§ 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

BSS is bound by the guidelines set forth in the Statement of Work (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. Additionally, at the time of their contract renewal with BOP, background checks are completed again which is 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 10 random staff files and confirmed 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 were not used by BSS during this audit year however, if they are used in the future, background checks in coordination with BOP and PREA standards would be completed.

§ 115.218- Upgrades to facilities and technologies

- 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 facilities during this auditing period with the exception of the camera system at the Phoenix facility. Eight cameras were added to certain interior and exterior locations as recommended by the auditors to cover potential blind spot areas prior to the on-site audit. During the facility tour, it was noted by auditors, at least four locations on the building's exterior where there are potential blind spots. It was recommended that cameras be mounted in several areas to cover the back parking lot, the west driveway, and in the front of the building to capture the handicapped parking lot. Additionally, it was recommended that a camera be installed to cover the downstairs hallway to cover the back area towards the laundry room. Facility administration agreed to this recommendation and increased the video surveillance system from 16 to 21 cameras.

The monitoring screens are located both in the director's office as well as the staff office. The upgraded system was installed and verified by auditors prior to the completion and finalization of this report. The cameras are now positioned to assist staff in supervision and capture blind spot areas. 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, the case workers' office and in the control area.

§ 115.221- Evidence Protocol and forensic medical examinations

- 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 conduct criminal investigations. The agency will initiate investigation through BOP or local law enforcement in the case of a PREA incident. According to the Statement of Work, 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. Residents have access to local Rape Crisis Centers and hospitals which is posted with additional information on the PREA board in the Case Manager's offices and in the resident's multipurpose 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. Therefore, the victim will be referred to the local Rape Crisis Center or directly to the Maricopa County Hospital which provides services free of charge to the victim. The rape crisis center will facilitate that forensic medical exam performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) at the local hospital, as well as the collection of evidence.

§ 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

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 include 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

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. Training includes the agency's zero-tolerance policy for sexual abuse and harassment, the rights of residents to be free from sexual abuse and sexual harassment and how to detect and respond to signs of threatened and actual sexual abuse.

During a review of the employee files and the PREA training information, auditors requested documentations that all staff received and signed the updated PREA policies as well as the most recent PREA training notes provided to the employees on 11/10/14. This information was submitted and verified by auditors prior to the completion of this report.

§ 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 no volunteers and no contractors currently associated with the Phoenix facilities. BSS policy requires that all volunteers and contractors 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.

§ 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 and this was verified through a review of the resident files. Residents interviewed overall 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. Overall, the residents were not able to articulate multiple methods in which to make a report and the locations in which they could find this information. It was recommended that additional PREA education be provided to the residents.

The facilities have a dedicated PREA bulletin board located in the Case Manager's office which includes reporting phone numbers and advocacy information as well as the PREA posters. There is also information to the local Rape Crisis Centers. This information was not continuously available to residents as residents were only able to access this information when escorted to the case managers' offices and with permission. During the exit conference, it was recommended and agreed upon that the PREA bulletin board be relocated or an additional PREA board be added to the dayroom with the required information in order for residents to have continuous access to this information. This recommendation along with the additional resident training was verified by the auditors 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/or local law enforcement per the BOP SOW for investigation. The Phoenix Police Department maintains jurisdiction over the Phoenix facilities and will therefore, be responsible for responding to incidents of sexual abuse or sexual harassment. BSS 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

The Phoenix facilities, unlike BSS's other residential facilities, has one employee who is responsible for all intake screening (however all employees are cross-trained). All residents are privately screened upon arrival by staff Tolevia Thompson, using an objective-based risk

assessment tool. The screening tool assesses their risk for sexual abusiveness and for sexual victimization. The screening tool outlines all nine required criteria as per the standard. Residents are re-assessed within 30-days of intake by their case managers. 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 regarding the resident's placement which could include transfer of the inmate to another facility. 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's 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.

§ 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. 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 case managers' office. Residents can also submit written reports to the director or PREA coordinator via e-mail or a written note. Interviews with the staff confirmed this information; however residents overall were not able to articulate this information. Additionally, residents were not able to confidently state how they would make a complaint outside the agency or where they could find written information.

Residents were also not aware they can make a confidential report to Treatment Assessment Screening Center (TASC), a local community resource in which the agency has established an MOU; although third-party reporting information is contained 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. It was recommended that resident be re-educated on how to make a report outside of the agency as well as where they can find the information including telephone numbers and addresses. This re-training was provided to the residents and a PREA board with the information was installed in the dayroom for continuous access by the residents. The agency provided auditors with this verification through resident documentation and photographs received prior to the completion of this report.

§ 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 BOP. Should an offender file a grievance in bad faith, the BOP and BSS will respond with an appropriate 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 Work (SOW). Grievances can also be given 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 been no grievances filed in relation to sexual abuse or harassment.

§ 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 Phoenix 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 also maintains a memorandum of understanding with TASC 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 TASC. 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 board in the day room, and the visitors' sign-in log. Interviews with staff indicate they are aware of their third-party reporting responsibilities.

§ 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 notify Phoenix Police Department, the director, and 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 to BOP 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 the 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 or PREA coordinator immediately to BOP, via the duty phone or e-mail and or 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 their supervisor. In addition to immediately notifying the Phoenix 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 Phoenix 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 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 Maricopa County Hospital is located close to the facility and has SAFE/SANE certified staff on-site. Casework staff and facility administration will work with BOP and the victim to ensure continuing medical and mental health services by the outside community 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.

§ 115.267- Agency protection against retaliation

- 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 sexual 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 interview 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.

The facility director is responsible for monitoring retaliation or potential retaliation; however all staff have been informed and charged with monitoring and reporting such incidents. This includes monitoring for body language, gestures and comments as well as disciplinary action taken against staff or offenders. 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.

§ 115.271- Criminal and administrative agency 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

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 Phoenix Police Department and/or BOP. According to BSS policy, the Phoenix 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 Phoenix Police Department maintains jurisdiction for the both the Phoenix (main facility) and Roosevelt facilities 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 Phoenix 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

Upon notification by Phoenix Police Department or BOP, the PREA coordinator will inform the resident of the findings of the investigation. BSS will maintain contact with Phoenix 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 Phoenix Police Department within the last 12 months. A sexual incident review will be conducted by BSS at the conclusion of every sexual abuse investigation.

§ 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, there was no staff from the Phoenix or Roosevelt facilities who had violated the agency's sexual abuse or sexual harassment policies. Per interviews with the facility directors, 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. BSS currently has not utilized contractors or volunteers at the Phoenix or Roosevelt facilities since August 20, 2012.

§ 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, 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 boards contain 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. In the event where sexual abuse occurs, staff will immediately contact the Phoenix County Sheriff's Department and BOP and will assist the resident in contacting the local rape crisis center. BSS staff will remain with the victim until assistance arrives. The rape crisis centers are available 24/7 and will coordinate with the Maricopa County Hospital that provides SAFE and/or SANE forensic medical examiners. The rape crisis center staff will stay with the victim and provide advocacy services at their request. 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 boards in the facilities.

§ 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 Phoenix or Roosevelt facilities, 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 at either the main facility or at the Roosevelt facility. 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 facility makes its annual report readily available to the public at least annually through its 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 Residential Re-entry Management Office (using the data forms provided by BOP) and if requested by CDCR, 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

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

12-28-14
Date