PREA Facility Audit Report: Final

Name of Facility: Florence Residential Reentry Center

Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/23/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	
Auditor Full Name as Signed: Christina Kampczyk	Date of Signature: 07/23/ 2023

AUDITOR INFORMATION		
Auditor name:	Kampczyk, Christina	
Email:	ceggert3@hotmail.com	
Start Date of On- Site Audit:	07/06/2023	
End Date of On-Site Audit:	07/07/2023	

FACILITY INFORMATION		
Facility name:	Florence Residential Reentry Center	
Facility physical address:	950 East Diversion Dam Road, Florence, Arizona - 85132	
Facility mailing address:		

Primary Contact	
Name:	Bari Caine-Lomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	949-492-3574

Facility Director	
Name:	Misty Damron
Email Address:	mdamron@behavioralsystemssouthwest.com
Telephone Number:	520-868-0880

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

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	31
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-70
Facility security levels/resident custody levels:	low
Number of staff currently employed at the	17

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION		
Name of agency:	Behavioral Systems Southwest, Inc.	
Governing authority or parent agency (if applicable):		
Physical Address:	118 Avenida Victoria, San Clemente, California - 92672	
Mailing Address:	California	
Telephone number:	949-492-3574	

Agency Chief Executive Officer Information:		
Name:	Christopher Lindholm	
Email Address:	cslindholm@behavioralsystemssouthwest.com	
Telephone Number:	949-492-3574	

Agency-Wide PREA Coordinator Information			
Name:	Bari Caine- Lomberto	Email Address:	bcainelomberto@behavioralsystemssouthwest.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded: 115.213 - Supervision and monitoring 115.218 - Upgrades to facilities and technology 115.401 - Frequency and scope of audits

115.403 - Audit contents and findings

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORM	ATION
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2023-07-06
2. End date of the onsite portion of the audit:	2023-07-07
Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	YesNo
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	 San Tan Valley Advocacy Against Abuse Valley Psychological Center Just Detention International
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	Yes No Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit **36.** Enter the total number of inmates/ 23 residents/detainees in the facility as of the first day of onsite portion of the audit: 1 38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: 39. Enter the total number of inmates/ 2 residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: 40. Enter the total number of inmates/ 0 residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: 41. Enter the total number of inmates/ 0 residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: 42. Enter the total number of inmates/ 1 residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: 43. Enter the total number of inmates/ 0 residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:

44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0	
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0	
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4	
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0	
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.	
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit		
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	20	
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0	

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of	0	
the audit who have contact with inmates/residents/detainees:		
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.	
INTERVIEWS		
Inmate/Resident/Detainee Interviews		
Random Inmate/Resident/Detainee Interviews		
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13	
54. Select which characteristics you	Age	
considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	Race	
	Ethnicity (e.g., Hispanic, Non-Hispanic)	
	Length of time in the facility	
	Housing assignment	
	Gender	
	Other	
	None	

55. How did you ensure your sample of The Auditor was provided with a Resident RANDOM INMATE/RESIDENT/DETAINEE Roster with their housing locations for both interviewees was geographically sites. Residents were randomly chosen for diverse? interviews from the roster by age, race, ethnicity, length of time in the facility, housing assignment and gender, as well as their status as a vulnerable resident. Sixteen (16) residents were selected for interviews. Of those interviews, twelve (12) were male and four (4) were female. 56. Were you able to conduct the (Yes minimum number of random inmate/ resident/detainee interviews? O No **57. Provide any additional comments** There were no barriers in completing the regarding selecting or interviewing interviews. The Program Director was very random inmates/residents/detainees responsive in facilitating the interviews. (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): Targeted Inmate/Resident/Detainee Interviews 58. Enter the total number of TARGETED 8 **INMATES/RESIDENTS/DETAINEES who** were interviewed: As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews	1
conducted with inmates/residents/	
detainees with a physical disability using	
the "Disabled and Limited English	
Proficient Inmates" protocol:	

61. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	 ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was provided with the listing of the Vulnerable In-House population during the on-site visit. There were no residents listed who were blind or with low vision.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed.

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b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was provided with a listing of the Vulnerable In-House population during the onsite visit. There were no residents listed who were hearing impaired. This was confirmed by the facility leadership during the onsite visit.
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ■ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was provided with a listing of the Vulnerable In-House population during the onsite visit. There were no residents who identified as lesbian, gay, or bisexual placed at the facility during the on-site visit.
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was provided with a listing of the Vulnerable In-House population during the onsite visit. There were no residents listed who identified as transgender or intersex placed at the facility during the on-site visit.
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor was provided with a listing of the Vulnerable In-house population during the onsite visit. There were no residents who reported sexual abuse at the Florence facility. Additionally, interviews with residents, staff, facility leadership and the Residential Re-Entry Manager (RRM) confirmed this information.

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68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4	
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0	
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. The inmates/residents/detainees in this targeted category declined to be interviewed.	
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were no residents interviewed who are or were ever placed in segregated housing/ isolation. The Florence facility, as well as all Behavioral Systems Southwest facilities does not have or would ever place a resident in a segregated housing/isolation unit. A tour of the Florence Facility confirms this information.	
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers in completing the interviews. The Program Director was very responsive in facilitating the interviews.	
Staff, Volunteer, and Contractor Interviews Random Staff Interviews		
71. Enter the total number of RANDOM STAFF who were interviewed:	13	

72. Select which characteristics you Length of tenure in the facility considered when you selected RANDOM STAFF interviewees: (select all that Shift assignment apply) Work assignment Rank (or equivalent) Other (e.g., gender, race, ethnicity, languages spoken) None If "Other," describe: The Auditor was provided with a staff roster and a staff schedule from which staff were selected for interviews. Staff were randomly chosen based on their schedule, shift, gender, language spoken and length of time at the facility. Graveyard staff were also selected for interviews. Two private offices were provided for the interviews. There were no barriers, and the Program Director was very helpful in ensuring a constant stream of interviewees which made the process smooth. (Yes 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? O No 74. Provide any additional comments The Auditor was provided with a staff roster and a staff schedule from which staff were regarding selecting or interviewing selected for interviews. Staff were randomly random staff (e.g., any populations you oversampled, barriers to completing chosen based on their schedule, shift, and interviews, barriers to ensuring length of time at the facility. Graveyard staff were also selected for interviews. Two private representation): offices were provided for the interviews. There were no barriers, and the Program Director was very helpful in ensuring a constant stream of interviewees which made the process smooth. Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

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

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

	Other	
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	Yes No	
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	Yes No	
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Auditor was provided with a staff roster and a staff schedule from which specialized staff were selected for interviews. The Program Director performs multiple PREA functions and thus multiple protocols were used for her interview. Additionally, all staff who were interviewed with the Random Staff protocol were also interviewed with the First Responder protocol. Additionally, two (2) random staff were interviewed with the Intake protocol and staff who perform the Risk Screening Assessments.	
SITE REVIEW AND DOCUMENTATI	ON SAMPLING	
Site Review		
PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.		

Yes

O No

84. Did you have access to all areas of

the facility?

Was the site review an active, inquiring process that included the following:		
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, crossgender viewing and searches)?	YesNo	
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	YesNo	
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	YesNo	
88. Informal conversations with staff during the site review (encouraged, not required)?	YesNo	

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The Auditor was allowed access to the entire facility interior and exterior of both sites. The Program Director provided a thorough tour of the facility, pointing out PREA signage, camera locations, and blind spots that are covered by cameras. All male and female housing units were observed. The dayrooms, conference rooms, staff offices, kitchen and dining area were also observed. During the onsite visit, Security staff explained the camera monitoring system and the Auditor was able to see each camera location and the view/coverage on the video monitor screens. All cameras were observed to be functioning at the time of the onsite visit. PREA Postings were observed on multiple PREA boards at both sites. Each contained PREA reporting information, PREA Handouts in multiple languages, the agency's Zero-Tolerance Policy and telephone numbers/addresses to local Rape Crisis Centers. The Auditor also observed the PREA Audit Notice posted throughout both sites.

The Auditor was able to speak with staff and residents freely during the on-site visit. Residents and staff alike reported being aware and informed of the audit and their ability to speak with the Auditor. The majority of the residents have a personal cell phone, but for those in the process of obtaining one, a working pay phone was available to them in the dayroom. The Auditor also observed grievance boxes and forms that were provided for the residents if they wanted to make a written complaint.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?





91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor selected thirteen (13) resident files and eleven (11) staff files for review. Each staff file contained the required background check clearances, staff PREA Training records, the agency's Zero-Tolerance Policy, Employee Standards of Conduct, and Elder Abuse training. Resident files contained the Risk Assessment Screenings, the Reassessment Screenings, PREA And Zero-Tolerance Acknowledgements, and the Medical Intake Evaluation which provides information on any abuse history. The Auditor also reviewed the facility logbooks, staff training logs, resident PREA education records, incident reports, Visitor's logs, Retaliation Monitoring records and facility rounds verification. There were no barriers in reviewing any records. The Program Director was very responsive in providing any requested records or other forms of documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	
Inmate- on- inmate sexual abuse	0	0	0	0
Staff- on- inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on- inmate sexual abuse	0	0	0	0	0
Staff-on- inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on- inmate sexual harassment	0	0	0	0	0
Staff-on- inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: a. Explain why you were unable to review any sexual abuse investigation files: There were no sexual abuse investigation during the reporting period.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	YesNoNA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation	files
100. Enter the total number of INMATE- ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation fil	es
103. Enter the total number of STAFF- ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	 Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Select	ed for Review
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment investigations during the reporting period.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	Yes No NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investig	pation files
108. Enter the total number of INMATE- ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	Yes No
	NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes No NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigat	ion files
111. Enter the total number of STAFF- ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no sexual abuse or sexual harassment investigations during the reporting period.

SUPPORT STAFF INFORMATION			
DOJ-certified PREA Auditors Support S	itaff		
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	Yes No		
Non-certified Support Staff			
116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	YesNo		
a. Enter the TOTAL NUMBER OF NON- CERTIFIED SUPPORT who provided assistance at any point during this audit:	1		
AUDITING ARRANGEMENTS AND	COMPENSATION		
121. Who paid you to conduct this audit?	 The audited facility or its parent agency My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) A third-party auditing entity (e.g., accreditation body, consulting firm) Other 		

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	Auditor Overall Determination: Meets Standard		
	Auditor Discussion		
	Documentation Reviewed:		
	 Pre-Audit Questionnaire (PAQ) Federal Operations Manual (FOM) Statement of Work (SOW) PREA Posters and Resources Postings Employee Handbook (EH) Organizational Chart Interviews Conducted:		
	 PREA Coordinator Program Director (PD) Specialized and Random Staff Random and Targeted Residents 		

The agency's policies are in the FOM (pages 39 and 42) which mandates Zero-Tolerance towards all forms of sexual abuse and sexual harassment. The FOM outlines the facility's approach to preventing, detecting, and responding to such conduct and includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors as outlined in the FOM (pages 24, 42 and 247). This information is provided to the staff upon hire and is also located in the agency's EH (pages 73-80). All employees are required to read this information and sign and date that they understood their responsibilities and rights regarding the PREA Standard and the agency's Zero-Tolerance Policy. Sexual misconduct by staff against a resident is prohibited by policy. Sexual misconduct, as it relates to residents, is a sexual advance, welcome or not, by a resident, staff member, agent, or volunteer. It is illegal and a violation of the agency's policies. Interviews with specialized and random staff indicated they received this information upon hire. BSS is also mandated by the BOP to adhere to the PREA Standards and a Zero-Tolerance policy as found in the SOW contract (pages 23 and 44) with the BOP.

The agency's commitment of ensuring Zero-Tolerance for sexual misconduct in the facility was observed during the onsite visit. This commitment was clearly observed by the posters, flyers, and reporting systems in place for staff and residents. Staff receive information regarding PREA upon hire as well as on-going training of staff during their quarterly in-service training. Residents receive information on the agency's Zero-tolerance policies upon intake. This information is followed by a quiz. The residents sign and date that they understand the agency's policies. Volunteers and Contractors are also provided training on information of the agency's Zero-Tolerance Policy as it relates to the duties they perform while at the facility. All visitors receive information regarding the agency's Zero-Tolerance policy during each visit. They too must sign and date that they have received the PREA information.

The agency's organizational chart, which can be found in the EH (page 3), and uploaded to the PAQ, indicates the Executive Vice President agency-wide PREA Coordinator is upper-level personnel who reports directly to the agency President/ Chief Operations Officer. The interview with the PREA Coordinator and observations of the facility's PREA philosophy during the on-site audit, revealed They has the time and authority to perform her PREA duties.

The BSS agency-wide PREA Coordinator is the Executive Vice President and reports directly to Chief Operations Officer (COO), President. The PREA Coordinator works with six (6) BSS Residential Reentry Centers in California and Arizona, implementing and guiding the agency's efforts toward PREA compliance. The PREA Coordinator reported They has sufficient time to develop, implement and oversee the agency's efforts to comply with the PREA standards.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.212 Contracting with other entities for the confinement of residents Auditor Overall Determination: Meets Standard **Auditor Discussion Documents Reviewed:** • Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) **Interviews Conducted:** PREA Coordinator • Program Director (PD) BSS does not contract with outside agencies for the confinement of residents as indicated on (page 23) of the SOW. BSS's contracts with the BOP that all residents who are ordered to confinement at a BSS facility are placed there by the BOP. The SOW (page 23), further states that the BSS agency cannot subcontract with other agencies for the confinement of residents. When interviewed, the PREA Coordinator and the PD clearly articulated BSS's contracts with BOP do not allow them to contract with other agencies for the placement of residents. Based upon the review of agency policies and procedures, all PREA documentation,

Supervision and monitoring
Auditor Overall Determination: Exceeds Standard
Auditor Discussion
Documents Reviewed:
 Federal Operations Manual (FOM) Statement of Work (SOW) Staffing Plan Annual Review Monthly Schedule Logbook Resident Daily Rosters Pre-Audit Questionnaire (PAQ) Training logs
Interviews Conducted:

and interviews, the Auditor has determined the facility **MEETS** this standard.

- Program Director (PD)
- PREA Coordinator
- Random and Specialized Staff

The agency has developed a staffing plan that provides for adequate levels of staffing and video monitoring to protect the residents against sexual abuse. This requirement is outlined in the SOW (page 12). The SOW requires the contract to concentrate staff in areas where most residents are available for program activities, during normal evening hours. In addition, the SOW requires at least one (1) male and one (1) female on duty. During this reporting period, the Florence RRC had an average daily population of thirty (30) residents. However, BSS determines the staffing ratios based on the contracted number of residents (50) that may reside at the facility. BSS has always instituted more than the minimum number of staff for each of its facilities. Therefore, the staffing ratios remain the same if the population drops. The staffing plan is reviewed annually and includes topics such as: Video monitoring to assist supervision, the physical layout of the facility, the composition of resident population and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. During the annual review, the PREA Coordinator, PD, Assistant Program Director (APD) and Security Supervisor work together to determine if any modifications are needed to the staffing plan. Established facility staffing is not to be changed unless authorized by the Executive Vice President.

The facility's Directors are required to report to the BSS Executive Vice President immediately if there are any deviations to the staffing plan. Deviations must be documented on the staff schedule, the daily logbook and entered into the facility's computerized timesheet. However, it should be noted that since the inception of the PREA Audits in 2013, none of the BSS Re-entry Centers have had any staffing deficiencies, which includes the Florence RRC. This is an amazing contributing factor to support the agency's commitment to the safety and security of residents and staff alike.

Based upon the review and analysis of the documentation, interviews, and the commitment to ensure that there have not been any deviations to the staffing plan since the inception of the PREA Audits, the Auditor has determined the facility **EXCEEDS** this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	Federal Operations Manual (FOM)

- Pre-Audit Questionnaire (PAQ)
- Training Curriculum
- Training Acknowledgement Statement
- Training Sign-in Rosters
- · Resident Grievances
- · Incident Reports
- Prior Audit Reports
- Gender Announcements

Interviews:

- · Random Staff
- · Random and Targeted Residents
- Program Director (PD)
- PREA Coordinator

BSS staff are prohibited from performing cross-gender strip searches or body cavity searches regardless of any situation. This information is described in the FOM (pages 118, 123 and 205) which states, "Strip and body searches are prohibited" and "Strip searches, body searches, manual or instrument inspection of body cavities will never be conducted at the facility. The Program Director will secure the approval of the referring agency prior to any inspection of a resident's body cavity by medical or health care staff. Staff will never be authorized to conduct an inspection of a resident's body cavity." A review of documents and interviews with the PD and PREA Coordinator indicated the facility has had no gross-gender searches (pat, strip, or visual body cavity) conducted since before the inception of the PREA Standards. Records reviewed and interviews with the PREA Coordinator and PD indicate there have been no exigent circumstances of cross-gender searches. The procedure also requires that staff shall not search or physically examine transgender or intersex residents for the sole purpose of determining their genital status. Information regarding the resident's gender at birth is in the information sent to BSS from the placing agency. Florence staff are aware of the residence gender prior to the resident entering the facility. However, the resident's preference on how they identify is asked and taken into consideration upon intake.

At the time of the on-site audit, there were twenty-four (24) residents comprising of twenty-one (21) males and three (3) females. The facility has both male and female staff during each shift as required by their contract with the BOP as reviewed in the FOM (page 119). When conducting pat-down searches, there must be two (2) security monitors present during the search (FOM page 119). All staff are trained in conducting searches of both male and female residents as reviewed in the facility's training logs during the on-site audit. Staff and residents clearly articulated that staff do not conduct cross-gender pat down searches. If a staff is not available to search a cross-gender resident, then staff will use an electronic hand-held metal detector known as a "wand" to search the resident. The "wand" allows the staff to search the resident without having to place hands on the resident. All female

residents who were interviewed by the Auditor stated there was always a female staff on duty. However, if they return to the facility and a female staff is not readily available, they are immediately processed back into the facility by the male staff using the "wand" to search them. There have been no cross-gender pat-down searches conducted since the inception of the PREA Audits in 2014 according to three (3) prior audit reports. Should an incident arise that warrants such a search, BSS is prepared to record and document the occurrence.

The facility layout allows the residents to dress, use the restrooms and shower without being viewed by opposite gender staff. Each dorm has its own restroom and shower area with a door between the living area. Shower stalls have curtains and toilet areas have stall doors. When interviewed, residents and staff stated staff always knock and announce themselves before entering the dorm area or the restroom area. Residents further stated they are never naked in full view of staff. Resident interviews indicated that residents felt they had the adequate ability to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing them.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.216

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Federal Operations Manual (FOM)
- Pre-Audit Questionnaire (PAQ)
- PREA Postings
- Employee Handbook (EH)

Interviews Conducted:

- · Random Staff
- Case Managers
- Program Director (PD)
- PREA Coordinator
- · Random and Targeted Residents

The BSS agency provides all residents information regarding the agency's Zero-Tolerance Policy to the residents in the PREA Resident Handout. This information is provided during intake and posted throughout the facility in six (6) languages, including, English, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. The Resident Handout contains information regarding the agency's Zero-Tolerance Policy in addition to definitions of sexual abuse and sexual harassment, residents' rights to be free from sexual abuse and sexual harassment and retaliation for reporting such incidents. The PREA Resident Handout further provides information for local Rape Crisis clinics and how to report an incident of sexual abuse or sexual harassment.

Corrective Action:

Initial PREA Education is provided by the Case Managers in a manner that ensures the resident comprehends the material presented and is read to the resident during the intake process. They are responsible for ensuring the resident receives and understands the PREA information during the intake process FOM (page 89). Each resident receives a thorough orientation to the program, its rules, and expectations. Prison Rape Elimination Act (PREA) Brochures are also provided to the resident. The orientation takes place after the intake interview and occurs within twenty-four (24) hours of intake. According to the EH (Page 77), "BSS will ensure that any offender with disabilities (ex: such as deaf, hard of hearing, sight impaired, mobility impaired, cognitively impaired) and those with limited English proficiency will have equal opportunity to participate in and/or benefit from all aspects of BSS's efforts to prevent, detect and respond to sexual abuse and sexual harassment."

During the facility tour, it was noted that the PREA Resident Handouts were not posted in each language specifically Spanish as there was a resident whose primary language was Spanish. After reviewing the deficiencies with the PD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Post the PREA Resident Handout in all languages. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Federal Operations Manual (FOM) Pre-Audit Questionnaire (PAQ) Statement of Work (SOW)

- Employee Handbook (EH)
- Employee Files

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- Residential Re-entry Manager (RRM)

The BOP provides guidelines and mandates to BSS regarding hiring and promotion decisions of employees. When BSS has determined that a person is appropriate for employment, the person's information will be sent to BOP, to receive background clearances per the EH (pages 73-79) and the SOW (pages 16-17). The RRM, PD and PREA Coordinator confirmed this information when interviewed and records located in the employee files also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's five (5)-year contract renewal SOW (pages 16-17). Employees may not begin working until all background clearances have been completed and the RRM has sent notice of approval to BSS. Background checks consist of a review of the following:

- Civil Application System (CAS)
- National Crime Information Center (NCIC)
- Local Law Enforcement Data Base
- Prior Employment and Personal References

BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct per the SOW (page 39). BSS requires all applicants to report previous sexual misconduct, to include civil or administrative adjudication, on a supplemental form which is submitted with their application. This information was verified during a review of staff files and interviews with the PD and PREA coordinator. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct in past employment or while employed at a BSS facility, as listed in the EH (pages 73-79). During a review of the staff files, the Auditor reviewed this information. The employee then signs and dates the affirmation. Any omissions or false information provided during the pre-employment process would bar the person from employment. If there are any omissions or false information provided during a promotional background check/recurring background check, the employee may be subject to immediate termination. This information was confirmed during interviews with the PD and the PREA Coordinator and is also listed in the SOW (pages 16-17). When interviewed, the PREA Coordinator stated BSS does not have the same legal standing as law enforcement or detention facilities where an employee can sign a waiver for information. BSS is only permitted to provide dates of employment and position if there is an inquiry about a prior employee's employment history. However, if law enforcement or corrections provides a signed waiver from the past

employee, then the records would be released.

The Florence RRC did not have any volunteers during this auditing period. All volunteers and contractors are subject to the same PREA education, background, and security clearances as employees. This information can be found in the FOM (page 37). A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the five (5)-year requirement.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.218 Upgrades to facilities and technology

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Facility Diagram/Map with Camera Locations

Interviews Conducted:

- PREA Coordinator
- Program Director (PD)

The Florence RRC has not undergone any expansion or modifications of the existing facility since the last PREA Audit as stated per the PD. During the on-site tour of the facility, all camera locations (facility interior and exterior) were compared with the facility diagram/map. The security staff monitor sixteen (16) cameras on one (1) monitor within their office. There is also a stand-alone monitor in the security office that only monitors one (1) office in the facility. This office is used by an outside agency who provides services to the residents. Security staff were observed watching activity on the monitors (which have recording capabilities) while engaged in the course of their duties. The PD has two (2) monitors in their office which monitors all cameras to include eight additional cameras in which only the PD has access. These eight (8) cameras are in the same location as other cameras but provides additional viewing angles. All cameras and monitors were functioning and appeared to have no issues during the on-site visit.

The PD, Assistant Program Director, and Security Manager are responsible for reviewing the video footage. If there was a PREA allegation or any other incident, these individuals would be able to go back and review the footage and make copies of the footage. The PD and the PREA Coordinator stated during interviews they

routinely consider how camera technology enhances the agency's ability to protect residents from sexual abuse.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **EXCEEDS** this standard.

115.221 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Statement of Work (SOW)
- Employee Handbook (EH)
- PRE-Audit Questionnaire (PAQ)
- San Tan Valley Advocacy Website
- · Against Abuse Website

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- San Tan Valley Advocacy Staff
- · Against Abuse Staff

The Florence RRC does not conduct criminal or administrative investigation and they do not house residents under the age of eighteen (18). The BOP is notified of all incidents of sexual abuse and sexual harassment. Florence Police Department is immediately contacted if the incident appears to be criminal. The BOP will work with Florence Police Department during the investigation. As defined in the SOW (page 21), "The contractor will not conduct an investigation of any misconduct allegation without the COR's approval. This includes questioning the subject of a misconduct allegation." Upon hire, staff are informed of this policy and provided a copy of this information in the EH (page 72) which states, "BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. The issue will be referred for investigation to the contracting agency (BOP) to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation." When interviewed, all staff understood the articles of this policy. In the last twelve (12) months there have been no criminal investigations conducted regarding allegations of sexual misconduct of resident-on-resident or staff-on-resident sexual misconduct.

Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome by the BOP for administrative investigations and by

BSS for criminal investigations. The PD will maintain all documentation of the progress of the investigation and inform the PREA Coordinator. At the completion of the investigation, the PREA Coordinator will inform the victim in writing, regarding the outcome of the investigation. When interviewed, staff were able to articulate that investigations were not conducted by the Florence RRC staff and only an outside agency or the BOP would conduct these investigations.

Although the Florence facility does not conduct investigations, they do have a uniformed protocol that provides for actions that must be taken if an incidence of sexual abuse occurs. Facility policy provides for protocols be deployed to address evidence collection; victim services; notifications; and follow up to the prosecution of sexual assault cases. Staff are not allowed to gather physical evidence. They are only allowed to secure the scene. This information is outlined in the SOW on (page 76) which states, "If the issue reported is an assault on grounds, the first responding staff will secure the victim (separate from abuser if abuser is still on grounds), clear the area, call 9-1-1, preserve the scene by disallowing any person access to the area, and assign another staff to stay with the victim until paramedics and law enforcement arrive on scene. Staff will request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing closed, urinating, defecating, smoking, drinking, or eating (same for abuser if abuser is still on grounds). Responders will ask if the medical clinic that the victim will be transported to is Safe or Sane and will document the finding."

Florence RRC does not have onsite access to forensic medical examinations. If a resident needs services, they are referred to San Tan Family Advocacy Center for medical services who offer SAFE and SANE certified forensic medical care, counseling services and additional resources for victims of sexual abuse. Against Abuse provides shelters and counseling services. Contact with an employee at Against Abuse and a review of their website confirmed confidential, free services and advocacy for individuals who may be the victim of sexual abuse. If needed, the facility would provide a qualified staff to accompany the victim to all services. Both agencies provide services twenty-four (24) hours a day, seven (7) days a week.

Although Florence RRC has not had any instances of sexual abuse during this reporting period, when interviewed staff were able to articulate the process and procedure for making a referral to Against Abuse and San Tan Valley Family Advocacy for the services they offered.

Corrective Action:

The BSS agency has clearly established a uniform protocol for gathering physical evidence with a policy and EH that states staff are not to collect physical evidence. However, when staff were interviewed, they were not familiar with this protocol.

After reviewing the deficiencies with the PD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) provide training to the staff regarding the agency's protocol for gathering physical evidence if a sexual assault were to occur. 2) Provide the Auditor with the training curriculum and roster. Prior to the writing of this report, the facility was able

to complete all requirements of this corrective action plan and provided proof to the Auditor.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Statement of Work (SOW)
- Employee Handbook
- Pre-Audit Questionnaire (PAQ)
- Federal Operations Manual (FOM)
- Staff Training Records
- Behavioral Systems Southwest (BSS) Website

Interviews:

- Random Staff
- Program Director (PD)
- PREA Coordinator

Florence RRC does not conduct any type of investigation, including for a PREA incident. These investigations are conducted by the BOP or Florence Police Department. All staff confirmed that they had been trained upon hire and during quarterly training meetings to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation to the program PD who will contact the RRM and/or to the Florence Sheriff's Department. As defined in the SOW (page 76), "The contractor will report all unusual or serious incidents immediately to the RRM (or designee) by telephone." The EH (page 73) further defines that staff are not allowed to conduct PREA investigation in that, "If an allegation of sexual abuse or harassment is filed against a staff person, BOP must be contacted immediately. BOP disallows any BSS staff to conduct an investigation for allegations related to integrity, of which sexual harassment/sexual abuse would fall." The facility documents all allegations and incidents of sexual abuse, sexual harassment, and retaliation.

The agency's website provides information and related policies for reporting allegations of sexual abuse. Third-party reporting information is also on the website. Reporting information is posted in various areas of the facility including but not limited to living units, the multipurpose room, and the front lobby. The posted

information is accessible to residents, staff, contractors, and visitors. A review of FOM, SOW, EH policy, and interviews, confirmed allegations of sexual abuse and sexual harassment are investigated by the BOP and Florence Sheriff's Office. Sexual abuse allegations that are criminal in nature are investigated by the Florence Police Department.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.231 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Employee Personnel Files
- Master PREA Training Calendar
- PREA PowerPoint
- · Training PREA Training Acknowledgement
- PREA Quiz and Answer Sheet
- Behavioral Systems Southwest (BSS) Employee Standards of Conduct
- BSS Zero-Tolerance Policy
- Bureau of Prisons (BOP) Program Statement
- Federal Operations Manual (FOM)
- Staff Training Attendance Logs (Sign-in Sheets)

Interviews Conducted:

- · Specialized and Random Staff Interviews
- Program Director (PD)
- PREA Coordinator

PREA training is provided upon hire and during the staff quarterly meetings. The facility training logs were reviewed and found to be proficiently maintained. The training binder contains training curriculum, training logs, quizzes, and staff rosters and is organized by date and title of the training provided. This made it very easy for the Auditor when determining compliance with this standard. A review of the training binder found staff have received initial training upon hire and ongoing PREA training. Elements of the PREA training include the following:

- The agency's Zero-Tolerance Policy
- How to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse

- Residents right to be free from sexual abuse
- Residents right to be free from retaliation for reporting sexual abuse
- The dynamics of sexual abuse in confinement
- The common reactions of sexual abuse victims
- How to detective and responds to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effective and professionally with all residents including LGBTI residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

All staff interviewed stated PREA training is on-going and a PREA topic is discussed at monthly staff meetings and during the quarterly staff trainings. During interviews with thirteen (13) staff, all staff were able to clearly describe how they would prevent, detect, and respond to an incident of sexual abuse, should an incident occur at the facility. Twelve (12) employee personnel files were reviewed, and each file contained the following signed documents as verification of staff receiving and understanding the PREA training; the PREA Acknowledgement, the BSS Zero-Tolerance Policy, the Expectation policy, the BSS Employee Standards of Conduct, the BSS Employee Handbook, and the PREA quizzes.

During staff interviews, staff appeared to need additional training on the facility's policy and first responder duties in that staff are not allowed to collect physical evidence (this is the responsibility of the Florence Policy Department).

Corrective Action:

The BSS agency has clearly established a uniform protocol for gathering physical evidence policy in that, the staff are not to collect physical evidence (this is the responsibility of the Florence Policy Department). Staff must only secure the scene once the victim and alleged perpetrator are separated, secure and safe. Although training curriculum records and staff rosters clearly indicate staff are being properly trained in their first responder duties, interviews with thirteen (13) staff, found they were unable to clearly describe how they would respond to an incident of sexual abuse. Specifically, how to gather physical evidence.

After reviewing the deficiencies with the PD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) provide training to the staff regarding the agency's protocol for gathering physical evidence if a sexual assault were to occur. 2) Provide the Auditor with the training curriculum and roster. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	Employee Handbook (EH)Pre-Audit Questionnaire (PAQ)
	Interviews Conducted:
	Program Director (PD)
	The Florence RRC may periodically utilize volunteers and contractors however, they have not had any volunteers or contractors during this reporting period. This information was reported in the PAQ and during interviews with the Program Director.
	The BSS agency does have a policy in place to provide PREA training when volunteers and contractors are utilized. All volunteers and contractors who have contact with the residents receive the same training as provided to the staff to include the agency's Zero-Tolerance Policy. The EH (page 73), states, "All new employees, volunteers and/or contractors who have contact with offenders will receive sexual abuse/harassment training during their first week of employment/ working with offenders. This training includes reporting any incident to their supervisor immediately upon discovery. Refresher training will be conducted annually thereafter." The facility maintains documentation of volunteer contractor training as they would of an employee.
	Based upon the review of agency policies and procedures, all PREA documentation,

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 PREA Education & Screening Logs BSS PREA Brochure Resident PREA Quizzes Acknowledgement Statements

and interviews, the Auditor has determined the facility **MEETS** this standard.

- Resident PREA Handouts
- PREA Boards

- Random Residents
- Intake Staff
- Case Managers

All residents at the time of intake, regardless of where they are transferred from, receive the agencies Zero-Tolerance Policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. This information is provided to the resident in writing and verbally based on the resident's ability to understand the information provided. There were five (5) residents transferred from a different community confinement facility during the past twelve (12) months as indicated by the PAQ. A review of resident files indicated the residents received the full PREA information (not just refresher training) as those who newly entered the facility. The Resident Handout is available in six (6) different languages, including English, Spanish, Korean, Vietnamese, Hebrew, Russian, and Armenian. Residents are provided with copies of the PREA documents they signed and can keep the documents in their housing unit to refer to if needed. The PREA information contained in the Resident Handout is also posted throughout the facility. These postings are contained in all common areas of the facility on a bulletin board with "PREA" listed at the top of the board. This board is known to the residents and staff as the "PREA Board." When interviewed, staff and residents alike were aware of the PREA Boards, where they were located, and the contents of the boards. The PREA Board posts the Zero-Tolerance policy, contact numbers for the Third-Party Notification, the PREA Coordinator and victim advocacy phone numbers, PREA brochures, and the resident handout in various languages.

Corrective Action:

During the on-site audit tour of the facility, most of the information listed above was observed by the Auditor. However, some of the PREA Boards were missing the Resident Handouts in different languages. In addition, there was one resident whose first language was Spanish. When interviewed, the resident could not communicate in English and an outside interpreter agency was utilized. During the interview and upon review of the resident's file, it was determined the resident was not provided an interpreter during the intake process, including the PREA information.

After reviewing the deficiencies with the PD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Using a Spanish interpreter, go back over the intake paperwork, Case Manager paperwork, PREA training, review of the PREA Boards and the information and services provided by the agencies listed on the PREA Boards. 2) Provide the

Auditor with the training curriculum and a copy of the documents reviewed signed by the resident. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.234 Specialized training: Investigations Auditor Overall Determination: Meets Standard **Auditor Discussion Documents Reviewed:** • Employee Handbook (EH) **Interviews Conducted:** Random and Specialized Staff • Program Director (PD) PREA Coordinator Residential Re-entry Manager (RRM) Florence RRC does not conduct investigations per the EH (page 76). All incidents of sexual abuse or sexual harassment would be referred to Florence Police Department and/or the BOP. All staff were able to articulate the investigation procedure during their interviews with the Auditor and support staff. The PD and the PREA Coordinator were very specific when articulating that administrative investigations are completed by the RRM at the BOP and criminal investigations are completed by the Florence Police Department. The RRM at BOP was also contacted and confirmed this information. Based upon the review of agency policies and procedures, all PREA documentation,

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

and interviews, the Auditor has determined the facility **MEETS** this standard.

- Employee Handbook (EH)
- Pre-Audit Questionnaire (PAQ)
- Pinal County District Attorney's Office/San Tan Valley Advocacy Center Website
- Against Abuse Website

- Program Director (PD)
- PREA Coordinator

The Florence RRC does not employ or contract with medical or mental health care practitioners at the facility. Residents are provided community-based resources where they receive services for sexual abuse and sexual harassment counseling. All forensic exams are conducted at San Tan Valley Advocacy Center where certified SAFE/SANE staff would assist the residents. San Tan Valley Advocacy Center is a division of the Pinal County District Attorney's Office. In addition to San Tan Valley Advocacy Center, residents may reach out to Against Abuse who also provide services such as mental health counseling, pregnancy, and sexually transmitted disease testing. The PREA Coordinator and the PD stated all residents who need mental health care or medical services receive these services in the community. The contact information is listed throughout the facility and accessible to residents and visitors. Residents also receive this information upon intake. A review of the Pinal County District Attorney's Office and Against Abuse websites and telephone conversations with these agencies, confirmed the services provided. When interviewed, the residents were able to articulate this information. They also explained where PREA information was located should they need to make a report or receive services.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Pre-Audit Questionnaire (PAQ) Employee Handbook (EH) Medical Intake Form Risk Assessment Screening Tools

- Resident Files
- Staff Training/Meeting Records

- PREA Coordinator
- Program Director (PD)
- Employment Placement Specialist (EPS)
- Case Managers
- Random and Target Residents

The Florence RRC has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents upon intake. This policy is described in the EH (pages 74-75). The policy requires the same screening for residents if they are transferred from another facility. There were one hundred forty (140) residents admitted to the facility within the last twelve (12) months who were assessed for risk of sexual victimization or sexual abusiveness. Prior to a resident entering the program, the facility receives information regarding the resident's background from the referring agency which provides additional information to be considered during the risk assessment process.

As stated in policy, "should a history of sexual predation be noted, staff will immediately notify the Program Director." This action is taken to determine the offender's suitability for placement, to ensure the safety of all offenders and staff. In addition to the assessments, staff obtain screening information during the intake process on the Medical Intake form. This form is part of the intake packet that new residents complete on the first day of admission. Elements of the form include victim abuse history, mental health history, and provides additional information when the screening assessments are completed.

The risk assessments are conducted in a private office with the resident by a Case Manager on the first day the resident enters the facility. In the absence of the Case Manager, the assessment will be completed by the EPS, or the Program Director. During the screening process residents are asked a set of questions from the Sexual Victimization Assessment tool and the Sexual Abusiveness Assessment tool. The screener scores each question as a "yes" or "no" based upon the resident's answer, through direct observation, and through information obtained in the resident's file. The agency prohibits staff from disciplining residents for refusing to answer questions or for not disclosing complete information.

These objective screening tools considers the following information:

- Mental, physical, and developmental disabilities
- The age of the resident
- The physical build or the resident
- · Whether the resident has previously been incarcerated

- If the resident's criminal history is exclusively nonviolent
- Prior convictions for sexual offenses
- Where the resident is or perceived to be LGBTQ, intersex, or gender nonconforming
- Prior sexual victimization
- The resident's own perception of vulnerability
- · Prior acts of sexual abuse
- Prior convictions for violent offenses
- Prior institutional violence or sexual abuse

There were one hundred six (106) residents who entered the facility (either through intake or transfer) within the last twelve (12) months (whose length of stay in the facility was for thirty (30) days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within thirty (30) days after their arrival at the facility, based upon any additional, relevant information received since time of intake.

Only those who have a need to know the information contained in the assessments will have access to these documents. Once the assessments are completed, they are filed in the resident's files and stored in locked cabinets in an office located in the administrative building. Residents interviewed confirmed that the assessments are being completed in a private setting and that they could choose to not respond to a question they felt uncomfortable answering. A total of thirteen (13) resident files were reviewed. All files contained the risk assessments and the subsequent risk reassessments. Each risk assessment screening was completed within the required timeframes.

Corrective Action:

The Auditor observed the risk screening process of a new resident on the first day of intake by the Employment Placement Specialist (EPS) who was covering for the Case Manager. The EPS asked the resident each of the questions in the Sexual Victimization Assessment tool and the Sexual Abusiveness Assessment tool, instead of obtaining most of the information from the resident's referral packet or resident's file, or through their own direct observation/perception of the resident. This included asking the resident their age, their physical build, whether they have been incarcerated before, and if they have had prior convictions of sex offenses.

After reviewing the deficiencies with the PD, and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) All staff who conduct Risk Assessments must be retrained on where to find information in the resident's file or in the referral packet to complete the assessment, which questions should be asked of the resident and what questions in the assessment can be answered based upon the interviewer's perception of the resident. 2) Provide training curriculum, training handouts and roster to the Auditor. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provide proof to the Auditor.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.242 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Medical Intake Form
- Resident Risk Screening Assessments
- Statement of Work (SOW)

Interviews Conducted:

- PREA Coordinator
- Program Director (PD)
- Case Managers
- · Random Staff
- · Random and Targeted Residents

The Florence RRC's policies and procedures require staff to use information from the risk screening assessments to inform housing, bed, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. In addition to the requirements of this standard, the SOW (page 44) states, "Immediately upon a resident's arrival, staff will conduct a private interview with the resident to determine if there are any non-medical reasons the resident should be housed separately from the facility's offender population."

The EH (pages 74-75) provides policy and guidance to staff regarding the use of the information obtained from the Vulnerability Assessments for Risk of Sexual Victimization and Sexual Abusiveness. Per policy "should a history of sexual predation be noted, staff will immediately notify the Program Director. This action is taken to determine the offender's suitability for placement, to ensure the safety of all residents and offenders." The screening instruments help to identify risk factors to help ensure potential victims are not housed with individuals who may have a history of abusive behavior. If needed, the facility can transfer a resident to another facility to provide them with safety and security against sexual abuse.

The EH further prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents

identify or their status. Staff are not allowed to consider the identification as an indicator that these residents may be more likely to be sexually abusive.

The facility makes individualized determinations about how to ensure the safety of each resident by utilizing Risk Assessments. The resident's own views with respect to their own safety will be given consideration when making facility and housing placement decisions and programing assignments. Interviews with the PD, and Case Managers confirmed that housing and program assignments for transgender or intersex residents are made on a case-by-case basis. Furthermore, a transgender or intersex resident's own view with respect to their own safety is given serious consideration prior to placement in the facility. Interviews with staff confirmed that transgender and intersex residents would be allowed to shower separately from other residents.

Corrective Action:

Interviews with the Case Managers found that not all were aware that the purpose of the risk assessments for sexual victimization and sexual abusiveness is to inform housing, supervision levels and bed assignments of a resident in the facility and the importance of considering all information obtained in the screening when determining if the resident can be safely housed at the facility.

After reviewing the deficiencies with the PD, and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Retrain all staff who conduct risk assessments how risk assessment scores are used to determine bed, housing, and supervision levels and that these decisions must be documented. 2) Provide training curriculum, training handouts and roster to the Auditor. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provide proof to the Auditor.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook (EH) Request for Administrative Remedy Request to Director

- Resident Handout
- PREA Board Postings
- PREA Reporting Methods (Flow Chart)

- Program Director (PD)
- · Random Staff
- Case Managers
- · Random and Targeted Residents

The Florence RRC provides multiple methods for which residents can file a report of sexual abuse or sexual harassment, neglect by staff, or violation of duties that may have contributed to an incident, and retaliation by residents or staff for making a report of abuse. Internal reporting methods include telling any staff they feel comfortable reporting to, contacting the PREA Coordinator, or by completing a "Request for Director" form with the reporting information. Residents can also submit a written report by placing it in the locked grievance box located in the administrative building lobby. Residents are provided with access to writing materials and envelopes. Internal reports can be made verbally, in writing, anonymously and through the third-party reporter (Valley Psychological Center). All reports received internally, through any of the methods described above, will be immediately documented by staff per agency policy.

The facility provides multiple methods for a resident to make a report external to the facility that is not part of Behavioral Systems Southwest. These methods include reporting to a family member or a friend, to the Bureau of Prisons (BOP), to a probation officer, to local law enforcement, to a social worker or counselor, or to anyone they feel comfortable with outside of the facility. Residents have cell phones and can make a call at any time. A telephone is located in the front lobby for residents who are in the process of obtaining a cell phone, or they can request to make a private call on the facility phone. Additionally, residents can make a call to report abuse when they are on a community pass.

The resident may send a complaint directly to the BOP without going through the facility mail. Residents have access to computers at the facility and can also send a complaint by e-mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Copies of the Administrative Remedy procedure and forms are located in a folder in the front lobby of the facility. Residents are not required to attempt an informal resolution regarding sexual abuse allegations SOW (page 78). If a resident uses the Request for Administrative Remedy form for a PREA related complaint, staff immediately submits the form to the PD who will contact the BOP for investigation per the SOW (pages 78-79). When interviewed, staff and residents were able to articulate the reporting process for allegations of sexual abuse or sexual harassment.

The EH (pages 76-77) describes how a resident can report abuse. The handbook

states "staff shall accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously and from thirst parties. Should the report be verbal to staff, staff must document the verbal report within twenty-four 24-hours and provide a report to the PREA Coordinator and or PREA Manager at the facility." All PDs have private offices and will provide their office for a staff or resident to report an incident. Furthermore, reporting of abuse can be accomplished via a sealed note or letter that is provided to the PD confidentially.

The PREA boards contain outside reporting agencies' addresses and telephone numbers. The outside reporting agencies also have websites and email addresses. This information is provided in multiple languages. The Auditor observed this information on two large bulletin boards located in the lobby of the administration building and in the dining room during the facility tours.

In addition to the PREA Boards, at the time of intake residents are provided with multiple handouts for reporting abuse. These documents include the Resident Handout, PREA brochure, and the PREA Reporting Methods Flow Chart. Security staff explain the information contained on the forms and provide copies to the residents. Residents must sign an acknowledgement that they understand the information given to them. The PREA Reporting Methods flow chart states "during a pass in the community or while on grounds, you can: send an email, leave a voicemail for anyone you wish to report an incident to, leave a written note under staffs' door, send a text message to anyone you wish to report an incident to. Any report can be anonymous. You can privately report an incident during visitation, while out on job search, while out on a pass, while out at religious services, while out on itinerary, as well. You can always call 9-1-1 from any phone while you are in or out of the facility."

Staff can make a private report regarding resident abuse by requesting to speak privately with the Program Director or Assistant Program Director, by emailing them, or by calling them. Staff can also make a private report by contacting the PREA Coordinator who is not located at the facility. As reported in the PAQ, staff can also make a private report directly to Adult Protective Services through the Arizona Department of Economic Security 24-hours a day, 7-days a week. Staff were able to describe the multiple ways in which a resident or staff could make a private report of abuse.

Training logs, rosters and curriculum, and files for both staff and residents were reviewed as part of the audit process. Each file contained signed acknowledgements by staff and residents indicating their understanding of the numerous internal and external methods of reporting sexual abuse and sexual harassment.

Corrective Action:

During the facility tour the Auditor noted that most of the PREA information posted on the PREA boards were posted in only English. Additionally, at the time of the onsite audit there was one Spanish speaking resident who was very limited English proficient. After reviewing the deficiencies with the PREA Coordinator and Program Director during the Exit Interview, the following actions were required by the Auditor

as a corrective action plan: 1) The Resident Handout must be posted in all six (6) languages on the facility's PREA boards. All other PREA reporting information must be posted in Spanish on the PREA boards. Facility will provide the Auditor with photos of the updated PREA boards; 2) Limited English Proficient residents must be provided with PREA information in their spoken language. The resident who was Spanish speaking at the time of the on-site audit needs to be provided with new PREA paperwork and proof is to be provided to the Auditor. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provide proof to the Auditor.

Based upon the review of agency policies and procedures, PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.252 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Request for Administrative Remedy
- Request to Director Form
- Resident Handbook
- PREA Posters with reporting information

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- Random Staff
- Residents

BSS has an administrative procedure for dealing with resident grievances regarding sexual abuse. This procedure is described in the EH (page 77) and states "any offender may file a grievance following BOP (BP9) procedures in regard to sexual abuse/sexual harassment. The offender may send the grievance directly to the RRM office or the Parole Agent/Program Manager's office without going through the facility mail." The Residential Re-Entry Manager's (RRM) office number is posted on the PREA information boards thus allowing offenders to make telephone contact with the RRM office, privately. Should an offender file a grievance in bad faith, the BOP will provide BSS with an appropriate response to action. The agency responding to the grievance is mandated to provide a response within thirty (30) days of receipt

of the grievance. Should an extension be needed beyond agency defined time frames, a written notification will be made to the offenders.

Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations. If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to the Program Director who will contact the BOP for investigation. This information is described in the SOW (page 85). The SOW states "the grievance procedures shall be posted in a location accessible to all residents. The contractor will comply with P.S. 1330, Administrative Remedy Program. Staff must be familiar with this policy prior to working with federal residents and provide the required forms for residents to file grievances." Folders containing this information were observed in the front lobby of the administration building. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, the grievance will not be referred to a staff member who is the subject of the complaint.

The BOP will issue a final decision of a grievance alleging sexual abuse within ninety (90) days. An extension of time to respond can be requested for up to seventy (70) days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. Interviews with staff, managers, and the PREA Coordinator confirm they will accept third-party reports on behalf of a resident from anyone including family members, friends, other residents, outside advocacy groups, teachers, and attorneys and will assist those parties in filing the report.

If a third-party agency or person files a request on behalf of a resident, the facility will require, as a condition of processing, the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility documents the resident's decision. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving the emergency grievance alleging a resident is at substantial risk, the Program Director will immediately forward the grievance to the BOP in which immediate corrective action will be taken. An initial response will be provided within forty-eight (48) hours and the agency will issue the final decision within five (5) calendar days.

This initial response and the final decision will document the determination whether the resident is at substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility will take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filing a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, the PREA Coordinator and Program Director were able to explain this process. A review of all grievances submitted, indicate there were no grievances

regarding sexual abuse or sexual harassment submitted during this reporting period.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.253 Resident access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- PREA Brochure
- Resident Handout
- PREA Board Postings

Interviews Conducted:

- Program Director (PD)
- San Tan Family Advocacy Center
- Against Abuse, Inc.
- Valley Psychological Center
- PREA Coordinator
- · Random Staff
- · Random Residents

Residents at the Florence RRC are informed and provided with information on how to access victim advocacy and emotional support services in the community if they have been a victim of sexual abuse during the intake process. Staff explain to the residents where in the community they can access confidential support services and staff physically show them where they can locate this information on the PREA Boards. The Resident Handout, the PREA Brochure and postings on the facility PREA Boards contains information on the services provided by the San Tan Family Advocacy Center, and Against Abuse, Inc. which includes the telephone numbers and addresses for these community-based resources. The toll-free telephone numbers are also listed for the local Rape Crisis hotline, National Sexual Assault Hotline, and the National Rape Incest National Network (RAINN). The two (2) National organizations connect the victim to local sexual assault service providers that offer confidential support services to survivors regardless of where they are in their recovery process.

Against Abuse, Inc. is located in Pinal County, Arizona, and advocates provide the

caller with information, referrals, support, and assistance per the website. In addition to the 24-hour crisis line and emotional support services, Against Abuse, Inc. provides safety planning, assistance with Victim Compensation applications, lay legal advocacy, medical forensic exam accompaniment and shelter services. Against Abuse, Inc. also provides services in Spanish and services to the Deaf, and Hard-of-Hearing through the National Deaf Hotline.

Each organizations described above provide a twenty-four (24)-hour support and referral line, twenty-four (24)-hour accompaniment support during forensic medical evidentiary exams, court and investigative meetings, individual counseling, and victim advocacy to assist them in obtaining necessary services and information. Services for victims of abuse are provided at no cost to the victim. Residents at the Florence RRC are provided with copies of the PREA Brochure, and the Resident Handout containing this information at intake. Residents can access these community resources by using their cell phones, the telephones within the Florence RRC, or by writing a letter. Paper, pens, and envelopes are available for the residents at the facility, and they can send confidential mail through the facility or while out on a community pass. Residents can call these agencies twenty-four (24)-hours a day, seven (7) days a week with their cell phone.

The Auditor confirmed this information is continuously and readily available to residents by observing the information contained on the PREA Boards in the dining room, front lobby and in each of the housing units. Additionally, the Auditor confirmed receipt of this information by residents as contained in their file during the resident file review. Calls to these agencies by the Auditor further confirmed the services provided. These services are free and accessible to all residents living in the community. Therefore, MOUs are not necessary.

Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Interviews with the facility staff and with residents during the onsite audit confirmed that the residents would receive these services through the community if they were a victim of sexual abuse.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	Pre-Audit Questionnaire (PAQ)

- Statement of Work (SOW)
- · Resident Handout
- PREA Posting
- MOU with Valley Psychological Center

- Program Director (PD)
- PREA Coordinator
- Valley Psychological Center Clinical Director
- Residential Reentry Manager (RRM)
- · Random Staff
- · Random Residents

The Florence RRC has an established procedure for third-party reports of sexual abuse and sexual harassment and displays this information on how to report sexual abuse and sexual harassment on behalf of a resident on the agency website, on the PREA boards, and in handouts to the residents. The agency's public website contains the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information and then file a complaint on behalf of the resident. Additionally, family members, friends or other persons associated with the resident, can make a third-party report directly to the PREA Coordinator and can find her number listed on the agency's website.

Florence RRC has a Memorandum of Understanding (MOU) with the Valley Psychological Center to report to BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The Valley Psychological Center Clinical Director was interviewed, and They confirmed the MOU with Behavioral Systems Southwest and the Florence RRC. They stated that They can receive reports of abuse twenty-four (24) hours, seven (7) days per week. Residents who report abuse would be informed of the limitations of confidentiality. There have been no reports of sexual abuse or sexual harassment regarding any resident at the Florence RRC in the last twelve (12) months reported to the Valley Psychological Canter. Residents who report abuse would be informed of the limitations of confidentiality.

If the Valley Psychological Center Clinical Director receives a report of sexual abuse or sexual harassment regarding an offender at the Florence RRC, they will immediately contact BOP and will document the information the information reported to her. They stated They will not notify the facility of the report but will wait for guidance and direction from the BOP in order to initiate any assessments or other services on behalf of the victim. The RRM stated in their interview, if he receives a report of sexual abuse regarding an offender at the Florence RRC, he will immediately notify the PREA Coordinator and the facility.

During interviews with residents, they expressed an understanding that someone else, such as a family member or friend could make a report of abuse on their

behalf and how they would be able to make that report. Additionally, third-party reporting information is posted on the PREA boards throughout the facility and in multiple languages. Residents receive this information during the intake process and are provided with copies of the PREA Brochure, the Resident Handout and the PREA Reporting Flow Chart.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.261 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Statement of Work (SOW)
- Employee PowerPoint Training
- Employee Training Records

Interviews Conducted:

- · Random Staff
- Program Director (PD)

The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency, retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Behavioral Systems Southwest, EH (page 72) states "BSS will notify BOP immediately of any allegation of sexual abuse and sexual harassment, whether it involved offenders, staff, volunteers and/or community member." The SOW (page 23) states "all PREA incidents should be referred to the appropriate law enforcement agency and the Residential Reentry Manager (RRM) as soon as possible after staff became aware of the incident."

The employee PowerPoint training was reviewed. Three (3) slides discuss the staffs' responsibilities in reporting sexual abuse. Staff are also trained in how to make a private report of abuse by reporting directly to BOP or to law enforcement. BSS's policy and the BOP prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with staff

indicated their understanding of the importance of maintaining the residents right of confidentiality and only sharing reports of abuse to those on a "need-to-know" basis.

The agency does not employ medical or mental health staff as residents are referred for those services within the community. As such, the Auditor spoke with the community-based service providers and confirmed practitioners are required to report sexual abuse, to inform residents of their duty to report abuse, and the limitations of confidentiality at the initiation of services. Residents are required to sign Informed Consent forms acknowledging their understanding of the limits of confidentiality.

Following receipt of a report of sexual abuse or sexual harassment, including third-party and anonymous reports, the facility forwards the report to the Bureau of Prisons (BOP) Residential Reentry Manager (RRM) for investigation. Thirteen staff were interviewed during the pre-onsite and the onsite audit phases which included the Case Managers, the Program Director, the PREA Coordinator, the Security Manager and security staff. All staff clearly described their obligation to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment of a resident at the facility. Security staff stated their first report would be to the Program Director, to the Assistant Program Director or to the PREA Coordinator followed by a call to the Florence Police Department depending on the severity of the incident or at the direction of Program Director. All staff stated they would document, as soon as possible, any report of abuse whether it was received verbally, anonymously, from a third-party or in writing.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.262 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Risk Assessments for Victimization

Interviews Conducted:

- Random Staff
- Program Director (PD)
- Residents

PREA Coordinator

There has not been an incident in which a resident has needed protective measures due to the risk of imminent abuse, during the reporting period. Facility staff are trained to take immediate action to protect a resident when they learn that a resident is subject to a substantial risk of imminent sexual abuse. Staff described the steps they would take to keep the resident safe by immediately reporting to supervisory staff, separating the resident from the potential threat, by staying with them until a safety plan was put in place to protect the resident, and the appropriate authorities investigated the matter. Additional protective measures could include transferring a resident to another facility or by having the threatening resident remanded back to prison. Overall staff emphasized their priority would always be to immediately ensure the safety and protection of the residents.

The Program Director was interviewed and stated if a resident reported risk of imminent sexual abuse, they would take immediate protective measures by considering a housing change, or immediate transfer to another facility. They stated if there was a delay in transferring an at-risk resident, they would move them to another dorm or place a cot in one of the offices to have the resident under constant supervision by staff. They further stated They could contact the BOP or local law enforcement to remove the offending resident, or They would make them leave the facility. Interviews with staff confirm the safety of a resident at imminent risk would be a priority and that they would stay with the resident ensuring direct supervision until they receive further directives from a supervisor.

The screening assessments for risk of victimization and abusiveness provides valuable information that guides the facility in making the proper housing and bed assignments and thus keeping the residents safe. Per the EH (page 74) "should an offender be assessed to have a high probability of becoming a victim of sexual abuse, BSS will utilize that data to ensure safe housing, work and program assignments." The purpose of this action is to determine if the resident is suitable for placement at the facility and ensure the safety of all residents and staff. In the past twelve (12) months, there were no times the facility determined that a resident was subject to a substantial risk of imminent sexual abuse, per interviews with the PD and per the PAQ response. A review of the risk assessments for victimization indicates that residents are being asked at intake and during subsequent assessments how they feel about their safety in the facility and interviews with residents support this information.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- Residential Reentry Manager (RRM)

The EH (page 74) states "staff will immediately notify the Program Director of any reported sexual abuse either in BOP custody or not, prior to placement at a Behavioral Systems Southwest (BSS) facility. BSS staff will not contact the facility where the abuse occurred directly. The Program Director or designee will immediately notify BOP, via duty phone/email and Serious Incident Report and/or local law enforcement." Interviews with the PD and PREA Coordinator concludes that such notification to the BOP will be immediately but no longer than seventy-two (72) hours after receiving the allegation. Additionally, it is a requirement that this notification is documented as soon as possible but no longer than seventy-two (72) hours after receiving the allegation. This documentation would occur through an email to the Residential Reentry Manager (RRM) or to the assigned probation officer detailing the allegations.

During an interview with the RRM, he concurred that if abuse was reported to have occurred at a BOP facility or other facility prior to the resident's placement at BSS, they would notify the previous facility of the abuse and that an investigation would occur.

As reported in the PAQ and the PREA Coordinator, there were no cases in the last twelve (12) months of a resident alleging sexual abuse while confined at another facility, or at a BOP facility in which notification was required. Additionally, there were no cases in the last twelve (12) months in which the Florence RRC received notice from another facility that a resident was sexually abused while at the Florence RRC. This information was confirmed through interviews with the PREA Coordinator, the Program Director, the RRM and by a review of the submitted incident reports for the last twelve (12) months and the PAQ responses. Should the Florence RRC receive a report of abuse allegations from another facility while the resident was confined at the Florence RRC, the allegations would be investigated thoroughly by the BOP or by local law enforcement. The PREA Coordinator confirmed that upon receipt of such notification the BOP would be immediately notified, and this notification would be documented through email correspondence to the BOP.

115.264 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- PREA PowerPoint Training
- Sexual Abuse/Sexual Assault First Responder Duties Handout
- Employee Handbook (EH)

Interviews Conducted:

- · Random Staff
- Program Director (PD)
- Assistant Program Director (APD)

Behavioral Systems Southwest has a first responder policy for allegations of sexual abuse. These duties are described in the EH (page 76) and in the PREA PowerPoint training and in a handout provided to staff during staff training. The policy states that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: "If the issue reported is an assault on grounds, the first responding staff will secure the victim (separate from abuser if abuser is still on grounds), clear the area, call 9-1-1, preserve the scene by disallowing any person access to the area, and assign another staff to stay with the victim until paramedics and law enforcement arrive on scene. Staff will request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing closed, urinating, defecating, smoking, drinking, or eating (same for abuser if abuser is still on grounds). Responders will ask if the medical clinic that the victim will be transported to is Safe or Sane and will document the finding. Once these tasks are complete, the staff will notify the PREA Coordinator and Program Director and write their initial Report of Incident."

The Sexual Abuse/Sexual Assault First Responder Duties handout is provided to staff during new hire and refresher training and describes five (5) steps the responding staff are to take when an incident of sexual assault occurs at the facility. In addition to the steps laid out in policy above, staff who are first to respond to an incident are to yell "STOP" to separate the victim and abuser. If the assault continues, staff are to yell for assistance from other staff and then call 9-1-1. Step two (2) instructs staff to place the facility on lock-down (everyone to their beds) and to preserve and protect the crime scene until the appropriate authorities can collect any evidence. Step three (3) instructs staff to try and protect physical evidence on the alleged victim and/or abuser and that staff cannot use force to contain anyone. Step four (4) instructs staff to stay with the victim until help arrives and step five (5) requires

staff to document the incident on an SIR and not to reveal any information related to the incident to anyone other than to persons involved with investigating the alleged incident.

There were no allegations that a resident was sexually abused during the past twelve (12) months at the Florence RRC, nor were there any incidents in which a staff acted as a first responder to an incident of sexual abuse. Therefore, there have been no incidents at the Florence RRC in which staff have had to act as first responders. However, staff were able to clearly describe the steps they would take if such a situation were to occur. All staff stated that their utmost priority would be to keep the victim safe, and they would stay with the victim until law enforcement arrives.

Corrective Action:

Although staff were able to clearly describe the steps, they would take in responding to an incident of abuse, some staff were unsure whose duty it was to collect physical evidence. Some staff reported during interviews that they would protect the crime scene and the victim for evidence, and they would gather the evidence in a bag with gloves.

After reviewing the deficiency with the PREA Coordinator and Program Director during the Exit Interview the following actions were required by the Auditor as a corrective action plan: 1) Provide staff with a written reminder of the agency's policy which states they are not allowed to gather any physical evidence in a sexual abuse incident. 2) Provide Auditor with handout/training/memo informing staff of this policy and proof that all staff read and understood the policy. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provide proof to the Auditor.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Employee Handbook (EH) PREA Postings BSS PREA Coordinated response to Sexual Abuse Incidents checklist
	Interviews Conducted:

- Case Managers
- PREA Coordinator
- Program Director (PD)
- · Random Staff
- Random Residents

The Florence RRC has a written Coordinated Response Plan which can be found in the EH (page 76). This plan includes the duties of the first responder staff, the PREA Coordinator and the Program Director. The facility does not provide on-site medical or mental health services and as such residents are referred to community services to address the medical, and mental healthcare needs. First responder staff will ask emergency services personnel if the medical clinic that the victim will be transported to has a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) and will document this information. Medical examinations will be provided free of charge to the victim at the Florence Hospital. Staff reported during interviews, as part of their first responder duties, they would document all information regarding the victim to include if the victim was transferred to the Hospital. The PREA Coordinator or PD will ensure the victim is referred to medical and mental health services through the San Tan Family Advocacy Center, Against Abuse, Inc., or the local Rape Crisis Center.

BSS has a PREA Coordinated Response to Sexual Incidents checklist for the staff first responder, the supervisor on duty and the Program Director. This checklist explains the protocol which must be completed for each PREA incident. It includes the actions to be taken by the first responder and facility leadership. This checklist has been developed to ensure appropriate notifications in a timely and consistent manner. Staff are to sign/date upon completion of their area of responsibility of this protocol/checklist. Once all areas are complete, the form is to be maintained in the resident's file.

The Case Managers assist residents in accessing ongoing medical and mental health services related to sexual abuse. Case Managers will follow up with residents to ensure they have the necessary information to access these services and will document this information in the residents' files. Since the facility has not experienced a sexual assault incident, there were no residents to interview regarding this standard; however, residents were aware that if they suffered abuse at the facility, they would be referred by facility staff for medical and mental health services through community resources. Additionally, residents reported their understanding they would receive medical and mental health services in the community if they were a victim of sexual assault.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator

Behavioral Systems Southwest does not employ unionized employees. Therefore, all BSS facilities do not participate in any collective bargaining agreements, which includes the Florence RRC. Thus, there are no collective bargaining related limitations of the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent of discipline is warranted. Should BSS enter into a collective bargaining agreement, restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination.

As stated in the EH (page 73), "during an investigation of an allegation of sexual abuse or sexual harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal/state offenders, from BOP, pending investigation of the allegation." Policy further states "should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated." Interviews conducted with the PREA Coordinator and Program Director confirmed this statement. The Program Director stated the accused employee would be immediately suspended until the matter was fully investigated. If the allegations were determined to be true, the employee would be immediately terminated.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- · Training records
- · PREA Retaliation Monitoring Report form
- BSS PREA PowerPoint
- Employee Handbook (EH)
- Resident Handbook
- Federal Operations Manual (FOM)

- PREA Coordinator
- Program Director (PD)
- · Random Staff

Behavioral Systems Southwest (BSS) has an established policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. This policy is found in the EH (page 77) and states "BSS will ensure that all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be free from retaliation by other offenders or staff. This includes but is not limited to monitoring disciplinary action taken against staff or offenders, monitoring 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." Staff sign acknowledgement forms indicating their understanding that all residents and staff must be protected against retaliation.

Residents are required to sign the Acknowledgement of PREA Training form per the FOM (page 249). This form states "As a resident at BSS, you have a right to be free from sexual abuse and sexual harassment. Not only do you have a right to report any sexual abuse or harassment and be free from retaliation for reporting said behavior, BSS encourages you to report any incident. Your health, safety and welfare are our priority." There have been no incidents of retaliation involving staff or residents in the past twelve (12) months.

The Program Director and Assistant Program Director are charged with monitoring for possible retaliation of residents or staff who have reported sexual abuse and of residents who were reported to have suffered sexual abuse. Monitoring of the resident or staff will occur as long as the resident remains at the facility until they are released. Monitoring of retaliation is documented on the PREA Retaliation Monitoring form. The form is sent to and reviewed by the PREA Coordinator every two weeks. A review of the PREA Retaliation Monitoring Report form, the training curriculum and interviews with staff, the Program Director and PREA Coordinator indicated the following monitoring actions could also include:

- Monitoring disciplinary action against staff or residents (is one staff writing more incident reports on a particular resident than other staff)
- Monitoring changes in staff performance evaluations
- Observing body language of staff and offenders
- Following up on any reports of retaliation
- Reviewing video monitors more closely
- Being aware of staff or residents who complain about a person to try and get them written up
- Unannounced lockdowns, denial of privileges and grievances
- The facility monitors until the resident releases from the facility, regardless of time frame
- Monitoring of staff would continue for over 90 days until there is no concern or suspicion of possible retaliation

The facility has numerous ways in which to protect residents or staff from reporting sexual abuse or sexual harassment from retaliation by other residents or by staff; however, the Program Director will work with the BOP who will have the final decision on which action to take. These protection measures include:

- Check in with and talk to the person more often
- Provide them with access to someone they feel comfortable with in the agency or by an outside resource
- Removal of staff through termination
- Transfer of victims or abusers
- Emotional support services for residents or staff who fear retaliation for reporting

The facility will take appropriate measures to protect any other individual who cooperates with an investigation and expresses fear of retaliation. The Program Director's and PREA Coordinator's interviews confirm they are aware of the circumstances they would need to monitor for retaliation against any resident or staff who cooperates with an investigation. Residents consistently reported they felt safe in the facility and if they ever had a concern of retaliatory behavior for making a report of abuse, they could go to any staff member, and they would be protected.

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

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Federal Operations Manual (FOM)

- Program Director (PD)
- PREA Coordinator
- · Random Staff
- Residential Reentry Manager (RRM)

Florence RRC does not conduct investigations into any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. All interviews with the staff and administrators stated the facility does not conduct criminal or administrative investigations. Criminal investigations are conducted by the Florence Police Department and administrative investigation would be conducted by the BOP. As written in the EH (Page 72), BOP "will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. The issue will be referred for investigation to the contracting agency" (BOP) "to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation." If administrative allegations are sustained, BOP will determine and impose the appropriate sanctions. BOP has investigators who are trained in conducting sexual abuse investigations.

When interviewed, the RRM stated if it is evident that a crime has been committed, the facility would contact local law enforcement and the RRM. The RRM would forward the report to the Office of Internal Affairs (OIA). Based on the OIA findings, they would transfer the matter to the Office of Inspector General (OIG) if it were a federal crime. Administrative reports are handled by the RRM. If at any time the RRM finds that a crime has been committed when they are investigating an administrative violation, they immediately transfer the matter to the OIA and I stop the investigation. The OIA will review the incident and may forward the investigation to the OIG depending on its severity and criminality. The RRM will also contact the Florence RRC facility to inform them what to do with the victim, perpetrators, and protection of the evidence.

The RRM stated the facilities are informed that they are not to gather any physical evidence. They simply separate the victim from the perpetrator and secure the scene. The Office of Inspector General (OIG) is responsible for investigating all federal crimes. Regarding administrative violations, I reported to the OIA and they would then review it and send it back to me for any further investigation if needed. They are the RRM's oversight.

All Aspects of the investigation are reviewed to determine the true facts. No administrative investigations involving a PREA incident were alleged during this reporting period. When law enforcement is contacted for criminal matters, they are

responsible for all aspects of the investigation and for gathering evidence to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators as determined by staff interviews. The BOP will work with local law enforcement regarding all federal crimes. Credibility of a victim, suspect, or witness is based on an individual basis and not based on the individual's status as a resident or staff. They would not under any circumstances require a resident who alleges sexual abuse to submit to a polygraph examination.

Notices to victims in criminal investigations would receive information regarding the outcome of the case by BSS per the Auditor's interview with the RRM. No criminal investigations involving residents were alleged during this reporting period. Since the Florence RRC does not conduct criminal investigations, it would be the responsibility of the BOP and/or the Florence Police Department to refer the matter for prosecution if a criminal offense was determined. The PD will maintain all correspondence with the investigating department until the case is closed regardless if the suspect or victim are still house at the Florence RRC facility.

The policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy and interviews provide support that the departure of the alleged abuser or victim from employment or control of BOP shall not provide a basis for terminating an investigation, which was also supported by interviews. BSS policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the PD, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual abuse during this audit period.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

Auditor Overall Determination: Meets Standard Auditor Discussion Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Federal Operations Manual (FOM) Resident Handout Resident files

- Program Director (PD)
- PREA Coordinator
- Random Staff
- Random and targeted residents

The BOP investigates administrative allegations and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. When interviewed, the PD indicated they may conduct fact finding information at the direction of the BOP however, they are not involved in the investigation and do not make conclusions regarding the outcome of BOP's investigation. BOP would impose sanctions based on the preponderance of evidence. BSS has a zero-tolerance policy. If any staff or resident is in violation of these set of rules, it clearly states in the Employee Handbook and in the Resident's Handout, that they will be terminated from the program/employment. When residents are transferred to Florence RRC, they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. This was verified through interviews with residents and a review of the resident files.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.273 Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Federal Operations Manual (FOM)
- Employee Handbook (EH)

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator

Although Florence RRC does not conduct investigations, the PD and PREA Coordinator will remain in communication with the investigating agency until the end of the investigation and will ensure the resident is provided with information

regarding the outcome of the investigation. The EH (Page 77) states that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the outcome of the investigation unless it has been determined that the allegation is unfounded, whenever:

- The staff member is no longer assigned within the resident's housing unit
- The staff member is no longer employed at the facility
- The staff member has been indicted on a charge related to sexual abuse within BOP
- The staff member has been convicted on a charge related to sexual abuse within the facility

Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP or Florence Police Department whenever:

- The alleged abuser is criminally charged related to the sexual abuse
- The alleged abuser is adjudicated on a charge related to sexual abuse

Florence RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented. There has been no reported investigation of alleged resident on resident or resident and staff inappropriate sexual behavior that occurred in this facility in the past twelve (12) months. The PD and PREA Coordinator confirmed the information regarding the reporting process during their interviews.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Pre-Audit Questionnaire (PAQ) Employee Handbook (EH) Statement of Work (SOW)

- Federal Operations Manual (FOM)
- Employee Standards of Conduct
- Zero-Tolerance Policy

- Program Director (PD)
- PREA Coordinator

The Zero-Tolerance Policy contained in the EH (Page) states that staff are subject to disciplinary sanctions up to and including termination of employment for violation of the sexual abuse and sexual harassment policies. During the interviews with the PD and the PREA Coordinator, they stated there have not been any disciplinary sanctions taken against staff in the last twelve (12) months in violation of the Zero-Tolerance Policy. A review of the employee files revealed the staff have not had any disciplinary actions taken against them for violating the Zero-Tolerance Policy in the last twelve (12) months.

Florence RRC will notify and collaborate with BOP for allegations of staff violation of the agency's Zero Tolerance Policies. All criminal matters are reported to local law enforcement and to BOP for investigation. All administrative matters are reported to BOP for investigation. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or sexual harassment policies. If the employee engages in sexual abuse, the employee will be terminated. The misconduct policy as contained in the Employee Handbook (page 52) expressly states "Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination. If the employee engages in sexual abuse, the employee will be terminated." The Employee Standards of Conduct further states, "BSS shall prohibit any of its employees who are suspected of violating the Employee Standard of Conduct from contact with offenders until a disposition is made by the contracting agency." (EH page 44).

During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders from BOP, pending investigation of the allegation. The EH (Page 73) clearly states, "Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated." The employee would also be precluded from ever working with federal inmates. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.

The policy further indicates termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. BSS agency is an "At Will" employer and any misconduct as defined in the EH (page 42) will result in termination. Prohibited conduct as defined in the EH (Page 68) states, "No employee or any other individual affiliated with this organization shall subject any

other person to workplace violence or allow or create conditions that support workplace violence. A member of BSS that subjects another company member, client, program participant or business associate of the company to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal."

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.277 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Zero-Tolerance Policy

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator

The Florence RRC facility did not have any volunteers or contractors during this reporting period. However, there are policies in place that address residents are subject to disciplinary sanctions pursuit Ent to a formal disciplinary process. A review of the resident files revealed that no resident in the last twelve (12) months had any disciplinary sanctions against them for engaging in a resident-on-resident sexual abuse or findings of guilt.

BSS has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Zero-Tolerance Policy, as well as any other policy that governs conduct. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories. A review of the resident files revealed that no resident in the last twelve (12) months had any disciplinary sanctions against them in violation of the Zero-Tolerance Policy.

The EH (Page 73) states, "If the allegation is lodged against a volunteer or contractor, that volunteer or contractor's services will be suspended and they will have no access to any BSS facility or offender pending investigation." The PREA Coordinator stated if a volunteer or contractor violated the agency's zero-tolerance policy, the BOP would investigate, and the volunteer/contractor would no longer be allowed access to the facility pending the outcome of the investigation. All contractors and volunteers are held to the same standards as employees. The agency EH (Page 73) states "Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued."

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Statement of Work (SOW)
- Florence RRC Rules and Procedures
- Federal Operations Manual (FOM)
- Bureau of Prison (BOP)
- · BOP Prohibited Acts

Interviews Conducted:

- · Random and Specialized Staff
- · Random and Targeted Residents
- Program Director (PD)
- PREA Coordinator

The PREA Coordinator and the PD both stated during their interviews that there were no residents who had received disciplinary sanctions against them in the last twelve (12) months and there were no allegations of sexual abuse. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process by the BOP. Should a resident be in violation of a PREA standard, the BOP and law enforcement (for criminal matters) would be contacted. A review of the resident files revealed there had been no disciplinary sanctions regarding sexual abuse in the last 12 months. BSS prohibits disciplinary action for a report of sexual abuse made in good faith based upon the reasonable belief that the alleged conduct occurred even if the evidence does not establish evidence to substantiate the allegation. These

rules and regulations are also posted and were observed in the front lobby of the facility.

Upon intake, the facility rules and regulations are provided to the resident. These rules and regulations are again reviewed with the resident when they meet with their Case Manager. The residents sign and date that they were given these rules and regulations. When interviewed, the residents all stated they had received this information and the information was reviewed with their Case Manager. Sanctions for PREA violations are determined on a case-by-case basis by the BOP. The BOP takes into consideration the nature and circumstances of the abuse committed, the resident's disciplinary history, mental health and physical disabilities, and the sanctions imposed for comparable offenses by other residents with similar histories. Should a resident engage in a sexual act, BOP would remove the resident from the program. However, if the act was consensual, criminal charges would not be filed. Florence RRC prohibits all sexual acts between residents. Should residents commit any type of sexual act whether coerced or not, BOP would investigate the matter and determine sanctions based on the nature of the act. Sexual Abuse is listed on the list of BOP Prohibited Acts §541.3, number 114. The BOP handles all formal disciplinary matters for residents which is documented in the FOM beginning on (page 170).

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.282 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Employee Handbook (EH)
- Federal Operations Manual (FOM)
- Statement of Works (SOW)
- PREA Training PowerPoint

Interviews Conducted:

- · Case Managers
- · Random Staff
- Program Director (PD)
- PREA Coordinator
- San Tan Valley Family Advocacy Center

Random and Targeted Residents

Residents who are victims of sexual abuse at the Florence RRC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Per the Federal Operations Manual (pg. 244-245) "BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling with a clinical psychologist occurs within 24-hours of a sexual abuse incident." BSS does not provide on-site medical or mental health services at the facility. Residents receive these services from community-based agencies. The nature and scope of such services are determined by the medical and mental health practitioners according to their professional judgment. As such, medical and mental health providers maintain documentation of services provided to the residents who are victims of abuse. Residents who need medical or mental health services due to a sexual assault, are referred to the San Tan Valley Family Advocacy Center. The San Tan Valley Family Advocacy Center provides services twenty-four (24) hours per day, seven (7) days per week. SAFE/SANE nurses would be contacted by local law enforcement and respond to the Florence Hospital to conduct forensic examinations as needed. BSS staff would ensure the coordination of these services.

Interviews with Florence RRC staff found they were knowledgeable in their roles as first responders, the referral process to medical and mental health services, and for continued on-going medical and mental health services. Staff indicated in the event of a sexual assault at the facility, 9-1-1 would be immediately contacted to transport the resident to the emergency room for services at the local hospital. Staff reported they would ask what hospital the resident was being transported to and would document this information.

Per the Employee Handbook, residents who are victims of sexual abuse would be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception, treatment for sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As reported in the PAQ, and per the PREA Coordinator, there were no allegations of sexual abuse within the last twelve (12) months.

Interviews with staff confirmed staff have received training on how they would respond to an incident of abuse and the steps they would take to ensure emergency medical treatment and follow-up medical and mental health care. Interviews with staff confirm residents who are victims of sexual abuse will be referred for these services through the San Tan Valley Victim Advocacy Center.

Although residents were not able to state the name of the agency where they would be referred, they acknowledged receiving paperwork instructing them where they could receive these services. The Residents are provided with this information on handouts during the intake process and they are required to sign an acknowledgement and receipt of the information. These handouts were also observed on the PREA Boards which also includes telephone numbers to local rape crisis clinics/centers which provide medical and mental health services in the community. The Auditor communicated with a staff member from San Tan Valley Family Advocacy who verified the services provided through the San Tan Victim Advocacy Center and that the services were free.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.283

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Employee Handbook (EH)
- Statement of Work (SOW)
- Resident Handout
- · PREA Bulletin Board Postings
- Medical Intake Form
- Resident Files
- San Tan Valley Family Advocacy Center

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- Case Managers

The Florence RRC does not offer on-site medical or mental health care. Residents who have been a victim of sexual abuse are referred to services in the community. Per BSS policy, and as contained in the Employee Handbook, any offender who has been a victim of sexual assault or sexual abuse will have unimpeded access to medical and mental health care. This care is free of charge to the victim and includes, but not limited to forensic collection of evidence, treatment, and ongoing treatment and services. Any resident who reports prior victimization of sexual abuse in any prison, jail or lockup is referred for medical, and mental health evaluation, and as appropriate, treatment, to an outside agency. These services are provided by clinics/centers whose specialty is related to sexual assault and abuse.

All victims of sexual abuse are referred to services within the community through

the San Tan Valley Family Resource Center. This resource center provides free services to victims of sexual abuse. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, and if pregnancy results from sexual abuse while incarcerated, resident victims will receive timely and comprehensive access to all lawful pregnancy-related medical services. Additionally, resident victims of sexual abuse while incarcerated will be offered testing for sexually transmitted diseases.

Upon intake Case Managers will complete the Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting an assessment to determine risk of victimization, including residents who have been victims while previously incarcerated. Should a history of sexual victimization be noted, staff will immediately notify the Program Director. This action is taken to determine the offender's suitability for placement, and to facilitate mental health evaluation and treatment in the community. Case Managers will assist in the coordination of services for a resident who have been the victim of sexual abuse.

Medical and mental health evaluation will include all follow-up services, treatment plans and referrals for continued care following release from custody. These services are consistent with the community's level of care. Interviews with the Case Managers, Security Supervisor, and Program Director support that evaluation and treatment services are available and offered to the resident when needed. Per the Employee Handbook, "In the event a resident suffers sexual abuse, follow-up services and treatment are available including tests for sexually transmitted diseases, pregnancy tests and timely and comprehensive information about access to pregnancy-related services." Per a review of the residents' files, residents who reported history of abuse within the community, were provided with referrals for counseling services in the community.

The Program Director stated residents who are identified as an abuser will be referred through Community Treatment Services (CTS) for mental health treatment or through their Probation Officer. As such, any mental health evaluations needed of all known resident-on-resident abusers, would be conducted when deemed appropriate by mental health practitioners through the BOP or through the Probation Officer. Case Managers will assist and encourage residents who are victims of sexual assault to receive ongoing medical and mental health care if they are a victim of sexual assault. In the past twelve (12) months, there were no residents who required ongoing medical or mental health treatment due to sexual abuse.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

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

The EH (pages 77-78) articulates the facility's policy regarding a sexual abuse incident review at the end of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within thirty (30) days of the conclusion of the investigation. Although the facility has not had a criminal or administrative investigation of alleged sexual abuse in the last twelve (12) months, the Program Director and PREA Coordinator confirmed during interviews they are aware of this expectation. The incident review team consists of the following: the PREA Coordinator, Program Director, Assistant Program Director, and Security Supervisor.

The incident review team will receive input from line staff and Case Managers if needed. The review team will:

- 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.
- Prepare a report on its findings.

Should any of these factors need policy or procedural changes to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.

The Florence RRC did not have any allegations or incidents of sexual abuse during this reporting period. In the event an incident should occur, the review team will meet to review the critical incident. The facility will prepare a report of its findings from a sexual incident review, including determinations made, and any recommendations for improvements. Based on their findings, the facility will implement or consider implementing recommendations for improvement. If for any reason the recommendations are not implemented, the facility will document its reasons for not doing so.

Based upon the review of agency policies and procedures and interviews, the Auditor has determined the facility **MEETS** this standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Annual PREA Report
- Employee Handbook (EH)
- Behavioral Systems Southwest (BSS) Website

Interviews Conducted:

• PREA Coordinator

BSS utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report form SSV-IA regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form SSV-4 for an annual report. Definitions for "Sexual Abuse and Sexual Harassment" are listed on these forms as follows:

"Sexual Victimization

Nonconsensual Sexual Acts - Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; and Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; or Contact between the mouth and the penis, vulva, or anus; OR Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

Abusive Sexual Contact - (less severe): Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; and intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Exclude incidents in which the contact was incidental to a physical altercation.

<u>Sexual Contact by another Inmate</u> - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

<u>Staff Sexual Misconduct</u> - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include— Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire; OR completed, attempted, threatened, or requested sexual acts; OR Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

<u>Staff Sexual Harassment</u>- Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include demeaning references to gender, or sexually suggestive or derogatory comments about body or clothing.

Gender Categories

<u>Intersex</u> - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development."

<u>Transgender</u> - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth. An aggregated incident of the sexual abuse report is provided on the BSS website on an annual basis."

BSS does not contract with any agencies to house their residents. The data collected is for the agency's facilities only. BSS does not conduct investigations; however, should an incident occur, BSS will request the relevant information from the investigative agency and report the information on the SSV-IA or the SSV-4 form as required. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. The Annual PREA Report is available for review on the agency's website under the tab "Newsletters" and is also available upon request for individuals who do not have access to a computer.

Behavioral Systems Southwest collects information sufficient to complete the Survey of Sexual Victimization (SSV-IA) and Survey of Sexual Violence Summary Form SSV-4 in all its facilities. Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:
	 Annual PREA Report Behavioral Systems Southwest (BSS) Website
	Interviews Conducted:
	PREA Coordinator

BSS reviews data collected and aggregates it annually, in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, procedures and training. The Annual PREA Report captures data from January 1 to December 31 of each year and any additional information that is required by the SSV-4 form as required by the DOJ. The report also includes a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency's progress in addressing sexual abuse. The agency has not had a sexual abuse incident however, if a sexual abuse incident were to occur, all identifying information would be redacted.

The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency's President/Chief Operating Officer. Once approved, the report is uploaded to the BSS website, thus making the report readily available to the public.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.289 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Annual PREA Report
- Behavioral Systems Southwest (BSS) Website

Interviews Conducted:

PREA Coordinator

All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least ten (10) years after the data of initial collection. Aggregated sexual abuse data is provided in the annual report and published on the agency's website. The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency's President/Chief Operating Officer. This report is uploaded to the Agency's public website annually.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents Reviewed:

- Behavioral Systems Southwest (BSS) Website
- Previous Florence RRC PREA Audit Reports

Interviews Conducted:

PREA Coordinator

The BSS agency has worked diligently to ensure they adhere to the PREA Standards and originally began auditing their facilities in 2014. This is the fourth PREA audit for the Florence RRC; the last PREA Audit took place in February 2020. This facility is the second facility audit in the first year of this audit cycle. The agency has six (6) facilities, (5 reports) that require PREA Audits. One facility has two (2) sites, thus one (1) facility report. The agency will have two (2) additional facilities audited prior to the end of the first-year auditing cycle. Therefore, placing the agency in compliance with the three-year audit requirement.

During the on-site portion of the Florence RRC audit, all areas of the facility were accessible to the Auditor. During the audit tour, the Auditor was permitted to observe all areas of the facility interior and exterior and was permitted to speak with staff and residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and Case Manager files were readily accessible to the Auditor. Facility staff and the Program Director were accommodating when the Auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically. The updated/current staff and resident rosters were provided from which random/targeted residents and random staff were selected for interviews by the Auditor. During the pre-audit phase, the PREA Coordinator uploaded agency and facility specific policies, procedures, and other documentation to the Online Audit System (OAS). Additional documentation or copies were provided on-site at the Auditor's request. The Auditor and Support Staff were provided with private areas of the facility in which to conduct private and confidential interviews with both staff and residents.

The PREA Audit Notices (English and Spanish) were posted throughout the facility on April 24, 2023, a full six (6)-weeks prior to the audit. This notice contained Auditor contact information including email and mailing address and was observed posted during the audit tour. Notices were observed in each housing unit, and on the PREA boards in the multipurpose room and in the lobby of the administration building. Additionally, the notices were also observed prominently posted on the window of the security office where residents and visitors check in to the facility.

There was no confidential correspondence sent to the Auditor during any of the

audit phases. During resident interviews, residents stated they were aware of the audit and that they could send confidential communication to the Auditor prior to or during the on-site visit.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **EXCEEDS** this standard.

Auditor Overall Determination: Exceeds Standard Auditor Discussion Documents Reviewed: Behavioral Systems Southwest (BSS) Website Interviews Conducted: PREA Coordinator A review of the agency website found that all PREA Audit Reports are listed on the agency website. The last tab under "Newsletters" contains the PREA policy, annual PREA reports, and the PREA Audit reports for each facility since the onset of the PREA auditing requirements. Audit reports for all BSS facilities are posted on the BSS website immediately upon receipt from the Auditor and are accessible to the public. The reports are also available in hard copy at each facility and provided to the public for review upon request. BSS makes the audit reports available in hard copy at each facility for those individuals who may not have access to a computer. Per

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **EXCEEDS** this standard.

the PREA coordinator, once completed and received by the Auditor, the final PREA audit report (2023) for the Florence RRC facility will be uploaded to the BSS website

within ninety (90)-days of receipt.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment coordinator	nt; PREA
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement o	f residents
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement o	f residents
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement o	f residents
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

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

	perform bodily functions, and change clothing without non- medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are lim English proficient	ited
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limental English proficient	ited
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investig	ations
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

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

	·	
	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	health care practitioners who work regularly in its facilities.)	
115.235 (d)	Specialized training: Medical and mental health care	
		na

n a particular status (employee or	
of victimization and abusiveness	
ed by other residents or sexually abusive	yes
abused by other residents or sexually	yes
of victimization and abusiveness	
ordinarily take place within 72 hours of	yes
of victimization and abusiveness	
5 .	yes
of victimization and abusiveness	
ents for risk of sexual victimization:	yes
	yes
ning consider, at a minimum, the following ents for risk of sexual victimization: The esident?	yes
ents for risk of sexual victimization: The	yes
	ne agency also receive training mandated funteers by §115.232? (N/A for h a particular status (employee or does not apply.) cof victimization and abusiveness sed during an intake screening for their risk ed by other residents or sexually abusive set? sed upon transfer to another facility for their abused by other residents or sexually residents? cof victimization and abusiveness or dinarily take place within 72 hours of assessments conducted using an objective of victimization and abusiveness assessments for risk of sexual victimization: the following lents for risk of sexual victimization: The age ents for risk of sexual victimization: The age

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs $(d)(1)$, $(d)(7)$, $(d)(8)$, or $(d)(9)$ of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252	Exhaustion of administrative remedies	
(a)		
(a)	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not	no
115.252	NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252	NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Exhaustion of administrative remedies Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.)	

	with staff, an alleged incident of sexual abuse? (N/A if agency is	
115.252 (c)	exempt from this standard.) Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support servi	ces
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support servi	ces
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support servi	ces
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
Staff and agency reporting duties	
Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
Staff and agency reporting duties	
Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
Staff and agency reporting duties	
If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
Staff and agency reporting duties	
Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
	harassment that occurred in a facility, whether or not it is part of the agency? Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Staff and agency reporting duties Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Staff and agency reporting duties Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Staff and agency reporting duties If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Staff and agency reporting duties Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contabusers	act with
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	1	1
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
<u> </u>		
	Do investigators gather and preserve direct and circumstantial	yes

evidence, including any available physical and DNA evidence and any available electronic monitoring data? Do investigators interview alleged victims, suspected perpetrators, and witnesses? Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? 115.271 (d) Criminal and administrative agency investigations When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Criminal and administrative agency investigations Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? 115.271 (f) Criminal and administrative agency investigations Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Criminal and administrative agency investigations Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?			
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contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary		Criminal and administrative agency investigations	
evidence where reasister		contains a thorough description of the physical, testimonial, and	yes
115.271 Criminal and administrative agency investigations	115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (I)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigation	S
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	
	within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health serv	rices
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health serv	rices
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282	A 4	visos
(c)	Access to emergency medical and mental health serv	ices
(c)	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health serv	ices
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual a victims and abusers	buse
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes