

PREA Facility Audit Report: Final

Name of Facility: Orion Long Term Offender Reentry Recovery (LTORR)/ Residential Re-entry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Christina Kampczyk	Date of Signature: 06/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Kampczyk, Christina
Email:	ceggert3@hotmail.com
Start Date of On-Site Audit:	04/24/2023
End Date of On-Site Audit:	04/25/2023

FACILITY INFORMATION	
Facility name:	Orion Long Term Offender Reentry Recovery (LTORR)/ Residential Re-entry Center
Facility physical address:	8141 Orion Avenue, Van Nuys, California - 91406
Facility mailing address:	118 Avenida Victoria, San Clemente, California - 92672

Primary Contact	
Name:	Bari Caine-Lomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	9494923574

Facility Director	
Name:	Marissa Castro
Email Address:	mcastro@behavioralsystemssouthwest.com
Telephone Number:	818-780-5139

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

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	71
Average daily population for the past 12 months:	67
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:	18-85
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the	26

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:	2

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:

3

- 115.213 - Supervision and monitoring
- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-24
2. End date of the onsite portion of the audit:	2023-04-25

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I spoke with Kim Wynia (VP of Operations and Clinical Director) at Detection Treatment Resources (DTR). I also communicated with staff at Just Detention International.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	112
15. Average daily population for the past 12 months:	67
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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/residents/detainees in the facility as of the first day of onsite portion of the audit:	70
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:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>8</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>26</p>
<p>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:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>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:</p>	<p>No volunteers of contractors were assigned to the facility at the time of the audit.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Based upon the make-up of the facility and a review of the inmate roster provided during the first day of the onsite visit, it was determined that the makeup of the facility was comprised of Hispanic, African American and Caucasian residents, therefore random residents were chosen equally from these groups after the target residents were chosen.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>There were no barriers regarding the selection or interviewing of the random residents. Residents were interviewed in private office space. The Program Director was very responsive in facilitating the movement of residents for the interviews.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>13</p>
<p>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".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>2</p>
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:	<p>2</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The PAQ, documentation received onsite, the inmate roster, observations while onsite, and conversation with staff determined the number of residents in these categories that were interviewed. The auditor found there were no inmates at the facility who were visually impaired or blind.</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>The PAQ, documentation received onsite, the inmate roster, observations while onsite, and conversation with staff determined the number of residents in these categories that were interviewed. The auditor found there were no inmates at the facility who were limited English proficient.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>The layout of the facility, interviews with staff and residents support there were no sexual abuse incidents that were unreported. I reviewed five grievances and none of which were deemed to be sexual abuse.</p>

<p>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:</p>	<p>8</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>There is no segregated housing at this facility. The housing units are all dormitory style with multiple sets of bunk beds. Therefore, no residents were placed in segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were no barriers in selecting targeted residents for interviews and there were no barriers in completing interviews of this population. All interviews were conducted in private offices without issue. The Program Manager was very responsive in facilitating all interviews with targeted residents.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

9

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

There were no barriers in selecting staff for random interviews.

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):

6

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

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, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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 Orion Residential Re-Entry Center (RRC) is located in Van Nuys, California and is owned and operated by Behavioral Systems Southwest (BSS). BSS is a private for-profit corporation with headquarters in San Clemente, California. The agency provides residential re-entry services for the Federal Bureau of Prisons (BOP) and Residential Transitional Housing Programs for the California Department of Corrections and Rehabilitation (CDCR). The agency operates three Residential Re-entry Centers in California and three residential facilities in Arizona that require PREA Audits per federal regulations.

The on-site audit visit began with an entrance meeting with the Program Director, the Assistant Program Director and the PREA Coordinator. The audit process for the on-site visit was discussed which included the audit tour, interviews with staff and residents, testing of critical functions, resident and staff file review, and a review of other requested documentation. The Auditor was provided with both staff and resident rosters. Random and target residents and random staff and specialized staff were selected for interviews by the auditor randomly.

The Program Director conducted the tour of the facility with the Auditor. The Orion RRC facility consists of one large two-story building with seven dormitory-style rooms and bathroom facilities for the residents; all located on the first floor except for one bathroom on the second floor. Six housing units are for male residents and one housing unit is for female residents. Each housing unit contains multiple sets of bunk beds and lockers for residents to store their personal belongings. The dining room, kitchen, classroom/multipurpose room, storage areas, maintenance room, recreation/exercise room, staff office, facility director's office, front control desk, pay phones, and lobby area are on the first floor. There is a back patio to the rear of the facility with laundry machines for the male residents. The female housing unit is

fully self-contained with a restroom and laundry facilities and is located next the security monitor's desk.

The Auditor was able to observe all areas of the facility. There were no areas in which the auditor was denied access. All maintenance, and storage rooms, were locked areas prohibiting access by residents. Security mirrors were noted in several areas throughout the facility. All cameras and monitoring systems were observed and in working order. The Auditor spoke with several residents during the audit tour. Staff were observed conducting rounds throughout the facility and making the required announcement when entering the living units that housed residents of the opposite gender. Interviews with residents and staff were conducted in private offices. The Program Director facilitated a smooth flow of residents and staff for the interviews, enabling the Auditor and Support Staff to complete the interviews of all residents and staff selected in a timely manner. Resident and staff files, facility logbook, training records, video monitoring system, visitor sign in logs, and grievance reports were reviewed during the onsite visit. The Program Director provided the Auditor with copies of all requested documentation. An exit meeting was held at the conclusion of the second day of the on-site visit. The Program Director, the Assistant Program Director, Support Staff, the PREA Coordinator and the Auditor were in attendance. The on-site audit findings were discussed at this time. Although the facility had a few deficiencies, the overall philosophy of the PREA standards appear to be present in the day-to-day operations.

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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
---	--------------------------

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

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	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

There were four allegations of sexual harassment. The BSS agency does not conduct any type of administrative or criminal investigations including at the Orion RRC. All criminal and administrative investigations are conducted by the BOP, CDCR, or local law enforcement. Three of the four

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 detainee 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	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse incidents during the reporting period.

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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 pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> 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 pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Behavioral Systems Southwest (BSS) • Federal Operations Manual (FOM) • Statement of Work (SOW) • PREA Posters and Resources • Postings Employee Handbook (EH) • Organizational Chart <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director (PD) • Assistant Program Director (APD)

- 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 residence sign and date that they understand the agency's policies. Volunteers and Contractors are also provided training or 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 she 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 that she had 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
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director (PD) <p>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 and CDCR that all residents who are ordered to confinement at a BSS facility are placed there by the BOP and voluntarily placed by CDCR. 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 and CDCR do not allow them to contract with other agencies for the placement of residents.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • 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:

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

The Behavioral Systems Southwest (BSS) Orion RRC has a housing capability of one hundred twelve (112) beds. Since the last PREA Audit, 2020, the facility's average daily population in which the staffing plan was developed was ninety-two (92). However, since the last PREA audit, the average daily population was sixty-seven (67). The staffing plan is reviewed annually. The Staffing Plan reviews and provides for adequate levels of the staffing and video monitoring to assist staff in protecting the residents against sexual abuse. Established facility staffing is not to be changed unless authorized by the Executive Vice President. The Orion RRC has two (2) Program Directors; one (1) for State residents and one (1) for Federal residents. Both Directors and the PREA Coordinator review the staffing plan annually to determine if there are adequate staffing levels for the facility and specific areas within the facility that may need a higher concentration of staff. The Orion RRC is a coed facility and therefore, BSS ensures there are always both male and female staff on duty. This requirement is also noted in the SOW on (page 29-36). The staffing plan outlines the minimum number of staff required for the program during all three (3) shifts, seven (7) days per week. However, BSS has always instituted more than the minimum number of staff for each of its facilities. The SOW further indicates the frequency of headcounts and rounds. The staffing pattern is designed to ensure maximum benefit for the residents; therefore, most staff are scheduled to be on duty when most of the residents are in the facility. This allows for closer attention to be given to safety, security, and resident programming.

The facility's Directors are required to report to 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 since the beginning of this facility's audit. This is an amazing contributor to the agency's commitment to the safety and security of the staff and residents.

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
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ul data-bbox="352 443 928 810" style="list-style-type: none"> • 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 <p data-bbox="280 851 639 887">Interviews Conducted:</p> <ul data-bbox="352 954 845 1030" style="list-style-type: none"> • Random Staff • Random and Targeted Residents <p data-bbox="280 1070 1477 1774">BSS's contract with BOP and CDCR (SOW page 76) prohibits staff from performing cross-gender strip searches or body cavity searches regardless of any situation. A review of documents and interviews with the Director and PREA Coordinator indicated the facility has had no cross-gender searches (pat, strip, or visual body cavity) conducted since before the inception of the PREA Standards. There are also 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 can be located in the information sent to BSS from the placing agency. In addition, during the intake process, the residents are asked about their gender at birth and how they identify. The BSS facilities do not have medical personnel on site. All medical needs are completed at an off-site community medical facility. If a strip search or cavity search needs to be done, BSS staff must receive authorization from the BOP and CDCR and must be conducted by law enforcement or medical personnel SOW (page 76). Staff and resident interviews further indicated that the facility does not conduct any kind of strip search or body cavity search.</p> <p data-bbox="280 1809 1465 2056">BSS policy strictly prohibits cross gender pat-down searches of male or female residents SOW (page 76). At the time of the on-site audit, there were thirty-four (34 BOP) residents and thirty-seven (37) CDCR residents comprising of sixty-nine (69) males and two (2) females. The facility has both male and female staff during each shift as required by their contract with the BOP FOM (page 119). When conducting pat-down searches, there must be two (2) security monitors present during the</p>

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. It is written in the BOP and CDCR contracts with BSS that BSS will ensure a specific number of female staff are on duty based on the population and shift FOM (pages 26 and 29). The staff also have the option of using the "wand" (an electronic search tool) that the staff are trained to utilize in lieu of a pat-down search. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search. When interviewed, staff and residents confirmed that the staff do not perform cross gender pat-down searches and a "wand" is used if needed. Residents further confirmed that, at no time, have they ever been denied programming because there was no female staff available to conduct the search. 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 design of the Orion RRC affords the residents a significant amount of privacy; especially in the female dorms. The female dorms have a restroom and showers located within the dorm which allows more privacy. The men's dorms do not have restrooms and showers within their dorms. Their restrooms and dorms are in a central area on the first and second floors. Toilet areas are each separated by barriers with side panels and doors with locks like what would be found in public restrooms. In both male and female restrooms/shower areas, each shower has a shower curtain (Male showers have shower dividers along with shower curtains) that prevents staff of the opposite gender from being able to view a resident in a state of undress, when using the restroom or when showering. The restrooms and showers are ADA compliant. During the tour, the Auditor observed that residents had the ability to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing them.

Staff and resident interviews confirm that residents are required to be clothed while going to and from the restroom and shower areas. 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. During the on-site audit, there were two (2) physically handicapped individuals and three (3) LGBTI individuals. When interviewed, these individuals all stated they were able to use the restrooms and shower without being viewed by staff or other residents. When interviewed, staff and residents confirm that staff of the opposite gender are knocking and announcing their presence prior to entering the resident's rooms or restrooms.

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	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Federal Operations Manual (FOM) • PREA Pre-Audit Questionnaire (PAQ) • PREA Postings • Employee Handbook (EH) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Random Staff • Case Managers • Program Director (PD) • PREA Coordinator • Random and Targeted Residents <p>The Orion RRC provides PREA information in six (6) other languages; including, English, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information was posted to the OAS and the PREA boards throughout the facility. Facility staff who can translate for some of these languages ensure full understanding of the resident’s rights to be free from sexual abuse and sexual harassment and how to report a PREA incident FOM (page 89). Should an offender be visually impaired and unable to read the material provided, staff will read the literature to the offender EH (page 77). A review of residents' files during the on-site audit revealed all residents at the time of the audit were English proficient and literate.</p> <p>Initial PREA Education is provided by the Case Managers in a manner that ensures the resident comprehends the material presented and it 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.</p> <p>Corrective Action</p> <p>According to the EH (Page 77), <i>“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</i></p>
---------	---

respond to sexual abuse and sexual harassment." Residents who are deaf or hearing impaired are not provided with an ASL interpreter. An interpreter must always be provided to those who are disabled, deaf/hearing impaired, non-English speaking, cognitively disabled etc. Especially when PREA information, training, fact-finding, and resident meetings are held or if an allegation is reported.

During the on-site audit, the Auditor found: 1) Two of the residents were deaf and were not provided with a proficient ASL interpreter (one of the deaf residents said he could read lips). Although there are two (2) staff that have limited ASL interpretation skills, the Auditor found that these staff were not proficient in ASL and could not articulate the PREA information or establish that the deaf residents understood the PREA information. 2) Staff are not aware that BSS has an interpretation service or when they can/should contact these services. Staff are not aware who provides interpretation services (i.e., BSS or Parole/Probation).

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Regarding the two (2) deaf residents, using a certified ASL 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. 3) Train staff on the process of obtaining an interpreter, when an interpreter is required, the process of obtaining an interpreter, and when an interpreter is required.

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
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Federal Operations Manual (FOM) • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • 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 CDCR for the state residents and to BOP for federal residents, to receive background clearances EH (pages 73-79) and the SOW (pages 16-17). The RRM, PD and PREA Coordinator confirmed this information when interviewed and records were located in the employee files that 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 ten (10)-year contract renewal SOW (pages 16-17) in addition to every, five (5) years into the ten (10)-year contract. Employees may not begin working until all background clearances have been completed and the RRM and CDCR has sent notice of approval to BSS. Background checks consist of a review of the:

- 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, 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 Orion RRC had two (2) volunteers during this auditing period. This individual was a volunteer for three (3) weeks and then became an employee. All volunteers

and contractors are subject to the same PREA education, background, and security clearances as employees. This was verified during interview with the volunteer/ employee, PD and PREA coordinator, volunteer files, and can be found in the FOM (page 37). A review of staff and volunteer 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Facility Diagram/Map With Camera Locations <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director (PD) • Assistant Program Director (APD) • Security Staff <p>The Orion RRC has not undergone any expansion or modifications of the existing facility during this audit period 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 of the Orion RRC. There are four (4) monitors in secure areas to enhance staff supervision. Security staff were observed watching activity on the monitors (which have recording capabilities) while engaged in the course of their duties. All cameras and monitors were functioning and appeared to have no issues. The PD and the security supervisor are responsible for reviewing the video footage. If there was a PREA allegation or any other incident, the Director and security supervisor would be able to go back and review the footage. The facility recently replaced all the cameras with higher resolution to enhance the recording and monitoring views. The PD and the PREA Coordinator stated during interviews that they routinely consider how camera technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 635 378">Documents Reviewed:</p> <ul data-bbox="352 445 820 562" style="list-style-type: none"> • Statement of Work (SOW) • Employee Handbook (EH) • PRE-Audit Questionnaire (PAQ) <p data-bbox="280 602 639 636">Interviews Conducted:</p> <ul data-bbox="352 703 1059 904" style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • BOP Residential Re-Entry Manager (RRM) • Random Staff • Center for Assault Treatment Services (C.A.T.S.) <p data-bbox="280 945 1474 1397">BSS facilities requires administrative and/or criminal investigations be completed on all incidents of resident-on-resident sexual abuse or staff sexual misconduct. However, the Orion RRC employees do not conduct administrative or criminal investigations. Per the agency’s contract (SOW) with the Board of Prisons (BOP) and CDCR, if an allegation of sexual harassment occurs, the BOP/CDCR shall be notified immediately. Criminal matters will be handled by local law enforcement and administrative matters will be investigated by BOP/CDCR. This information was clearly articulated during interviews with staff, residents, PD and the PREA coordinator. The BOP RRM was contacted by telephone and confirmed this information. This information is also located in the EH on (page 78) and in the SOW pages (16-21).</p> <p data-bbox="280 1438 1474 2058">Although the Orion RRC does not conduct sexual abuse allegations, they would request that the victim be transported to Northridge Hospital where SAFE/SANE personnel would conduct the forensic examination. The Northridge Hospital was contacted and confirmed this information. Located within the Northridge Hospital is a program known as the Center for Assault Treatment Services (C.A.T.S.). C.A.T.S. provides a multitude of services for victims of sexual abuse. C.A.T.S. is available twenty-four (24)-hours a day, seven (7)-days a week. All services at C.A.T.S. are free. C.A.T.S. has certified advanced-trained Forensic Nurse Examiners who provide forensic medical evidentiary examinations and interviews in a safe and supportive environment. There are always certified forensic nurses on duty to assist those who may have been assaulted. C.A.T.S. follows the national protocols for sexual assault examinations and has a Los Angeles Police Detective who is specifically assigned to C.A.T.S. who is trained in conducting sexual abuse investigations and interviews. Within the C.A.T.S. program is Strength United which provides advocates, counseling, and resources for victims of sexual abuse. These certified sexual abuse</p>

	<p>advocates, provide the victims with accompaniment and support throughout the medical examinations and criminal proceedings. Strength United also provides an array of resources to assist the victim. BSS reported there have been no forensic medical exams conducted over the last twelve (12) months.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • Employee Handbook (EH) • Pre-Audit Questionnaire (PAQ) • BSS Website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • Random Staff <p>BSS has policies and procedures in place to ensure that all allegations of incidents involving resident-on-resident sexual abuse or staff sexual misconduct sexual abuse are reported to the appropriate authority. The authority who may have jurisdiction is dependent on the resident’s status so the investigation may be conducted by the BOP, CDCR or local law enforcement. BOP would investigate administrative allegations of sexual abuse and sexual harassment and local law enforcement would be responsible for all criminal investigations. This information was provided in the PAQ, reviewed in the SOW pages (20-22) and in the EH on pages (73-79). A review of the agency’s website indicated that BSS does not conduct criminal and administrative investigations. The website further states that such investigations would be conducted by BOP or local law enforcement as indicated by the BOP contract (SOW) on (pages 3 and 21).</p> <p>All allegations of sexual abuse are documented. Upon hire, all employees receive and review the EH. This handbook provides information regarding the policies and protocols should there be allegation of sexual abuse and sexual harassment. This information was confirmed by the Auditor when reviewing the EH (pages 73-78).</p> <p>Interviews with the Director and RRM confirmed that administrative and criminal</p>

	<p>investigations are completed for all allegations of sexual abuse or sexual harassment by the BOP. Any investigation that identifies criminal activity is immediately referred to law enforcement and/or the Office of Inspector General (OIG). The PD would act as a liaison with law enforcement as well as keeping the PREA Coordinator updated on the progress of the sexual abuse investigation.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Personnel Files • Master PREA Training Calendar • PREA PowerPoint Training • PREA Training Acknowledgement • PREA Quiz and Answer Sheet • BSS Employee Standards of Conduct • Zero Tolerance Policy • BOP Program Statement • Federal Operations Manual (FOM) • Staff Training Attendance Logs (Sign-in Sheets) • Employee Handbook <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • Specialized and random staff <p>All BSS staff are trained upon hire and each year to recognize the signs of resident sexual victimization and understand their responsibility in the detection, prevention, prohibition, reporting, and consequences of sexual abuse/harassment. The training contains all ten (10) required components of the standard which include: (1) The agency’s zero-tolerance policy for sexual abuse and sexual harassment, (2) How to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, (3) Resident’s rights to be free from sexual abuse and sexual harassment, (4) The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, (5) The dynamics of sexual abuse and sexual harassment in confinement, (6) The common reactions of sexual abuse and sexual harassment victims, (7) How to detect and respond to signs of</p>

threatened and actual sexual abuse, (8) How to avoid inappropriate relationships with residents, (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

After the initial training, a quiz is provided to ensure the staff understand the training information they have received. Copies of the quizzes are contained in the staff files which was confirmed by the Auditor during a review of the employee files. Staff files are contained in the Director's office. The staff are also provided an EH which further contains the staff's responsibility to ensure that the ten (10) components of this standard are met. This Auditor observed the PREA Acknowledgement Forms in all staff personnel files that were reviewed. By signing the form, staff acknowledge that they received the training and understand their responsibilities in reporting incidents of sexual abuse and sexual harassment. All employees are trained as new hires, regardless of their previous experience. Training is tailored to both genders so additional training is not necessary.

Employee PREA training is conducted quarterly during staff meetings. Training records indicate staff completed the required training during the last training year. Employee training records are maintained in each employee's personnel file or in a training log book. Upon completion of courses, staff acknowledge their completion through a signature. This information was verified during interviews with the staff, PD, and review of the training logs, staff files, training logs and training curriculum.

Corrective Action

When interviewed, staff who were responsible for conducting orientation and PREA training were not completely knowledgeable with the information and training they were providing to the residents. The facility has designated "PREA boards" throughout the facility which contain information and resources regarding where and how a resident may receive assistance outside of the facility for a sexual abuse or sexual harassment incident. A review of a mock interview revealed that the staff could not explain the information and resources to the resident they were providing during orientation.

The facility was required to complete a correction action plan regarding this standard. On May 19, 2023, the facility provided the training curriculum, training handouts and a roster for all staff who participated in this training. A review of the training information clearly provided information regarding the information and resources that are contained on the "PREA board" so that staff could provide accurate information to the residents during orientation. Therefore, the Auditor found that the facility completed this requirement and came into compliance with this standard prior to the writing of this standard.

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

115.232	Volunteer and contractor training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ul data-bbox="352 443 810 560" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Training Log • Volunteer Files <p data-bbox="280 600 639 636">Interviews Conducted:</p> <ul data-bbox="352 703 699 819" style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • Volunteer <p data-bbox="280 860 1484 1397">The facility reported in its PAQ they had two (2) volunteers during this reporting period. One (1) of the volunteers volunteered at the Orion RRC for three (3) weeks and then was hired as an employee. This individual was interviewed during the on-site portion of the audit. There were no contracted employees utilized during this auditing period. Use of Volunteers, require that all volunteers and contractors who will have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The volunteer/contractor is required to verify their understanding of the training by signing the PREA Training Acknowledgement form. A review of the volunteer's file and interview with the volunteer indicated they had been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response policies and procedures prior to their job as a volunteer and again when they became an employee at the facility.</p> <p data-bbox="280 1438 1474 1805">The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with the residents. All volunteers and contractors who have contact with residents are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Volunteers and contractors receive the same training as that of the employees. If a volunteer or contractor is only on site for a few hours, they would then receive a pamphlet with detailed information regarding the agency's zero-tolerance policy, and procedures regarding sexual abuse and sexual harassment prevention, detection and response and their duty to report.</p> <p data-bbox="280 1845 1461 1917">Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

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
- Resident PREA Handouts
- Resident Handbook
- PREA Boards
- Transitional Skills class rosters (PREA training)

Interviews Conducted:

- Random and Targeted Residents
- Intake Staff
- Case Managers

Upon arrival at the facility, residents receive a PREA educational brochure which contains information on ways to report incidents of sexual assault or sexual harassment. The resident also receives PREA training on the resident's rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation should they make a report of sexual misconduct. PREA information and training is provided to all residents who enter the facility regardless if they have had this training at previous detention facility or reentry center. Within twenty-four (24)-hours of arrival, the resident will meet with their Case Manager and the PREA information will again be reviewed with them to ensure they understand their rights and responsibilities regarding how to report and respond to a PREA incident and the agency's rules if they violate such rules.

Assistance will be provided to those residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Other residents may not be used as interpreters, readers, or assistants except in limited circumstances in an exigent situation. Upon completion of the education/orientation, all residents sign the Acknowledgement of Training Form acknowledging they attended PREA Orientation. The resident receives a copy of the Acknowledgement of Training form while the original is maintained in the resident's file. In addition, residents also receive a copy of the Resident Handout that provides definition of sexual harassment and sexual abuse, contact information regarding outside resource forensic evidence collection, medical assistance, mental health assistance, psychological/psychiatric assistance that are all free of charge. PREA training is provided once a month during the residents' house meeting. All interviews with residents confirmed that staff were providing the residents with PREA information and education upon and within twenty-four (24)-hours of arrival.

BSS and the Orion RRC provides PREA information in six (6) different languages. Contracted interpreters would be contacted if the resident needed further assistance. For residents who are vision-impaired or who have limited reading skills, security staff or Case Managers would read them the information. For residents who are hearing impaired, BSS employs two (2) staff who proclaim to be a "Novice" in American Sign Language (ASL). The ASL staff would assist with the PREA education and training to ensure resident's comprehension. Once they have completed the training, residents must sign and date the document stating they understand what they have learned. While conducting the facility walk-through, Auditor observed three (3) large PREA bulletin boards located in the dining room, Case Manager's office, and the staff office. The PREA boards were labeled as such and contained information regarding resources such as third-party reporting, the PREA coordinator's phone number, rape crisis hotline and additional resources for victims of sexual abuse and sexual harassment. All information provided includes the addresses and local and toll-free numbers. During interviews residents stated they were able to identify where the PREA boards were located throughout the facility.

Resident files were reviewed and dates on the Acknowledgment of Training Forms were completed the day the resident arrived or the next day. Targeted and random residents reported during their interviews that they remembered receiving information regarding PREA the day they arrived and further information with their Case Manager. PREA posters were visible in all areas of the facility.

Corrective Action

Although the above protocols are in place, when observation of the intake process and the resident's meeting with the Case Manager as they completed orientation, the Auditor found staff were not knowledgeable regarding the information and resources on the PREA Boards or in the information in the PREA paperwork they were providing to the residents. The following deficiencies were noted: 1) Residents were not provided a copy of the PREA information upon intake. 2) Case Managers are providing the residents a PREA Quiz without giving them prior education for the resident to accurately complete the quiz. The staff then provided the answers to the quiz without PREA Training. 3) Case Managers provided PREA information to the resident without explaining the information to the document's contents and staff were not themselves aware of the contents.

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide proof that all prior residents received a copy of the intake PREA information/documents. 2) Provide staff training curriculum, which includes a procedure on how the intake packet regarding PREA is disseminated to the residents and a roster for the training. 3) Provide residents with PREA curriculum prior to providing the PREA Quiz. 4) Develop a procedure on how to provide the training/information to the residents they need in order to take the quiz and pass it. 5) Develop and provide a procedure on how to grade the quiz and what to do when the resident does not pass the quiz.

	<p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • BSS Website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Staff Program Director (PD) • PREA Coordinator • Residential Re-entry Manager (RRM) <p>Orion RRC does not conduct investigations per the SOW (page 21). All incidents of sexual abuse or sexual harassment would be referred to local law enforcement and/or the BOP and CDCR. All staff were able to articulate the investigation procedure during their interviews with the Auditor. The facility Director and the PREA Coordinator were very specific when articulating that administrative investigations are completed by the RRM at the BOP or the Parole Agent for CDCR residents. All criminal investigation and completed by local law enforcement. The RRM at BOP was also contacted and confirmed this information.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

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

- PREA boards and postings
- Northridge Hospital, C.A.T.S. program website

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator
- Northridge Hospital, C.A.T.S. program

The Orion RRC does not employ or contract with medical or mental health care practitioners at the facility. As such, residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment counseling. All forensic exams would take place at Northridge Hospital's C.A.T.S. program where certified SAFE/SANE staff would assist the residents. Residents would receive advocacy and counseling services at the Strength United which is an extension on the C.A.T.S. program. The PREA Coordinator and the PD stated during interviews that 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. A review of the Northridge Hospital website and telephone conversations with employees of C.A.T.S. and Strength United confirmed the services provided. When interviewed, the residents were able to articulate where this information was located in the facility and the steps, they would take to receive services if needed.

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

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Medical Intake Form • Risk Assessment Screening Tools • Resident Files • Staff Training/Meeting Records <p>Interviews Conducted:</p>

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

The Orion 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 also requires that the same screening of a resident occurs if they are transferred from another facility. There were two-hundred eighty-eight (288) 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 (BOP or CDCR) 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 at intake on the Medical Intake form. This form is part of the intake packet that new residents complete on the day of admission. Elements of the form include abuse victim history, and mental health history and provides additional information when the screening assessments are completed.

The risk assessments are conducted by a security staff and the resident in a private office on the first day the resident enters the facility. These objective screening tools considers the following information:

- Mental, physical, and developmental disabilities
- The age of the resident
- The physical build of 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 non-conforming
- 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 two hundred and eighteen (218) 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.

The Auditor observed the intake process of a new resident by a security staff. During the screening process residents are asked a set of questions from the Sexual Victimization Assessment tool and the Sexual Abusiveness 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 regarding the following:
- Whether or not the resident has a mental, physical, or developmental disability.
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- Whether or not the resident has previously experienced sexual victimization; and
- The resident’s own perception of vulnerability.

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 the staff office. Residents interviewed confirmed that the assessments are being completed in a private setting and that they could choose to not respond to a question that they felt uncomfortable answering. A total of eighteen (18) resident files were reviewed. All files contained the risk assessments and the subsequent risk reassessments.

Corrective Action

Residents are reassessed between ten (10) and thirty (30) days after the resident’s arrival into the program by their assigned Case Manager. Additionally, should a request for reassessment or an incident of sexual abuse or receipt of additional information be received that bears on the resident’s risk of sexual victimization or abusiveness, a resident’s risk level will be reassessed.

During interviews with staff, both random and targeted residents, and through a review of resident files, it was confirmed that the initial and 30-day risk assessments are being conducted in accordance with the requirements of this standard. However, reassessments for residents who reported new information, or upon a new allegation of sexual abuse or sexual harassment were not being completed. Interviews found staff were not aware they are required to complete a new Risk Assessment upon receipt of new information, or upon a new allegation of sexual abuse or sexual harassment. All staff were clear on when the initial screening process and the subsequent screening process would take place, but could not describe a situation in which a reassessment may be necessary.

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective

	<p>action plan: 1) All staff who conduct Risk Assessments must be retrained on the circumstances that may require a new Risk Assessment. 2) Provide a copy of new risk assessments for all residents who reported information or allegations of sexual abuse or sexual harassment.</p> <p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Medical Intake Form • Risk Assessment Screening Tools • Resident Files • Staff Training/Meeting Records <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director (PD) • Random and Targeted Residents • Case Managers • Random and Target Residents <p>The Orion 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, <i>“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.”</i></p> <p>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</p>

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 that would be more suitable to house the resident.

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.

Corrective Action:

The facility makes individualized determinations about how to ensure the safety of each resident by utilizing the 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 program assignments. Interviews with the PD, the APD, 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. Interviews with residents confirmed staff are asking the Risk Assessment questions to include the resident's own views with respect to their own during intake and during their assessments.

However, interviews found that staff were not aware that the purpose of the risk assessments for sexual victimization and sexual abusiveness is to inform housing, program, and bed assignments of a resident in the facility. Staff were also unaware of their duty to report directly to the PD, when a resident scores high (at risk) on either of the assessments, for guidance regarding placement. Additionally, during interviews, the Auditor found that residents were being placed in housing units solely based on bed/housing unit availability and staff did not consider the risk assessment scores or that this information must be documented. Lastly, when reviewing resident files, it was observed that staff are not ensuring they must always sign and date the risk assessment forms.

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Retrain all staff regarding to whom they report high risk assessment scores; 2) Retrain staff regarding how risk assessment scores are used to determine bed, housing, and program assignments and that these decisions must be documented; 3) Reiterate to staff that all associated paperwork must be signed and dated by staff.

The PD discussed with all staff the importance of considering all information obtained from the screening, from both the resident and staffs' observations, and information contained in the referral packet. Staff were informed all high-risk scores

	<p>must be reported immediately to the PD before a resident can be placed in a bed/dorm. The PREA Coordinator provided the Auditor with all training materials, meeting notes, staff roster and handouts. The Auditor reviewed all materials and guidance provided by the PD to staff, as a result of this corrective action. The facility leadership took decisive action to provide immediate training and redirection to staff and as a result, the facility was able to come into compliance with this standard prior to the completion of this report.</p> <p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • 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) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • Assistant Program Director (APD) • Random Staff • Case Managers • Random and Targeted Residents <p>The Orion 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. Internal reports can be made verbally, in writing, anonymously and through a third-party. All reports</p>

received internally, made via any methods described above will be immediately documented by staff in accordance with 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 family or a friend, BOP/California Department of Corrections and Rehabilitation (CDCR), local law enforcement, a social worker, counselor, or anyone they feel comfortable with outside of the facility. Residents have cell phones and can make a call at any time. Payphones are available 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 or CDCR without going through the facility mail. 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 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. Residents are also able to submit a written complaint via the Request to Director form.

The resident's ability to report an incident of abuse is also described in the EH (pages 76-77). The handbook states "*staff shall accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously and from third 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/letter that is provided to the PD confidentially.

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 resident indicating their understanding of the numerous internal and external methods of reporting sexual abuse and sexual harassment.

PREA boards contain outside reporting agencies' addresses and toll-free telephone numbers. The outside reporting agencies also have websites and email addresses. This information is provided in multiple languages. The Auditor observed these postings on the PREA boards during the facility tours.

In addition to the PREA Boards, upon intake, the residents are provided multiple handouts for outside resource should they need to make a sexual abuse report. These documents include, the Resident Handout, PREA brochure, and the PREA Reporting Methods Flow Chart. These documents are to be explained to the resident, and copies are to be provided to them during the intake process. 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, make a phone call to anyone you wisht 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.”* Additionally, as reported in the PAQ and on postings on the PREA boards at the facility, residents may report to the Los Angeles County Elder Abuse hotline at 1-877-477-3646 to report abuse 24-hours a day, 7-days a week.

Corrective Action:

Interviews with residents revealed residents were not being consistently provided with copies of all the PREA paperwork during the intake process. Overall residents reported remembering staff going over the PREA information during intake, and the location of the PREA boards. But many residents reported not receiving copies the PREA documents they signed.

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide proof that all prior residents received a copy of the intake PREA information/documents. 2) Provide staff training curriculum, which includes a procedure on how the intake packet regarding PREA is disseminated to the residents and a roster for the training.

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.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • 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)
- Assistant Program Director (APD)
- 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 or CDCR (602) 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 RRM/CDCR office numbers are posted on the offender information boards thus allowing offenders to make telephonic contact with the RRM/CDCR office, privately. Should an offender file a grievance in bad faith, the BOP and CDCR 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 Facility Director who will contact the BOP or CDCR 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.”* A 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.

BOP and CDCR 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, Orion RRC staff will immediately forward the grievance to the BOP/CDCR 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 or CDCR decision, the facility would take steps to protect the resident. It is at the discretion of the BOP or CDCR to determine if a resident may be disciplined for filing a grievance in bad faith. BOP or CDCR will render a decision regarding discipline on a case-by-case basis. During interviews, the PREA Coordinator and managers 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
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Resident Handout • PREA Board Postings • Strength United website • Center for Assault Treatment Services (C.A.T.S.) website • Detection Treatment and Resources (DTR) Website <p>Interviews Conducted</p>

- Program Director (PD)
- PREA Coordinator
- Random Staff
- Random Residents
- Strength United
- C.A.T.S.
- DTR Director

At the time of intake, residents at the Orion RRC are 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. The Resident Handout, the PREA Brochure and postings on the facility PREA Boards contains information on the services provided by C.A.T.S. and Strength United. These organizations 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 at no cost to the victim.

Residents are provided the telephone numbers and addresses for C.A.T.S. and Strength United. Residents can access these agencies by using their cell phones, the payphones within the Orion RRC, or by writing a letter. Paper, pens, and envelopes are available for the residents. Residents can call these agencies twenty-four (24)-hours a day, seven (7) days a week. In addition to these local organizations, residents can contact the Rape Crisis hotline which is a toll-free number for additional resources or the Rape Abuse Incest National Network (RAINN). Both are national organizations that connect the victim to local sexual assault service providers to offer confidential support services to survivors regardless of where they are in their recovery.

The Auditor confirmed this information is readily and continually available to residents by observing the information contained on the PREA Boards in the dining room, staff office and case management office as well as in the documents provided to the residents at time of intake. 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. Documentation with resident signatures verifying they received such information was contained in their files and observed during the onsite visit. 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.

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

115.254	Third party reporting
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 624 376">Documents Reviewed</p> <ul data-bbox="352 443 1241 645" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Resident Handout • PREA Posting • Detection Treatment and Resources (DTR) MOU and Website <p data-bbox="280 685 628 721">Interviews Conducted</p> <ul data-bbox="352 788 1102 1034" style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • Detection and Treatment Resources (DTR) Director • Residential Reentry Manager (RRM) • Random Staff • Random Residents <p data-bbox="280 1070 1469 1438">The Orion RRC has established methods to receive third-party 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. 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.</p> <p data-bbox="280 1473 1469 2011">Orion RRC has a Memorandum of Understanding (MOU) with DTR to report to BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The DTR Director was interviewed, and she confirmed the MOU with Behavioral Systems Southwest and the Orion RRC and that she has received no reports of sexual abuse or sexual harassment regarding any resident at the Orion RRC in the last twelve (12) months. DTR provides mental health counseling and substance abuse services in addition to being the agency's third-party reporter. Upon the initiation of services, residents are required to sign acknowledgements on the limitations of services. The mental health workers and substance abuse counselors inform residents of their duty to report when someone is at risk of harm, through the Informed Consent form. The DTR Director stated, <i>"automatic disclosures from residents are reported as we protect residents at all costs."</i></p> <p data-bbox="280 2047 1337 2083">If the DTR Director receives a report of sexual abuse or sexual harassment</p>

	<p>regarding an offender at the Orion RRC, she will immediately contact BOP and will document the information and the phone call via a memo based upon the information reported to her. She stated she 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 his interview, if he receives a report of sexual abuse regarding an offender at the Orion RRC, he will immediately notify the PREA Coordinator and the facility.</p> <p>This information was reviewed and confirmed by the Auditor during interviews with residents, staff, and the DTR Director. 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Statement of Work (SOW) • Employee PowerPoint Training • Employee Training Records <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Random Staff • Program Director (PD) • Assistant Program Director (APD) • Detection and Treatment Resources (DTR) <p>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</p>

incident or retaliation. The Behavioral Systems Southwest, EH (page 72) states BSS will notify BOP and/or CDCR 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/CDCR or to law enforcement. BSS's policy 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.

The agency does not employ medical or mental health staff as residents are referred for those services in 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 the Informed Consent form 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. Facility staff stated they would accept and act on third party reports by notifying the PD, APD or PREA Coordinator followed by written documentation.

Corrective Action

The Orion RRC does not provide services to residents under the age of eighteen (18); however, the facility does house residents who are considered vulnerable adults under California Law. Interviews with staff revealed staff did not have a complete understanding of their responsibilities of being a mandated reporter under California law. Staff clearly described the verbal notifications they would make for a sexual abuse allegation to the PD, APD, or PREA Coordinator, which would be promptly followed up by a written report. However, even though training records revealed staff received training on the topic of mandatory reporting as recent as February 2023, staff were unaware of their duties to report to the State of California, Adult Protective Services as a mandated reporter.

After reviewing the deficiencies with the PD, APD and PREA Coordinator during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Develop a new training curriculum regarding the State's Law on Mandated Reporters and retrain all staff.

Training information provided to staff included, definitions of a vulnerable adult, how to make a verbal and written report to the State of California Adult Protective Services (APS), and telephone numbers to the State of California APS Mandated

	<p>Reporter Hotline and to the Los Angeles County Aging and Disabilities Department.</p> <p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Risk Assessments for Victimization <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Random Staff • Program Director (PD) • Residents • PREA Coordinator <p>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.</p> <p>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) <i>“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.”</i> 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</p>

	<p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • Residential Reentry Manager (RRM) <p>The EH (page 74) states <i>“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/CDCR, via duty phone/email and Serious Incident Report and/or local law enforcement.”</i> Interviews with the PD and PREA Coordinator concludes that such notification to the BOP/CDCR 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) 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, that he would notify the previous facility of the abuse and that an investigation would occur.</p> <p>There were no cases in the last twelve (12) months of a resident alleging sexual abuse while confined at another facility, at CDCR or at a BOP facility in which notification was required. Additionally, there were no cases in the last twelve</p>

	<p>months in which the Orion RRC received notice from another facility that a resident was sexually abused while at the Orion RRC. This information was confirmed through interviews with the PREA Coordinator, the PD, the RRM and by a review of the submitted incident reports for the last twelve months and the PAQ responses.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • PREA PowerPoint Training • First Responder Duties Handout • Employee Handbook (EH) <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Random Staff • Program Director (PD) • Assistant Program Director (APD) <p>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:</p> <p><i>“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 clothes, 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.”</i></p> <p>There were no allegations that a resident was sexually abused during the past</p>

	<p>twelve (12) months at the Orion RRC, nor were there any incidents in which a staff acted as a first responder to an incident of sexual abuse. Interviews with random staff, the Program Manager and the Assistant Program Manager revealed that staff are well trained and can articulate the steps they would take in an incident of sexual assault at the facility. Staff at the Orion RRC have not had a situation where they have had to act as a first responder, but they were able to discuss what they would do in a hypothetical situation. Staff explicitly stated they would stay with the victim and that their utmost priority is to keep them safe until help arrives. Additionally, staff assuredly stated they would preserve and protect crime scenes and any potential physical evidence both on the victim/abuser and in the area in which the abuse occurred.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed</p> <ul style="list-style-type: none"> • Employee Handbook (EH) • PREA Postings <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Case Managers • PREA Coordinator • Program Director (PD) • Random Staff • Random Residents <p>The Orion 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 PD. 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 Northridge Hospital. Staff reported during interviews, as part of their first responder duties, they would document they would document all information regarding the victim to include if the victim was transferred to</p>

	<p>Northridge Hospital. The PREA Coordinator or PD will refer the victim to medical and mental health services in the community for follow-up and/or continuing care. The victim will be provided unimpeded access to crisis intervention services through the Center for Assault Treatment Services (C.A.T.S) and through Strength United.</p> <p>The case managers assist residents in accessing ongoing medical and mental health services related to the sexual abuse. They would follow up with the residents and ensure they have the necessary information to access these services and they will document this information in the residents' case files. The Auditor observed this information on C.A.T.S and Strength United posted on the facility's PREA Boards located in areas accessible to the residents. 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • PREA Pre-Audit Questionnaire • Employee Handbook (EH) <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator <p>BSS facilities do not participate in any collective bargaining agreements which includes the Orion RRC. Therefore, 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 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), <i>"during as investigation of an allegation</i></p>

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/CDCR, 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 facility Director confirmed this statement.

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Statement of Work (SOW) • Training records • BSS PREA PowerPoint • Employee Handbook (EH) • Resident Handbook • Federal Operations Manual (FOM) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director (PD) • Random Staff <p>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 <i>“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.”</i> Staff sign acknowledgement forms indicating their understanding that all residents and staff must be protected against retaliation.</p> <p>Residents are required to sign the Acknowledgement of PREA Training form per the</p>

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 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. The facility employs multiple protection measures; however, the PD will work with the BOP and CDCR who will have the final decision on which action to take. These protection measures include:

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

The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PD and Assistant PD are charged with monitoring for possible retaliation. A review of the training curriculum and interviews with staff, the PD 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 will take appropriate measures to protect any other individual who cooperates with an investigation and expresses fear of retaliation. The PD's and the APD'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. Interviews with residents indicate overall they felt if they had a

	<p>concern of any kind, they could go to a staff member, and they would be kept safe.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Statement of Work (SOW) • Federal Operations Manual (FOM) <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator • Residential Re-entry Manager (RRM) • Random and Specialized Staff <p>The BOP and CDCR conducts all administrative investigations and local law enforcement conducts all criminal investigations. The Orion RRC does not conduct investigations of sexual abuse allegations, including any misconduct allegation or from anonymous/third-party reports. Upper-level staff will only gather preliminary information to determine whether the Bureau of Prisons or CDCR or local law enforcement has jurisdiction to proceed with the investigation, and will notify the appropriate agency with authority over the resident. A resident who is accused of sexual abuse is subject to an investigation by the referring agency of authority and that agency’s disciplinary process and/or an investigation by local law enforcement and prosecution. The PREA Coordinator will begin documenting the steps of the investigation to ensure it has been completed. During the interview with the PREA Coordinator, PD and RRM investigations are assigned very quickly following an allegation of sexual abuse or sexual harassment. This was confirmed during the review of incident reports showing that the fact-finding part of the investigations generally the same day that the allegation was made or brought to the attention of a staff member. When asked how the Orion RRC handles anonymous or third-party reports of sexual abuse, they stated that they were investigated the same. A review of cameras; and statements of victims are forwarded to the agency of authority.</p> <p>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</p>

victims, witness and perpetrators as determined by staff interviews. As far as notifications to victims in criminal investigations, they would receive information regarding the outcome of the case by BSS per the Auditor's interview with the RRM. Per the PD, if law enforcement conducted the investigation, they would report directly to the victim. Credibility of a victim, suspect, or witness is based on an individual basis and not on the basis of 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.

According to the PREA coordinator, if there is an allegation of sexual abuse or sexual harassment, the facility incident review team would review if staff actions or failures to act contributed to the sexual abuse they would review: policy and procedure; cameras; and training. All allegations of sexual abuse and sexual harassment are documented regardless of where the source of the information came from.

During the interview with the facility Director, they stated the facility remains informed of the process of a sexual abuse investigation that is being completed by local law enforcement by contacting them for updates.

No criminal investigations of sexual abuse involving residents were alleged during this reporting period. Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy and interviews with the PD and the PREA Coordinator 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 during the staff interviews. The EH (page 78) states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation.

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Program Director (PD)

	<ul style="list-style-type: none"> • PREA Coordinator <p>The BOP and CDCR investigate administrative allegations and indicate a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PD and the PREA Coordinator indicated that they may conduct fact-finding information at the direction of the BOP or CDCR but would not make conclusions following the fact-finding. BOP and CDCR would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • PREA Pre-Audit Questionnaire • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Handbook (EH) <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator <p>The Orion RRC does not conduct investigations criminal or administrative investigations. The PD and PREA Coordinator stated during interviews, they will remain in communication with the investigating agency until the end of the investigation and would ensure the resident is provided with information regarding the outcome of the investigation. Policy as contained in the EH on (page-78) that following a resident’s allegation that a staff member committed sexual abuse against the them, the resident would be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <p>The staff member is no longer assigned within the resident’s housing unit.</p> <p>The staff member is no longer employed at the facility.</p>

	<p>The staff member has been indicted on a charge related to sexual abuse within BOP/CDCR.</p> <p>The staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident’s allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP/CDCR whenever: The alleged abuser is criminally charged related to the sexual abuse The alleged abuser is adjudicated on a charge related to sexual abuse.</p> <p>Following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the BOP, CDCR or the PREA Coordinator subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing to the resident by the BOP, CDCR or the PREA Coordinator.</p> <p>The Orion RRC reported no allegations of sexual abuse during the past twelve (12)-months. In the case of a staff on resident sexual abuse incident, the resident would be informed of the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The Orion RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data EH (page 78), in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. The PD and the PREA coordinator’s interviews supported their knowledge of the reporting process reporting to a resident regarding the outcomes of an allegation of sexual abuse.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Standards of Conduct • Zero Tolerance Policy

- Equal Employment Opportunity Policy

Interviews Conducted

- Program Director (PD)
- PREA Coordinator

The EH (page 53) specifically states, *“Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.”* The PREA Coordinator stated the agency is an "at-will" agency and any misconduct as defined in the EH (page 59) will result in termination. EH describes prohibited conduct as “a member of BSS that subjects another client, program to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal” and *“should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”* This information was located in the EH (pages 69-78). Termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse.

Any resident at the Orion RRC who reports an allegation of sexual abuse is informed in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. If a resident alleges a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s housing area; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing to the resident.

The Orion RRC will notify and collaborate with BOP and CDCR for allegations of staff violation of the agency’s sexual abuse or sexual harassment policies. All criminal matters are reported to local law enforcement, BOP and CDCR for investigation. All administrative matters are reported to BOP and CDCR 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. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension pending the outcome of the investigation. Per the PREA Coordinator, if the employee engages in sexual abuse, the employee will be terminated. Auditor were informed that if the allegations were substantiated, the employee would be precluded by BOP from working with all federal and state offenders. Additionally, should an 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 that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. The Orion RRC has not had any incidents of staff-involved sexual abuse or sexual harassment in the last twelve (12) months.

	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
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Standards of Conduct • Zero Tolerance Policy • Equal Employment Opportunity Policy <p>Interviews Conducted</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator <p>All contractors and volunteers are held to the same standards as employees. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Criminal allegations would be reported to local law enforcement. The PD stated that if a volunteer or contractor violated the agency’s zero-tolerance policy, an investigation would occur by the BOP or CDCR and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation. BSS policy as stated in the EH (page 74-75), states <i>“should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services would be discontinued.”</i> Per the PAQ and the PD, there have been no allegations of a volunteer or contractor has been in violation of administrative or criminal behaviors within the last twelve (12) months.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Inmate Discipline
- BOP Prohibited Acts
- Employee Handbook (EH)
- Statement of Work (SOW)

Interviews Conducted:

- Program Director (PD)
- Assistant Program Director (APD)
- Residential Re-entry Manager (RRM)

Residents shall be subject to disciplinary sanctions pursuant to the EH (page 74) and the SOW (page 78-79), regarding the formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions may be imposed by BOP or CDCR and shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which were reviewed by the Auditor. Any type of sexual abuse or sexual harassments violations, unless they were unfounded, by staff or resident would be grounds for termination of the program. Interviews with the PD and APD and documentation review, confirmed this process. The facility will offer services for outside resources for therapy, counseling, or other interventions designed to address and correct underlying reasons or maybe motivations for the abuse.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The RRM shared that the resident can be sanctioned to center restriction, extra duty, loss of privileges, and remanded back in custody. Criminal charges could also be considered. The PAQ and facility Director both reported that there had been zero (0) incidents of criminal findings of guilt for resident-on-resident sexual abuse that occurred in the facility.

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

- 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
- Residents

Residents who are victims of sexual abuse at the Orion 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, would be referred to the Center for Assault Treatment Services (C.A.T.S.), located at Northridge Medical Center which provides services twenty-four (24) hours per day, seven (7) days per week. There are SAFE/SANE nurses at the hospital in which to conduct forensic examinations as necessary. BSS staff would assist in the coordination of these services.

During interviews with staff and managers, 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 always indicated in the event of a sexual assault at the facility that 9-1-1 would be immediately contacted to transport the resident to the emergency room for services at Northridge Hospital and staff reported they would document this information.

C.A.T.S. and the local Rape Crisis Center in Van Nuys provides resident who are victims of sexual abuse 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

	<p>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. Interviews with the PD and PREA Coordinator confirmed there were no allegations of sexual abuse within the last twelve (12) months.</p> <p>Interviews with staff reveal staff are well-trained in 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Handbook (EH) • Statement of Work (SOW) • Resident Handout • PREA Bulletin Board Postings • Intake Paperwork • Center for Assault Treatment Services (C.A.T.S) website • Strength United Rape Treatment Center at UCLA website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • Case Managers • Security Supervisor • Center for Assault Treatment Services (C.A.T.S) • Strength United <p>The Orion RRC does not offer on-site medical or mental health care and residents in need of medical and mental health evaluation or treatment, if they have been a victim of sexual abuse in any facility, are referred to these services in the community. Case Managers assist in the coordination of services and referrals to clinics/centers whose specialty is related to sexual assault and abuse. Upon intake, staff complete the Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting an assessment to determine risk</p>

of victimization or abusiveness. Further, should a history of sexual victimization or abusiveness be noted, staff will immediately notify the PD. This action is taken to determine the offender's suitability for placement, to ensure the safety of all offenders and staff, and to facilitate mental health evaluation and treatment in the community.

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 PD supported that evaluation and treatment services are available and offered to the resident when needed. These services are offered through the Center for Assault Treatment Services (C.A.T.S), Strength United and the Rape Treatment Center at UCLA. This information is contained on the PREA bulletin board at the facility and is also provided to all residents during the intake process.

Per staff interviews and information contained in the EH, 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. These services are provided through the Rape Crisis Center located in Van Nuys. Victim Advocacy is provided by the Rape Crisis Center, by Strength United as well as through C.A.T.S. The resident will have unimpeded access to services and these services are provided without cost to the victim, regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests through the community-based providers. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services through the community providers. Furthermore, residents who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Per a review of the residents' files, residents who reported previous abuse were provided with referrals for counseling services in the community.

The PD stated, BOP residents who are identified as an abuser, go through Community Treatment Services (CTS) for mental health treatment. 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/CDCR. 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 inmates 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

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

Interviews Conducted:

- PREA Coordinator
- Program Director (PD)
- Assistant Program Director (APD)

The EH (pages 77-78) articulates the facility's policy regarding a sexual abuse incident review at the end of every 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 to complete a PREA investigation in the past year, the facility Director and PREA Coordinator confirmed during interviews they are aware of this expectation. The incident review team consists of the following: PREA coordinator, PD, APD, and the Security Supervisor. The incident review team receives input from line staff and Case Managers. During the incident review team meeting, the team will review if the incident consists of policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and residents, appropriate supervision, notifications, and operational considerations. Should any of these factors need changes to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.

The Orion RRC did not have any allegations 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. An interview with the PREA Coordinator indicated that incident-based and aggregated data were securely retained. Annual data can also be found on the BSS agency website.

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

115.287	Data collection
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ul data-bbox="352 443 817 600" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQP) • Annual PREA Report • Employee Handbook (EH) • BSS website <p data-bbox="280 640 628 676">Interviews Conducted</p> <ul data-bbox="352 743 639 779" style="list-style-type: none"> • PREA Coordinator <p data-bbox="280 819 1477 1016">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:</p> <p data-bbox="280 1057 606 1093">Sexual Victimization</p> <ul data-bbox="352 1160 1477 2074" style="list-style-type: none"> • 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. • Sexual Contact by another Inmate - 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. • Staff Sexual Misconduct - 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.

- Staff Sexual Harassment - 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

- Intersex - 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.”
- Transgender - 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 inmates. 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 view by the public 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

	<ul style="list-style-type: none"> • Annual PREA Report • BSS Website <p>Interviews Conducted</p> <ul style="list-style-type: none"> • PREA Coordinator <p>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 the sexual abuse. The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency's President/Chief Operating Officer.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • Annual PREA Report • BSS Website <p>Interviews Conducted</p> <ul style="list-style-type: none"> • PREA Coordinator <p>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 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</p>

	<p>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 the sexual abuse. 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <ul style="list-style-type: none"> • Previous PREA Audit Reports of BSS Facilities • Agency Website <p>Interviews Conducted</p> <ul style="list-style-type: none"> • PREA Coordinator <p>The BSS agency has always 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 Orion RRC; the last PREA Audit took place in February 2020. This facility is the first facility audit in the first year of this audit cycle. The agency has six (6) facilities (5 reports) that require PREA Audits. The agency and will have two 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 Orion 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 were permitted to speak with staff or 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, assistant program Director 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. During the pre-audit phase, the PREA Coordinator uploaded agency and facility specific policies, procedures, and other documentation to the Online Audit System. 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, who were randomly chosen by the Auditor.</p>

	<p>The PREA Audit Notice, in both English and Spanish, was posted throughout the facility on March 13, 2023, six-weeks prior to the audit. This notice contained Auditor contact information including email and mailing addresses and was observed posted during the audit tour. Prior to the on-site visit, there were no confidential correspondent sent to the Auditor. However, the Auditor did receive one confidential correspondence during the post-audit period via email from a resident at the facility. This resident’s question was addressed by the Auditor and forwarded to the PREA coordinator. The PREA Coordinator was able satisfy the resident’s concerns. 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility EXCEEDS this standard.</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed</p> <ul style="list-style-type: none"> • Agency Website <p>Interviews Conducted</p> <ul style="list-style-type: none"> • PREA Coordinator <p>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 the PREA coordinator, once completed and received by the Auditor, the final PREA audit report (2023) for the Orion RRC facility will be uploaded to the BSS website within 90 days of receipt.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility EXCEEDS this standard.</p>

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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 limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident 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.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (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 investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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 mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	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
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	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 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (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 services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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 contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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	
	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?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	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 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	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 services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	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 services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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 abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial 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.)	yes
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.)	yes
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	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