

# PREA Facility Audit Report: Final

**Name of Facility:** Phoenix Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/21/2023

| Auditor Certification   |   |
|---|---|
| The contents of this report are accurate to the best of my knowledge.   | <input type="checkbox"/>                    |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input 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 type="checkbox"/>                    |
| <b>Auditor Full Name as Signed:</b> Chistina Kampczyk   | <b>Date of Signature:</b><br>07/21/<br>2023 |

| AUDITOR INFORMATION                 |                      |
|-------------------------------------|----------------------|
| <b>Auditor name:</b>                | Kampczyk, Christina  |
| <b>Email:</b>                       | ceggert3@hotmail.com |
| <b>Start Date of On-Site Audit:</b> | 06/08/2023           |
| <b>End Date of On-Site Audit:</b>   | 06/08/2023           |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Phoenix Residential Reentry Center                     |
| <b>Facility physical address:</b> | 2846 Roosevelt Street, Phoenix, Arizona - 85008        |
| <b>Facility mailing address:</b>  | 118 Avenida Victoria, San Clemente, California - 92672 |

| <b>Primary Contact</b>   |   |
|--------------------------|---|
| <b>Name:</b>             | Bari Caine-Lomberto                           |
| <b>Email Address:</b>    | bcainelomberto@behavioralsystemssouthwest.com |
| <b>Telephone Number:</b> | 9494923574                                    |

| <b>Facility Director</b> |                                       |
|--------------------------|---------------------------------------|
| <b>Name:</b>             | Danielle Koger                        |
| <b>Email Address:</b>    | dkoger@behavioralsystemssouthwest.com |
| <b>Telephone Number:</b> | 6022736293                            |

| <b>Facility PREA Compliance Manager</b> |  |
|---|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Characteristics</b>  |                        |
|--|------------------------|
| <b>Designed facility capacity:</b>   | 102                    |
| <b>Current population of facility:</b>   | 85                     |
| <b>Average daily population for the past 12 months:</b>                        | 78                     |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No                     |
| <b>Which population(s) does the facility hold?</b>                             | Both females and males |
| <b>Age range of population:</b>  | 21-65                  |
| <b>Facility security levels/resident custody levels:</b>                       | los                    |
| <b>Number of staff currently employed at the</b>                               | 34                     |

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

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

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

| <b>Agency-Wide PREA Coordinator Information</b> |                     |                       |   |
|---|---------------------|-----------------------|---|
| <b>Name:</b>                                    | Bari Caine-Lomberto | <b>Email Address:</b> | bcainelomberto@behavioralsystemssouthwest.com |

| <b>Facility AUDIT FINDINGS</b>   |
|--|
| <b>Summary of Audit Findings</b>   |
| 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:**

5

- 115.218 - Upgrades to facilities and technology
- 115.233 - Resident education
- 115.251 - Resident reporting
- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

**Number of standards met:**

36

**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: | 2023-06-08 |
| 2. End date of the onsite portion of the audit:   | 2023-06-08 |

#### 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<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | <ul style="list-style-type: none"><li>• San Tan Family Advocacy Center</li><li>• Valley Psychological Center Clinical Director</li><li>• Against Abuse, Inc.</li><li>• Just Detention International</li></ul> |

### AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity:  | 102  |
| 15. Average daily population for the past 12 months:                             | 78   |
| 16. Number of inmate/resident/detainee housing units:                            | 20   |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><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**

|  |    |
|--|----|
| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 62 |
| <b>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:</b>  | 2  |
| <b>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:</b> | 4  |
| <b>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:</b>  | 1  |
| <b>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:</b>   | 0  |
| <b>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:</b>  | 3  |
| <b>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:</b>   | 4  |

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| <p><b>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:</b></p>   | <p>1</p>                 |
| <p><b>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:</b></p>   | <p>0</p>                 |
| <p><b>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:</b></p>  | <p>1</p>                 |
| <p><b>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:</b></p>                                     | <p>0</p>                 |
| <p><b>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):</b></p> | <p>No text provided.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                          |
| <p><b>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:</b></p>   | <p>34</p>                |
| <p><b>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:</b></p>   | <p>0</p>                 |

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|---|---|
| <p><b>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:</b></p>                        | <p>0</p>  |
| <p><b>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:</b></p> | <p>No text provided.</p>  |
| <p><b>INTERVIEWS</b></p>  |   |
| <p><b>Inmate/Resident/Detainee Interviews</b></p>   |   |
| <p><b>Random Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>7</p>  |
| <p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>   | <p> <input checked="" type="checkbox"/> Age<br/> <input checked="" type="checkbox"/> Race<br/> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br/> <input checked="" type="checkbox"/> Length of time in the facility<br/> <input checked="" type="checkbox"/> Housing assignment<br/> <input checked="" type="checkbox"/> Gender<br/> <input type="checkbox"/> Other<br/> <input type="checkbox"/> None </p> |



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| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>The Auditor was provided with a Resident Roster with their housing locations for both sites. Residents were randomly chosen for interviews from the roster by age, race, ethnicity, length of time in the facility, housing assignment and gender, as well as their status as a vulnerable resident. Sixteen (16) residents were selected for interviews. Of those interviews, twelve (12) were male and four (4) were female.</p> |
| <p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>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):</b></p>   | <p>No text provided.</p>  |
| <p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>9</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> |   |
| <p><b>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:</b></p>  | <p>1</p>  |

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| <p><b>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:</b></p> | <p>2</p>  |
| <p><b>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:</b></p>  | <p>1</p>  |
| <p><b>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:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>                          | <p>Auditor was provided with a listing of the Vulnerable In-House population during the on-site visit. There were no residents listed who were hearing impaired.</p>  |
| <p><b>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:</b></p>  | <p>2</p>  |

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| <p><b>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:</b></p>                                     | <p>3</p>  |
| <p><b>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:</b></p>                                       | <p>1</p>  |
| <p><b>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:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p> | <p>The resident who reported abuse at the facility was unavailable as they were placed on Home Confinement.</p>   |
| <p><b>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:</b></p>                    | <p>1</p>  |

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| <p><b>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:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>  | <p>The facility does not have or would ever place a resident in segregated housing.</p>   |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>  | <p>No text provided.</p>  |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>   |   |
| <p><b>Random Staff Interviews</b></p>   |   |
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>  | <p>10</p>   |

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| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>  |
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>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):</b></p>  | <p>The Auditor was provided with a staff roster and a staff schedule from which staff were selected for interviews. Staff were randomly chosen based on their schedule, shift, and length of time at the facility. Graveyard staff were also selected for interviews. Two private offices were provided for the interviews. There were no barriers, and the Program Director was very helpful in ensuring a constant stream of interviewees which made the process smooth.</p> |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |  |
| <p>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.</p> |  |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>7</p>   |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |

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| <b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>78. Were you able to interview the PREA Coordinator?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>79. Were you able to interview the PREA Compliance Manager?</b>                                   | <input type="radio"/> Yes<br><input type="radio"/> No<br><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

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|  | <input type="checkbox"/> Other  |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No  |
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>                | <p>The Auditor was provided with a staff roster and a staff schedule from which specialized staff were selected for interviews. The Program Director performs multiple PREA functions and thus multiple protocols were used for her interview. Additionally, all staff who were interviewed with the Random Staff protocol were also interviewed with the First Responder protocol. Two random staff additionally were interviewed with the Intake protocol and staff who perform the Risk Screening Assessments.</p> |

**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.

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



**Was the site review an active, inquiring process that included the following:**

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|--|--|
| <b>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)?</b>                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>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)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><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 Auditor was allowed access to the entire facility interior and exterior of both sites. The Program Director provided a thorough tour of each facility site, pointing out PREA signage, camera locations, and blind spots that are covered by the cameras. Each of the male and female housing units were observed. The dayrooms, conference rooms, staff offices, kitchen and dining areas were also observed. During the onsite visit, Security staff explained the camera monitoring system and the Auditor was able to see each camera location and the view/coverage on the video monitor screens. All cameras were observed to be functioning at the time of the onsite visit. PREA Postings were observed on multiple PREA boards at both sites. Each contained PREA reporting information, PREA Handouts in multiple languages, the agency's Zero-Tolerance Policy and telephone numbers/addresses to local Rape Crisis Centers. The Auditor also observed the PREA Audit Notice posted throughout both sites.

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

### **Documentation Sampling**

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

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

|   |   |
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| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>The Auditor selected sixteen (16) resident files and eleven (11) staff files for review. Each staff file contained the required background check clearances, staff PREA Training records, the agency's Zero-Tolerance Policy, Employee Standards of Conduct, and Elder Abuse training. Resident files contained the Risk Assessment Screenings, the Re-assessment Screenings, PREA And Zero-Tolerance Acknowledgements, and the Medical Intake Evaluation which provides information on any abuse history. The Auditor also reviewed the facility logbooks, staff training logs, resident PREA education records, incident reports, Visitor's logs, Retaliation Monitoring records and facility rounds verification. There were no barriers in reviewing any records. The Program Director was very responsive in providing any requested records or other forms of documentation.</p> |
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**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 |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual abuse</b> | 0                             | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual abuse</b>  | 1                             | 1                            | 1                                  | 1   |
| <b>Total</b>                         | 1                             | 1                            | 1                                  | 1   |

**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 |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0   |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

|                                      | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual abuse</b>  | 1       | 0                        | 0                          | 0                      | 0         |
| <b>Total</b>                         | 1       | 0                        | 0                          | 0                      | 0         |

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 1       | 0         | 0               | 0             |
| <b>Total</b>                         | 1       | 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 |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0                        | 0                          | 0                      | 0         |
| <b>Total</b>                              | 0       | 0                        | 0                          | 0                      | 0         |

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

|   | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

|  |   |
|--|---|
| <b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b> | 0 |
|--|---|

|   |  |
|---|--|
| <p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>  | <p>The agency does not conduct any type of investigation into PREA matters. The one sexual abuse incident reported during the reporting period was still a pending investigation with the Phoenix Police Department and the BOP.</p> |
| <p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No<br/> <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>   |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |  |
| <p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>0</p>   |
| <p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No<br/> <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>                                    |
| <p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>  | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No<br/> <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>                                    |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |  |
| <p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>1</p>   |

|   |  |
|---|--|
| <p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 staff-on-inmate sexual abuse investigation files)</p> |
| <p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>   |  |
| <p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>  | <p>0</p>   |
| <p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>   | <p>There were no sexual harassment incidents reported.</p>   |
| <p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>            |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>  |  |
| <p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>   | <p>0</p>   |



|   |  |
|---|--|
| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>                     | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p><b>Staff-on-inmate sexual harassment investigation files</b></p>   |  |
| <p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>                | <p>0</p>   |
| <p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>        | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |
| <p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>  | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>  |

|  |   |
|--|---|
| <p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p> | <p>The agency does not conduct sexual abuse or sexual harassment investigations. These investigations would be conducted by the BOP and the Phoenix Police Department. The one incident reported during this reporting period was currently pending and the Auditor was only able to review a minimal amount of documentation as it was in the beginning stages of the investigation.</p> |
|--|---|

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

|   |   |
|---|---|
| <p><b>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.</b></p> | <p> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No </p> |
|---|---|

**Non-certified Support Staff**

|   |   |
|---|---|
| <p><b>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.</b></p> | <p> <input checked="" type="radio"/> Yes<br/> <input type="radio"/> No </p> |
|---|---|

|  |          |
|--|----------|
| <p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p> | <p>1</p> |
|--|----------|

## 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

| <b>Standards</b>   |  |
|--|--|
| <b>Auditor Overall Determination Definitions</b>   |  |
| <ul style="list-style-type: none"> <li>• Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>• Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |  |
| <b>Auditor Discussion Instructions</b>   |  |
| <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> |  |

| <b>115.211</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|----------------|--|
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• PREA Posters and Resources</li> <li>• Employee Handbook (EH)</li> <li>• Organizational Chart</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director (PD)</li> <li>• Specialized and Random Staff</li> <li>• Random and Targeted Residents</li> </ul> |

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. Behavioral System Southwest (BSS) is also mandated by the BOP to adhere to the PREA Standards, and a Zero-Tolerance Policy as found in the SOW contract (pages 23 and 44) with the BOP.

The agency's commitment of ensuring Zero-Tolerance for sexual misconduct in the facility was observed during the onsite visit. This commitment was clearly observed by the posters, flyers, and reporting systems in place for staff and residents. Staff receive information regarding PREA upon hire as well as on-going training of staff during their quarterly in-service training. Residents receive information on the agency's Zero-Tolerance Policies upon intake. This information is followed by a quiz. The residents sign and date that they understand the agency's policies. Volunteers and Contractors are also provided training 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 they have the time and authority to perform her PREA duties.

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

|                |   |
|----------------|---|
| <b>115.212</b> | <b>Contracting with other entities for the confinement of residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director (PD)</li> </ul> <p>Behavioral System Southwest (BSS) does not contract with outside agencies for the confinement of residents as indicated on (page 23) of the SOW. BSS's contracts with the BOP that all residents who are ordered to confinement at a BSS facility are placed there by the BOP. The SOW (page 23) further states that the BSS agency cannot subcontract with other agencies for the confinement of residents. When interviewed, the PREA Coordinator and the PD clearly articulated BSS's contracts with BOP do not allow them to contract with other agencies for the placement of residents.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |

|                |   |
|----------------|---|
| <b>115.213</b> | <b>Supervision and monitoring</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• Staffing Plan</li> <li>• Annual Review</li> <li>• Monthly Schedule</li> <li>• Logbook</li> <li>• Resident Daily Rosters</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Training logs</li> </ul> |

**Interviews Conducted:**

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

The Phoenix/Roosevelt RRC staffing plan is based upon the Roosevelt Residential Re-entry Center's capacity of thirty-two (32) residents and the Phoenix Re-entry Center facility's capacity of seventy (70) residents for a total of one hundred two (102) resident capacity. At the time of the audit, the population was eighty-five (85) and the average daily population for the past twelve (12) months was seventy-eight (78). The PD is required to report to Behavioral System Southwest (BSS) Executive Vice President/PREA Coordinator immediately if there are any deviations to the staffing plan. The staffing plan is written and reviewed annually. The Annual Staffing Plan was posted to the PAQ and reviewed by the Auditor. The Annual Staffing Plan is predicated on the resident capacity of one hundred two (102) as written in the contract with BOP. BSS facilities have always maintained a higher staffing standard than what is set by PREA or the BOP. When resident population drops the number of staff does not drop. Additionally, Case Managers and administrative staff are cross trained to assist with supervision if needed. A review of the staff training logs during the on-site audit indicated that all staff were cross trained as security monitors. The Annual Staffing Plan was signed and dated by the Executive Vice President/PREA Coordinator, PD, two (2) APDs, and the Security Supervisor. Deviations must be documented on the staff schedule, the daily logbook and entered in the facility's computerized timesheet. When interviewed, the PREA Coordinator and the PD confirmed that PREA issues were considered when filling positions and developing work rosters/assignments (all requirements under 115.13a were met). Interviews with the PREA Coordinator and the PD confirmed that the facility considers the items detailed in the standard when developing the staffing plan. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard.

The Phoenix RRC location is a co-ed and therefore, per BSS's contract with the BOP, they must always maintain both male and female staff on duty. Should staff call off, a staff will stay over four hours and a staff from the next shift will be called in to work four hours early. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse are considered when determining the adequate staffing level. The SOW (page 13) states if the staffing plan is unable to be maintained during exigent circumstances, the deviation must be documented. During this reporting period, there was one day that a female staff called off on a shift and female coverage could not be found. This matter was documented and reported to the PREA Coordinator. Although there was not a female staff available, there were still enough male staff on duty to provide enough staff coverage. There was no loss of programming or restrictions placed on the female residents due to this deviation.

|  |   |
|--|---|
|  | <p>The review of Security Officer’s unannounced PREA rounds logs and observations by the Auditor while on-site confirmed that rounds are conducted and documented throughout the facility to include nights and weekends. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with residents and Security Monitors also confirmed that random, unannounced rounds are conducted daily, including nights and weekends.</p> <p>Video monitoring technology assists the staff to monitor resident and the facility daily activities. The facility has cameras carefully mounted in all areas of the facility. A review of the camera placements found there were no blind spots that were not monitored by a video camera. This was verified by the auditor reviewing the facility diagram/map with camera locations and visually reviewing the camera’s physical location during the facility tour. Camera locations were then verified by the auditor by observing the camera monitors located in the PD’s office and the by the Security Monitor’s front desk. Every area of the facility (with the exception of inside the housing units and bathrooms) can be viewed by the staff and PD through the video monitoring System.</p> <p>Facility policy provides that the camera system is monitored constantly (SOW page 68), and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through interviews with the PD, PREA coordinator, staff, review of staffing plan and observations. The PD is responsible for ensuring the staffing plan is in adherence. Staff are required to sign in and out of the logbook for each shift, which is verified by the PD. Any such deviations from the staffing plan would be documented and reviewed by the PD. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse are considered when determining the adequate staffing level.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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|----------------|--|
| <b>115.215</b> | <b>Limits to cross-gender viewing and searches</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Training Curriculum</li> <li>• Training Acknowledgement Statement</li> <li>• Training Sign-in Rosters</li> <li>• Resident Grievances</li> </ul> |



- Incident Reports
- Prior Audit Reports
- Gender Announcements

**Interviews Conducted:**

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

The SOW (Page 75-76) and the EH (Page 74) address the requirements of this standard. Behavioral System Southwest (BSS) does not permit cross gender visual body cavity searches or cross-gender visual body cavity searches. 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 these searches must be conducted by medical personnel agency (SOW 75-76). Staff and resident interviews further indicated the facility does not conduct any kind of strip or body cavity search. There were no cross-gender visual body cavity or visual body cavity searches requested by the facility to be performed by an outside medical facility during this audit cycle or since the inception of the PREA Audits in 2014 as reviewed by prior PREA Audit Reports.

Staff interviews also confirmed that male and female officers had been trained to conduct cross-gender pat searches, but it is not performed at this facility. 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. The staff 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 gross gender pat down searches and a "wand" is used if needed. Residents further confirmed that a no time have they ever been denied programming because there was not a female staff available to conduct a search.

As confirmed by observations during the on-site review of housing units, residents are permitted to shower, perform bodily functions, and change clothing privately. The facilities have a "knock and announce" policy and procedures requiring staff of the opposite gender to announce their presence or otherwise notify the residents when entering a resident housing unit. Signs are posted throughout the facility requiring staff to make this announcement. Resident interviews confirmed that staff members of the opposite gender always knock and announce their presence when entering housing units.

Based upon the review of agency policies and procedures, all PREA documentation,

|  |   |
|--|---|
|  | and interviews, the Auditor has determined the facility <b>MEETS</b> this standard. |
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| <b>115.216</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• PREA Pre-Audit Questionnaire (PAQ)</li> <li>• PREA Postings</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Case Managers</li> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• Random and Targeted Residents</li> </ul> <p>The Employee Handbook (Page 75) addresses the requirements of this standards in that, <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 respond to sexual abuse and sexual harassment. BSS will ensure that PREA documentation exists in languages other than English. Except under emergent circumstances, the use of offenders as interpreters, readers, or other offender assistants is prohibited.”</i></p> <p>Through policy and practice, the facility ensures that residents with all disabilities have an equal opportunity to participate in, and benefit from, all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>The Phoenix/Roosevelt RRC provides PREA information in six other languages including, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information, which was posted to the OAS and maintained in resident files, was reviewed during the on-site audit by the Auditor. Facility staff who can translate for some of these languages ensures a full understanding of the resident’s rights to be free from sexual abuse and sexual harassment and how to report a PREA incident</p> |

(FOM page 244-251). Additionally, Case Managers stated during their interview that they are required to meet with new residents within 24-hours of intake. They are responsible for ensuring the resident receives and understands the PREA information during the intake process FOM (pages 244-251)

Translation services are available through a contracted language service for residents who are not English proficient, and the facility has staff who are proficient in languages other than English. The facility does not rely on resident interpreters, or other types of resident assistance in the performance of first responder duties or during the investigation of a resident's allegations by the BOP or the Phoenix Police Department. Interviews with staff confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions. The interview with a non-English proficient resident confirmed the availability and use of the staff and telephonic interpretive services.

The agency prohibits use of 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 or the investigation of the resident's allegations. Interviews with staff indicated that they would document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Information provided on the PAQ, for this auditing period indicates there have been no instances where residents were used for this purpose. Staff interviewed articulated that using residents for these purposes was prohibited. PREA information is posted throughout the facility in both English and Spanish and other languages are available to residents if needed and when identified by staff at time of intake, staff would provide resident with information in their native language.

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

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|----------------|---|
| <b>115.217</b> | <b>Hiring and promotion decisions</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> |

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

The BOP provides guidelines and mandates to Behavioral System Southwest (BSS) regarding hiring and promotion decisions of employees. When BSS has determined a potential employee is appropriate for employment, their information will be sent to BOP who will conduct the background and provide clearance information to the facility. This information was described in the EH (pages 73-79) and the SOW (pages 16-17). The RRM, PD and PREA Coordinator confirmed this information when interviewed and records located in the employee files also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's five (5)-year contract renewal SOW (pages 16-17) 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 has sent notice of approval to BSS. Background checks consist of a review of the following:

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

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

The Phoenix/Roosevelt RRC did not have any volunteers during this auditing period.

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|  | <p>All volunteers and contractors are subject to the same PREA education, background, and security clearances as employees. This information can be found in the FOM (page 37). A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the five (5)-year requirement.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.218</b> | <b>Upgrades to facilities and technology</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p>   |
|                | <p><b>Auditor Discussion</b></p>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Facility Diagram/Map with Camera Locations</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director (PD)</li> </ul> <p>The Phoenix/Roosevelt RRC has not undergone any substantial expansion or modification of the existing facilities as stated per the PD. However, the facility did replace a Digital Video Recorder as noted in the PAQ. The PD and the PREA Coordinator stated during their interviews that should the agency design or acquire any new facilities or plan any substantial expansion or modification of the existing facilities, the agency will consider the effect of the design, acquisition, expansion, and modification upon the facility’s ability to protect eh residents for sexual abuse.</p> <p>During the on-site tour, the auditor found there had been no substantial expansions or modifications to the facility. During the on-site tour of the facility, the cameras, and their locations, (interior and exterior) were compared with the facility diagram/ map of the Phoenix/Roosevelt RRC buildings. There were no cameras located in any of the living areas or restrooms. Two monitors are in the security office and two in the PD’s office. Security staff present in the security office were observed periodically watching activity on the monitors while engaged in the course of their duties. The system has recording capability. All cameras and monitors were functioning and appeared to have no issues. Per the PD, there is always at least one (1) security staff in the security office always monitoring the cameras. The PD and the lead security staff are responsible for reviewing the video/audio footage. If there were an allegation of a PREA incident or any other incident, they would be able to go back and review the footage. The PD and the PREA Coordinator stated during</p> |

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|  | <p>interviews they routinely consider how camera technology may enhance the agency's ability to protect residents from sexual abuse. All cameras and monitors were functioning and appeared to have no issues at the time of 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 <b>EXCEEDS</b> this standard.</p> |
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| <b>115.221</b> | <b>Evidence protocol and forensic medical examinations</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• PRE-Audit Questionnaire (PAQ)</li> <li>• San Tan Valley Advocacy Website</li> <li>• Against Abuse Website</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• San Tan Valley Advocacy Staff</li> <li>• Against Abuse Staff</li> </ul> <p>Behavioral System Southwest (BSS) does not conduct criminal or administrative investigations. The EH (Pages 73-79) and the SOW (Pages 16-21) address the requirements of this standard. Staff interviewed indicated a clear understanding of their responsibilities as potential first responders and knowledge of agency directives and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse. Allegations of sexual abuse or sexual harassment are reported to the BOP for investigations. If the incident is criminal in nature, then the Phoenix Police Department will be contacted in addition to notification to the BOP. In the last twelve (12) months there have been no criminal investigations conducted regarding allegations of sexual misconduct of resident-on-resident. However, just before the Auditor's arrival to the facility for the on-site audit, the PREA Coordinator report there had been an allegation of staff-on-resident sexual misconduct and therefore, the Phoenix Police Department and the BOP was notified. The Phoenix Police Department conducted the investigation and provided the victim with an advocacy and transported the victim to the hospital for a forensic examination by a SAFE/SANE nurse. Prior to, and during the on-site audit, the auditor was provided documentation regarding the steps the facility took to provide the alleged victim</p> |

with on-going advocacy and medical and mental health services.

All forensic exams and ongoing services are provided at no cost to the resident and are available at any time. The Phoenix/Roosevelt RRC facilities provides three (3) local service agencies which are located the Valleywise Health Medical Center, Family Advocacy Center, and New Life Center. The Valley Psychological Center is a contracted agency that provides several resources for residents including but not limited to; mental health, substance abuse and psychological counseling. Valley Psychological center also has an MOU with BOP for third-party reporting. A review of the facility's, MOU, and supporting documentation, indicated the facility coordinates and ensures the protocols implemented are appropriate and in compliance with this standard.

Interviews with staff confirmed they do not collect evidence. Staff were knowledgeable of the required procedures for obtaining, preserving, and securing physical evidence when a sexual abuse is alleged. A review of the facility's training materials and interviews with staff, found the following process would occur if a sexual assault incident occurred onsite: Staff would immediately call 911, separate the abuser from the victim and protect the scene/preserve the evidence. Staff would preserve the scene by not allowing anyone in the area in which the assault occur, assign a staff to stay with the victim and a staff to stay with the alleged perpetrator, until law enforcement/paramedics arrive, request the victim not take actions that would destroy the evidence such as brushing teeth, changing clothes, washing, drinking, bathing, or using the restroom. Staff would ensure law enforcement transported the victim to Valleywise Health Medical Center where SAFE/SANE forensic exams are provided. Staff would notify the PD who would contact the BOP and ensure incident reports and all required documentation is completed. Staff were aware that the agency does not conduct investigations and this responsibility is conducted by the BOP and/or the Phoenix Police Department. The agency requests investigators to follow the uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, *"A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."* All sexual abuse victim advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim. This information is also contained in the SOW (Pages 78 -79).

All information regarding sexual abuse hotlines, third-party reporting, advocacy, treatment, and counseling services was observed throughout the Phoenix/Roosevelt RRC facilities on the PREA boards which is continually accessible to residents. Additionally, residents receive this information as part of their intake paperwork. When interviewed, residents were able to articulate where this information could be found throughout the facility and in their intake paperwork.

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:**

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

**Interviews:**

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

The FOM and SOW address the requirements of this standard. Policy requires administrative and criminal investigations be completed by the BOP and/or the Phoenix Police Department. The Phoenix/Roosevelt RRC does not conduct any type of investigation, including a PREA incident, per their contract with BOP FOM (Page 42 and 175). BSS policy states any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP) and/or the Phoenix Police Department to conduct an internal/administrative and/or criminal investigation SOW (page 72). Telephone interviews with the RRM from BOP confirmed that Phoenix/Roosevelt RRC is not authorized to conduct any investigation and are to immediately notify the Phoenix Police Department and the assigned RRM at the BOP. Additionally, emails were sent to the Auditor verifying this information. Staff who were interviewed stated they had been trained to report every incident for investigation, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third-parties and anonymous reports. This information was confirmed during a review of the staff training records and logs, the training materials, the employee handbook, and the SOW which were reviewed both during the on-site audit and during the audit process.

The agency's website provides information and related policies for reporting allegations of sexual abuse. Third-party reporting information is also contained on the website. Reporting information is posted in various areas of the facility including but not limited to the living units, the multipurpose room, and the front lobby. The posted information is continually accessible to residents, staff, contractors, and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are to be investigated. Sexual abuse allegations that are criminal in nature are investigated by the Phoenix Police Department and/or the BOP.

Based upon the review of agency policies and procedures, all PREA documentation,



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

**115.231 Employee training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

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

**Interviews Conducted:**

- Specialized and random staff interviews
- Program Director (PD)
- PREA Coordinator

A review of the agency-wide training curriculum, various training documents, and staff interviews demonstrate PREA-related training is conducted, and staff attend, participate, and complete the training. A review of the training curriculum addressed all the required topics to meet this standard. These training topics include:

- The agency's Zero-Tolerance Policy
- How to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse
- Residents right to be free from sexual abuse
- Residents right to be free from retaliation for reporting sexual abuse
- The dynamics of sexual abuse in confinement
- The common reactions of sexual abuse victims
- How to detect and responds to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with all residents including

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|  | <p>LGBTI residents</p> <ul style="list-style-type: none"> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities</li> </ul> <p>The Auditor interviewed a total of twelve (12) randomly selected staff. Two (2) of the thirteen (13) staff were graveyard staff who reported they had attended initial and on-going PREA training which occurs annually, but a PREA topic is also discussed during monthly staff meetings. Each staff member could articulate the elements above.</p> <p>During the on-site audit, the Auditor reviewed the facility’s staff training binder containing the PREA training sign-in sheet, curriculum, and quizzes for the last year. Twelve (12) employee personnel files were reviewed and each contained the following signed documents as verification of staff receiving and understanding the PREA training; the PREA Acknowledgement, the BSS Zero-Tolerance Policy, the Expectation policy, the BSS Employee Standards of Conduct, the BSS Employee Handbook, and the PREA quizzes. Additionally, the Auditor also reviewed the annual PREA staff training roster and the PREA PowerPoint. The eighteen (18) slide PowerPoint presentation covers the ten (10) elements of substandard (a) as listed above. PREA policies and procedures including the mandatory reporting to Adult Protective Services. Staff PREA quizzes were reviewed, and staff responses clearly showed staff’s understanding of the reporting requirements and the agency’s PREA policies and procedures. Staff reported everyone gets the exact same training regardless of working with male or female residents in the agency.</p> <p>BSS provides comprehensive PREA training to all staff at hire and during refresher training yearly. Additionally, PREA topics are covered at monthly staff meetings. All training is documented in multiple ways which includes the attendance rosters, quizzes, and staff signed acknowledgements constituting their understanding of the materials. The facility has not had volunteers during this reporting period; however, volunteers and contractors would receive the same training per the PD.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.232</b> | <b>Volunteer and contractor training</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> |

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|  | <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> </ul> <p>The EH provides policy/procedure regarding this standard. Volunteers and contractors receive the same PREA training as staff and training would be documented through signatures on PREA training documents and in training logs. The EH (Page 73-74) states, <i>“Volunteers and paraprofessionals are included at the in-service training programs when staffing permits. Their training and orientation should be the same regarding access to policies and procedures.”</i> The EH (Pages 74 -76) further states all volunteers and contractors who have contact with offenders will receive sexual abuse and sexual harassment training. This training includes immediately reporting any incident to their immediate supervisor upon discovery. Refresher training is also provided to volunteers and contractors annually thereafter. The facility would maintain documentation of volunteer and contractor training as they would of an employee. According to the PAQ and the PD, there were no volunteers or contractors working at the facility during this reporting period.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.233</b> | <b>Resident education</b>  |
|                | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Education &amp; Screening Logs</li> <li>• PREA Resident Brochure</li> <li>• PREA Quizzes</li> <li>• Acknowledgement Statements</li> <li>• Resident PREA Handouts</li> <li>• PREA Boards</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random Residents</li> <li>• Intake Staff</li> <li>• Case Managers</li> </ul> <p>Residents are provided with information about the Zero-Tolerance Policy and how to report incidents or suspicions of sexual abuse or sexual harassment upon intake and when they meet with their Case Manager. Residents are provided information on</p> |

where they can find PREA boards on how to contact outside agencies to report sexual abuse and how to receive services in the community. The Phoenix/Roosevelt RRC maintains documentation of resident participation in PREA education sessions per auditor review of the resident files reviewed. Residents are required to sign the Resident PREA Acknowledgement form, and the PREA brochure which is maintained in their file. Residents also receive PREA education during the Transitional Skills Classes. The Transitional Skills Classes provide PREA information and resources to residents during the ten (10) classes. After residents receive the training, they are required to complete a PREA quiz which is maintained in their file. The Auditor reviewed copies of quizzes during the resident file review.

During the resident interviews, they were asked where they could report an incident of abuse outside of the facility. All residents knew where they could find the information if they needed it and stated, *“on the PREA board.”* Residents are also provided with a copy of the PREA Reporting Methods which clearly describes where and how they can file a complaint. The Auditor observed PREA information posted throughout the facility during the audit tour of both sites, including, the housing units, the multipurpose rooms and in the administration buildings. There are dedicated bulletin boards that were observed at both sites, aka the *“PREA board,”* which contains; the Zero-Tolerance Policy, contact numbers for the Third-Party Notification, the PREA Coordinator and victim advocacy contact information, REA brochures, PREA posters, and the resident handout in various languages.

Provisions are made to assist those residents with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, resident handbooks, etc. are readily available to the population and are available in English and Spanish. Residents have personal Cellular phones which enable the resident to contact these PREA resources at any time, without restrictions. Staff interpreters and telephonic translation services are available to residents who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired, etc.)

Based upon the review and analysis of the information provided, the Auditor has determined the facility has **EXCEEDS** this standard with the implementation of PREA educational classes Transitional Assistance and PREA Education. Quizzes are a part of these classes which help ensure the residents are understanding what they have learned. In addition to these classes, the facility has developed PREA pamphlets for easy PREA information and access to resources.

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| <b>115.234</b> | <b>Specialized training: Investigations</b>          |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

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|  | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random and Specialized Staff</li> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p>The Phoenix/Roosevelt RRC does not conduct investigations of sexual abuse or sexual harassment per the SOW (page 21) and BOP requirements. All investigations are referred to the BOP and the Phoenix Police Department. During interviews, all staff stated Behavioral System Southwest (BSS) does not conduct any investigation and investigations are conducted by law enforcement and by the BOP. This information is also contained on the BSS website on the last tab under Newsletters which specifically states <i>“BSS does not conduct PREA investigations. Any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP) and/or the Phoenix Police Department to conduct an internal/administrative and/or criminal investigation.”</i> As contained in the SOW, (page 18) states, <i>“the contractor will not investigate of any misconduct allegation without the COTRs approval. This includes questioning the subject of a misconduct allegation. The contractor will advise all employees that they are subject to government investigation if an allegation is made concerning any matter affecting the interests of the government. Said investigation conducted will follow all PREA guidelines as identified in the PREA standards.”</i></p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Pinal County District Attorney’s Office/San Tan Valley Advocacy Center Website</li> <li>• Against Abuse Website</li> </ul> |

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|  | <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> </ul> <p>The Phoenix/Roosevelt RRC does not employ or contract with medical or mental health care practitioners at the facility. Residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment counseling. All forensic exams take place at Valleywise Health Medical Center where certified SAFE/SANE staff would assist the residents. Residents can receive mental health services, advocacy, and counseling services at the Valleywise Health Medical Center, Family Advocacy Center, New Life Center, and the Valley Psychological Center. 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 for these agency’s is listed throughout the facility and accessible to residents and visitors. When interviewed, the residents were able to articulate where this information was located throughout the facility to include toll free phone numbers and addresses.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.241</b> | <b>Screening for risk of victimization and abusiveness</b>   |
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|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Medical Intake Form</li> <li>• Risk Assessment Screening Tools</li> <li>• Resident Files</li> <li>• Staff Training/Meeting Records</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• Employment Placement Specialist (EPS)</li> <li>• Case Managers</li> <li>• Random and Target Residents</li> </ul> |

The Phoenix/Roosevelt 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 the same screening of a resident occurs if they are transferred from another facility. There were three hundred forty-five (345) residents admitted to the facility within the last twelve (12) months who were assessed for risk of sexual victimization or sexual abusiveness.

Prior to a resident entering the program, the facility receives information regarding the resident's background from the referring agency which provides additional information to be considered during the risk assessment process. As stated in policy, *"Upon intake, staff will complete a Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting an assessment to determine risk of victimization or abusiveness. Further, should a history of sexual predation be noted, staff will immediately notify the Program Director. This action is taken to determine the offenders' suitability for placement, to ensure the safety of all offenders and staff."* This form is part of the intake packet staff complete on the first day of admission. Elements of the form include abuse victim history, mental health history, and provides additional information when the risk screening assessments are completed.

The risk assessments are conducted by a Case Manager and the resident in a private office on the first day the resident enters the facility which is well within the seventy-two (72) hours as required by this standard. 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 answers to these questions are then scored by a scoring sheet to provide a range of High, Med, or Low for risk of victimization or abusiveness. The agency prohibits staff from disciplining residents for refusing to answer questions or for not disclosing complete information.

These objective screening tools considers the following information:

- Mental, physical, and developmental disabilities
- The age of the resident
- The physical build or the resident
- Whether the resident has previously been incarcerated
- If the resident's criminal history is exclusively nonviolent
- Prior convictions for sexual offenses
- Where the resident is or perceived to be LGBTQ, intersex, or gender 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

Per policy, *“BSS conducts this risk needs assessment within the first week of programming, separate from the victimization/abusiveness assessment. The offenders will be reassessed between day 10 and 30 from arrival into the program. Should a request for reassessment or an incident of sexual abuse or receipt of additional information is garnered that bears on the resident’s risk of sexual victimization or abusiveness, a resident’s risk level will be reassessed.”* Case Managers clearly described the timelines required for the assessments and the reassessments and the circumstances which would warrant a subsequent assessment.

There were three hundred thirty-seven (337) residents who entered the facility (either through intake or transfer) within the last twelve (12) months (whose length of stay in the facility was for thirty (30) days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within thirty (30) days after their arrival at the facility, based upon any additional, relevant information received since time of intake.

Only those who have a need to know the information contained in the assessments will have access to these documents. Once the assessments are completed, they are filed in the resident’s file and stored in locked cabinets in an office located in the administrative building. The risk assessments were reviewed by the auditor of sixteen (16) residents were reviewed. The assessments and reassessments were completed within the required timeframes both within BSS policy and the requirements of this standard. 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.

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

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| <b>115.242</b> | <b>Use of screening information</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Medical Intake Form</li> <li>• Resident Risk Screening Assessments</li> <li>• Housing Determinations Spreadsheet</li> <li>• Statement of Work (SOW)</li> </ul> <p><b>Interviews Conducted:</b></p> |



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

Behavioral System Southwest (BSS) agency policy, as contained in the Employee Handbook (pages 74-75), states *“Should an offender be assessed to have a probability of becoming a victim of sexual abuse, BSS will utilize that data to ensure safe housing, work, and program assignments. If it is determined that transferring an offender to another program would be in that individual’s best interest and/or to protect the offender from imminent sexual abuse, BSS staff will contact the BOP and facilitate an immediate transfer request.”* Additionally, the SOW (Page 44) requires that 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. These policies along with the assessment process help to ensure those residents at high risk of being sexually victimized are kept separate from those at high risk of being sexually abusive.

Per policy *“should a history of sexual predation be noted, staff will immediately notify the Program Director. This action is taken to determine the offender’s suitability for placement, to ensure the safety of all residents and offenders.”* The risk assessment tools are scored with a low-risk, a medium-risk or high-risk score for victimization or abusiveness. These scores are documented on the risk assessment sheets and tracked on the Housing Determination spreadsheet. The PD will notify the BOP or the resident’s probation officer for residents who receive a high score to discuss if the resident is suitable for the Phoenix/Roosevelt RRC facility based on the physical plant layout of the facility, the resident make-up at the facility, and any concerns there may be for all resident's safety. If needed the facility can transfer a resident to another facility that would be more suitable to house the resident. A Medium score would require a discussion at the agency-level with the Program Review Team (PRT) to address concerns of safety for all residents and any community resources available to address such concerns.

The facility makes individualized determinations about how to ensure the safety of each resident by utilizing Risk Assessments. The resident’s own views with respect to their own safety will be given consideration when making facility and housing placement decisions and programing assignments. 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.

Interviews with the Case Managers, PD and APDs indicate that housing and program assignments for residents, including transgender or intersex residents are made on

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|  | <p>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 residents indicate staff consider the resident’s own view during the assessment process.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.251</b> | <b>Resident reporting</b>  |
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|                | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• Request for Administrative Remedy Form</li> <li>• PREA Incident Report Form</li> <li>• Request to Director Form</li> <li>• Third Party Memorandum of Understanding (MOU)</li> <li>• Resident Handout</li> <li>• PREA Brochure</li> <li>• PREA Board Postings</li> <li>• PREA Reporting Methods (Flow Chart)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Valley Psychological Center Clinical Director</li> <li>• Employment Placement Specialist (EPS)</li> <li>• Random Staff</li> <li>• Case Managers</li> <li>• Random and Targeted Residents</li> </ul> <p>The Phoenix/Roosevelt RRC has established procedures allowing for multiple internal ways for residents to report privately to facility staff and agency leadership about sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Internal reporting methods include telling staff, contacting the PREA Coordinator, or by completing a “Request for Director” form with the reporting information. Residents can also submit a PREA Incident Report Form by placing it in the locked</p> |

grievance box, submitting it to staff, and by mailing or faxing it to the PREA Coordinator. Residents are provided with access to free writing materials and envelopes. Internal reports can be made verbally, in writing, anonymously, and through the third-party reporter (Valley Psychological Center). All reports received internally, through any of the methods described above, will be immediately documented by staff per agency policy.

The facility provides multiple methods for a resident to make a report external to the facility that is not part of Behavioral Systems Southwest. These methods include reporting to a family member or a friend, to the Bureau of Prisons (BOP), their Probation Officer, the Phoenix Police Department, a social worker or counselor, or anyone they feel comfortable with outside of the facility. Residents can also report to Valleywise Health Medical Center, or the Scottsdale Family Advocacy Center. Telephone numbers to these community-based resources are listed on the PREA Boards and in multiple handouts provided to the residents.

Residents have cell phones and can make a call at any time. A payphone is in the dayrooms 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 privately make a sexual abuse report to family, friends, and outside agencies when they are on a community pass. The resident can also send a complaint directly to the BOP without going through the facility mail. Residents have access to computers at the facility and can send a complaint by e-mail or file a complaint through the Request for Administrative Remedy Program to the BOP.

The EH (pages 76-77) 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 or letter that is provided to the PD confidentially.

The Auditor observed PREA reporting information on large bulletin boards located in dayrooms of the Phoenix/Roosevelt RRC sites during the facility tours. The PREA boards contain outside reporting agencies’ addresses and telephone numbers. The outside reporting agencies also have websites and email addresses. This information is provided in multiple languages.

At the time of intake residents are provided with multiple handouts for reporting abuse. These documents include the Resident Handout, PREA brochure, and the PREA Reporting Methods Flow Chart. Security staff explain the information contained on the forms and provide copies to the residents. Residents must sign an acknowledgement that they understand the information given to them. The PREA Reporting Methods flow chart states *“during a pass in the community or while on grounds, you can: send an email, leave a voicemail for anyone you wish to report an incident to, leave a written note under staffs’ door, send a text message to anyone you wish to report an incident to, 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.”

Residents are required to participate in Transitional Skills Classes during their first two (2) weeks at the facility. These classes are conducted by the EPS who was very knowledgeable about the PREA. During class seven (7), residents are provided with a class on PREA which includes an in-depth discussion on the many ways in which they can internally and externally report abuse. The EPS provided this auditor with an overview of her methods to help ensure the residents retain the information such as by providing them with examples of how to make a report, discussing information contained on the PREA boards, by having residents take a quiz, and by providing them with copies of handouts after the PREA class. The EPS maintains a binder complete with the PREA curriculum and class rosters.

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

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

The Auditor found the Transitional Skills Class Instructor was extremely knowledgeable regarding the PREA Standards as it pertained to the elements needed to train residents. When interviewed, the residents were very knowledgeable with their rights to be free from sexual abuse and how to report an incident. The Transitional Skills Instructor’s ability to teach in such a way that residents (including targeted residents) can easily articulate their knowledge of the PREA Standards is remarkable.

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

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| <b>115.252</b> | <b>Exhaustion of administrative remedies</b>         |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**Documents Reviewed:**

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

**Interviews Conducted:**

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

Behavioral System Southwest (BSS) has an administrative procedure for dealing with resident grievances regarding sexual abuse. This procedure is described in the EH (page 77) and states *“any offender may file a grievance following BOP (BP9) procedures in regard to sexual abuse/sexual harassment. The offender may send the grievance directly to the RRM office or the Parole Agent/Program Manager’s office without going through the facility mail.”* Administrative remedies regarding allegations of sexual abuse may be filed at any time regardless of when the incident is alleged to have occurred. Residents are not required to attempt an informal resolution regarding sexual abuse allegations. If a resident uses the grievance process for a PREA-related incident, staff immediately submits the grievance to the PD who will contact the BOP for investigation. The SOW (page 85) 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.”*

The Residential Re-Entry Manager’s (RRM) office number is posted on the PREA information boards thus allowing offenders to make telephone contact with the RRM office, privately. 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. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, the grievance will not be referred to a staff member who is the subject of the complaint.

The BOP will issue a final decision of a grievance alleging sexual abuse within ninety (90) days. An extension of time to respond can be requested for up to seventy (70) days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. Interviews with the PD and APDs confirm they will

accept third-party requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. If a third-party agency or person files a request on behalf of a resident, the facility will require, as a condition of processing, the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility documents the resident's decision.

The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving the emergency grievance alleging a resident is at substantial risk, the PD will immediately forward the grievance to the BOP in which immediate corrective action will be taken. An initial response will be provided within forty-eight (48) hours and the agency will issue the final decision within five (5) calendar days.

This initial response and the final decision will document the determination whether the resident is at substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility will take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filing a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, the PREA Coordinator and PD 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 | <b>Resident access to outside confidential support services</b>   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook</li> <li>• PREA Brochure</li> <li>• Resident Handout</li> <li>• PREA Board Postings</li> </ul> <p><b>Interviews Conducted:</b></p> |

- Program Director (PD)
- Employment Placement Specialist (EPS)
- PREA Coordinator
- Random Staff
- Random Residents

Residents at the Phoenix/Roosevelt RRC are informed and provided with information on how to access victim advocacy and emotional support services in the community if they have been a victim of sexual abuse during the intake process. The EPS explains to residents where in the community they can access confidential support services and staff physically show them where they can locate this information on the PREA Boards. The EPS again discusses information on the PREA Boards where residents can find contact information on victim advocates and emotional support services. Residents are provided with copies of the Resident Handout, and the PREA Brochure which lists the toll-free telephone numbers for the local Rape Crisis hotline, National Sexual Assault Hotline, and the National Rape Incest National Network (RAINN). The two National organizations connect the victim to local sexual assault service providers that offer confidential support services to survivors regardless of where they are in their recovery process.

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

The Auditor confirmed this information is continuously and readily available to residents by observing the information contained on the PREA Boards in the dayrooms of each site. Additionally, the Auditor confirmed receipt of this information by residents as contained in their file during the resident file review. These services are free and accessible to all residents living in the community. Therefore, MOUs are not necessary. Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Interviews with the facility staff and with residents during the onsite audit confirmed that the residents would receive these services through the community if they were a victim of sexual abuse.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Resident Handout
- PREA Postings
- MOU with Valley Psychological Center

**Interviews Conducted:**

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

The Phoenix/Roosevelt RRC has an established procedure for third-party reports of sexual abuse and sexual harassment and displays this information on how to report sexual abuse and sexual harassment on behalf of a resident on the agency website, on the PREA boards, and in handouts to the residents. The agency's public website contains the process for third-party reporters to file a complaint to the facility or file the report through the Third-party Reporter Valley Psychological Center. 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 also find her number listed on the agency's website.

Phoenix/Roosevelt RRC has a Memorandum of Understanding (MOU) with the Valley Psychological Center to report to BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The Valley Psychological Center Clinical Director was interviewed, and they confirmed the MOU with Behavioral Systems Southwest and the Phoenix/Roosevelt RRC. The Clinical Director stated that they can receive reports of abuse twenty-four (24) hours, seven (7) days per week. Residents who report abuse would be informed of the limitations of confidentiality. Residents who report abuse would be informed of the limitations of confidentiality.

If the Valley Psychological Center Clinical Director receives a report of sexual abuse or sexual harassment regarding an offender at the Phoenix/Roosevelt RRC, they will immediately contact BOP and will document the information the information reported to her. The Clinical Director stated they will not notify the facility of the



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|  | <p>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 Phoenix/Roosevelt RRC he will immediately notify the PREA Coordinator and the facility.</p> <p>Third-party reporting information is posted on the PREA boards throughout the facility and in multiple languages. The PREA Brochure, the Resident Handout and the PREA Reporting Flow Chart lists third party reporting information and residents are provided this information at the time of intake. 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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.261</b> | <b>Staff and agency reporting duties</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• Employee PowerPoint Training</li> <li>• Employee Training Records</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random Staff</li> </ul> <p>Program Director (PD) Behavioral System Southwest (BSS) requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency, retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The EH (page 72) states <i>“BSS will notify BOP immediately of any allegation of sexual abuse and sexual harassment, whether it involved offenders, staff, volunteers and/ or community member.”</i> The SOW (page 24) states <i>“all PREA incidents should be referred to the appropriate law enforcement agency and the Residential Reentry</i></p> |

*Manager (RRM) as soon as possible after staff became aware of the incident.”*

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 and to the PREA Coordinator.

The employee PowerPoint training was reviewed. The training provides information regarding the staffs' responsibilities in reporting sexual abuse. Staff are also trained in how to make a private report of abuse by reporting directly to BOP or to law enforcement. BSS's policy and the BOP prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with staff confirm their understanding of the importance of maintaining the residents right of confidentiality and only sharing reports of abuse to those necessary to make treatment, investigation or other security or management decisions.

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

Thirteen (13) staff were interviewed during the pre-onsite and the onsite audit phases. All staff clearly described their obligation to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment of a resident at the facility. Security staff stated their first report would be to the PD, APD, the PREA Coordinator and the Phoenix Police Department. Staff stated they would document the report on the PREA Incident Report Form, as soon as possible, whether the report was received verbally, anonymously, from a third-party, or in writing.

There was one incident of sexual abuse reported to the facility during this audit period. The incident was reported by the resident's attorney, with the resident present, to her Case Manager. The Case Manager immediately reported to facility leadership, including the PREA Coordinator. The incident was immediately reported to the BOP and the Phoenix Police Department for investigation. The report to the facility, including all communication between the reporting parties, was documented in the form of memorandums to the BOP and to the victim. The auditor reviewed comprehensive documentation of the incident and cross-reporting on behalf of the victim during the onsite visit. All procedures and policies appeared to have been followed appropriately.

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

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| <b>115.262</b> | <b>Agency protection duties</b>  |
|                | <p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <ul data-bbox="352 443 879 560" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Risk Assessments for Victimization</li> </ul> <p data-bbox="280 600 639 636"><b>Interviews Conducted:</b></p> <ul data-bbox="352 703 700 860" style="list-style-type: none"> <li>• Random Staff</li> <li>• Program Director (PD)</li> <li>• Residents</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="280 900 1469 1187">Phoenix/Roosevelt RRC 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 reported during interviews, the safety of an at-risk resident is their utmost priority, and they would take immediate protective measures at ensuring the safety of the resident by reporting to supervisory staff, separating the resident from the potential threat and staying with the at-risk resident until a safety plan was put in place.</p> <p data-bbox="280 1227 1461 1635">The PD was interviewed and stated if a resident reported risk of imminent sexual abuse, they would take immediate protective measures by ensuring staff are being vigilant in providing direct supervision of the resident until the BOP or the Phoenix Police Department was notified, depending on the situation. The PD would consider moving the at-risk resident to another room, request an immediate transfer to another facility or by having the resident placed on Home Confinement. Additionally, they could have the threatening resident removed from the facility. Interviews with staff confirm the safety of a resident at imminent risk would be a priority and that they would stay with the resident ensuring direct supervision until they receive further directives from a supervisor.</p> <p data-bbox="280 1675 1453 1962">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.</p> <p data-bbox="280 2002 1437 2074">In the past twelve (12) months, there was one incident where the facility determined a resident was subject to a substantial risk of imminent sexual abuse,</p> |

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|  | <p>per interviews with the PD, the PREA Coordinator and per responses in the PAQ. All documentation regarding this incident was reviewed by the Auditor and found in compliance with the PREA Standards.</p> <p>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 <b>MEETS</b> this standard.</p> |
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| <b>115.263</b> | <b>Reporting to other confinement facilities</b>  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• Residential Reentry Manager (RRM)</li> </ul> <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, via duty phone/email and Serious Incident Report and/or local law enforcement.”</i> Interviews with the PD and PREA Coordinator found that such notification to the BOP will be immediately but no longer than seventy-two (72) hours after receiving the allegation. Additionally, it is a requirement that this notification is documented as soon as possible but no longer than seventy-two (72) hours after receiving the allegation. This documentation would occur through an email to the RRM or to the assigned Probation Officer detailing the allegations.</p> <p>During an interview with the RRM, they also stated that if abuse was reported to have occurred at a BOP facility or other facility prior to the resident’s placement at BSS, they would notify the previous facility of the abuse and an investigation would occur.</p> <p>As reported in the PAQ and by the PREA Coordinator, there were no cases in the last</p> |

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|  | <p>twelve (12) months of a resident alleging sexual abuse while confined at another facility, or at a BOP facility in which notification was required. Additionally, there were no cases in the last twelve (12) months in which the Phoenix/Roosevelt RRC received notice from another facility that a resident was sexually abused while at the Phoenix/Roosevelt RRC. This information was confirmed through interviews with the PREA Coordinator, PD, RRM, and by a review of the submitted incident reports for the last twelve (12) months and the PAQ responses.</p> <p>Should the Phoenix/Roosevelt RRC receive a report of abuse allegations from another facility while the resident was confined at the Phoenix/Roosevelt RRC, the allegations would be investigated thoroughly by the BOP or by the Phoenix Police Department. The PREA Coordinator confirmed that upon receipt of such notification, the BOP would be immediately notified and this notification would be documented through email correspondence to the BOP.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.264</b> | <b>Staff first responder duties</b>   |
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|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• PREA PowerPoint Training</li> <li>• Sexual Abuse/ Sexual Assault First Responder Duties Handout</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> </ul> <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 <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,</i></p> |

*defecating, smoking, drinking, or eating (same for abuser if abuser is still on grounds). Responders will ask if the medical clinic that the victim will be transported to is Safe or Sane and will document the finding. Once these tasks are complete, the staff will notify the PREA Coordinator and Program Director and write their initial Report of Incident.”*

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

There was one allegation of staff-on-resident sexual abuse during the past twelve (12) months at the Phoenix/Roosevelt RRC. A review off all documentation by the Auditor found the facility was in compliance with the first responder guidelines. During interviews, staff were able to describe the steps they would take if an incident of sexual abuse were to occur at the facility. All staff indicated that their utmost priority would be to keep the victim safe, and that they would stay with the victim until law enforcement arrives.

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

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| <b>115.265</b> | <b>Coordinated response</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• PREA Postings</li> <li>• PREA Coordinated Response to Sexual Abuse Incidents Checklist</li> </ul> <p><b>Interviews Conducted:</b></p> |

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

The Phoenix/Roosevelt 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 Valleywise Medical Center Hospital. Staff reported during interviews, as part of their first responder duties, they would document all information regarding the victim to include if the victim was transferred to the Hospital. The PREA Coordinator or PD will ensure the victim is referred to medical and mental health services through the Family Advocacy Center, or the local Rape Crisis Center.

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

The Case Managers assist residents in accessing ongoing medical and mental health services related to sexual abuse. Case Managers stated during interviews they would follow up with residents to ensure they have the necessary information to access these services and will document this information in the residents' files. Additionally, residents reported their understanding they would receive medical and mental health services in the community if they were a victim of sexual assault.

The facility had one sexual assault incident during the reporting period. The incident was reported to the proper authorities for investigation. The resident was transported by staff to a medical clinic for a forensic exam with a SAFE/SANE nurse and was referred by the facility for ongoing medical and mental health services through community resources. These actions are included in the coordinated response. The Auditor was provided with this documentation for review during the onsite portion of the audit.

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

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| 115.266 | <b>Preservation of ability to protect residents from contact with abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• PREA Pre-Audit Questionnaire</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> </ul> <p>Behavioral Systems Southwest does not employ unionized employees. Therefore, all Behavioral System Southwest (BSS) facilities do not participate in any collective bargaining agreements, which includes the Phoenix/Roosevelt RRC. Thus, there are no collective bargaining related limitations of the agency’s ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent of discipline is warranted. Should BSS enter into a collective bargaining agreement, restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination.</p> <p>As stated in the EH (page 73), <i>“during an investigation of an allegation of sexual abuse or sexual harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal/state offenders, from BOP, pending investigation of the allegation.”</i> Policy further states <i>“should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”</i> Interviews conducted with the PREA Coordinator and PD confirmed this statement. The PD stated the accused employee would be immediately suspended until the matter was fully investigated. If the allegations were determined to be true, the employee would be immediately terminated.</p> <p>There was one sexual assault incident that occurred at the RRC in which a staff member was placed on an unpaid suspension and served a preclusion to work with federal offenders from BOP, pending investigation of the allegation. At the time of the audit visit the matter was pending completion of the investigation with the BOP and the local police department. The Auditor confirmed this information during the onsite audit visit.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |



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| 115.267 | <b>Agency protection against retaliation</b>  |
|         | <p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <ul data-bbox="352 443 959 770" style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• Statement of Work (SOW)</li> <li>• Training records</li> <li>• PREA Retaliation Monitoring Report form</li> <li>• PREA PowerPoint</li> <li>• Employee Handbook (EH)</li> <li>• Resident Handbook</li> <li>• Federal Operations Manual (FOM)</li> </ul> <p data-bbox="280 810 639 846"><b>Interviews Conducted:</b></p> <ul data-bbox="352 913 699 1025" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director (PD)</li> <li>• Random Staff</li> </ul> <p data-bbox="280 1070 1484 1563">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 data-bbox="280 1603 1460 1886">Residents are required to sign the Acknowledgement of PREA Training form per the FOM (page 249). This form states <i>“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.”</i> There was one incident of retaliation monitoring involving staff or residents in the past twelve (12) months.</p> <p data-bbox="280 1926 1460 2083">The PD and APD are charged with monitoring for possible retaliation of residents or staff who have reported sexual abuse and of residents who were reported to have suffered sexual abuse. Monitoring of the resident or staff will occur if the resident remains at the facility until they are released. Monitoring of retaliation is</p> |

documented on the PREA Retaliation Monitoring form. The form is sent to and reviewed by the PREA Coordinator every two weeks. A review of the PREA Retaliation Monitoring Report form, the training curriculum and interviews with staff, the 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 has numerous ways in which to protect residents or staff from reporting sexual abuse or sexual harassment from retaliation by other residents or by staff; however, the PD will work with the BOP who will have the final decision on which action to take. These protection measures include:

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

The Auditor reviewed the Monitoring for Retaliation Form and other documentation regarding the sexual assault incident that occurred in the facility during this reporting period. The resident was placed on Home Confinement at the time of the on-site visit, but documentation showed the PD continuing to monitor for retaliation by checking in and following-up with the resident every two and by documenting those contacts.

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

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

**115.271 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

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

**Interviews Conducted:**

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

The Phoenix/Roosevelt RRC does not conduct investigations of any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. All interviews with the staff and administrators stated the facility does not conduct criminal or administrative investigations. Criminal investigations are conducted by the Phoenix Police Department and administrative investigation are conducted by the BOP. The EH (Page 3), states, the agency *“will report all criminal activity related to the performance of this contract to the appropriate law enforcement investigative agency (e.g., Federal Bureau of Investigation, United States Marshals Service, state, and local authorities), and immediately notify the RRM of the report. The contractor will immediately report to the RRM any person or agency requesting to use a resident in any investigation; no resident may participate in any such investigation without prior approval of the BOP.”* If administrative allegations are sustained, BOP will determine and impose the appropriate sanctions. According to the RRM, BOP has investigators who are trained in conducting sexual abuse investigations.

As reported by the RRM when interviewed, if it is evident that a crime has been committed, the facility would contact the Phoenix Police Department and the RRM. The RRM would forward the report to the Office of Internal Affairs (OIA). Based on the OIA findings, they would transfer the matter to the Office of Attorney General (OAG) if the crime was in violation of a federal offense. Administrative reports are handled by the RRM. If at any time the RRM finds a crime has been committed when they are investigating an administrative violation, they immediately stop the

investigation and transfer the matter to the OIA. The OIA will review the incident and may forward the investigation to the OIG depending on its severity and criminality. The RRM will also contact the Phoenix/Roosevelt RRC facility to provide further direction regarding the victim, perpetrators, and protection of the evidence.

The RRM confirmed the facilities are not allowed to gather any physical evidence; separate the victim and perpetrator and secure the scene. The OAG is responsible for investigating all federal crimes. The RRM only investigates administrative allegations. The RRM's written report is forwarded to the OIA who would review the report and send it back to the RRM if any further investigation is needed. The OIA is the RRM's oversight. All aspects of the investigation are reviewed to determine the true facts. No administrative investigations involving a PREA incident were alleged during this reporting period.

When law enforcement is contacted for criminal violations, 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, interviews with victims, witness, and perpetrators. The BOP will work with the Phoenix Police Department regarding all federal crimes. Credibility of a victim, suspect, or witness is based on an individual basis and not based on the individual's status as a resident or staff. As reported by the RRM, BOP would not under any circumstances require a resident who alleges sexual abuse to submit to a polygraph examination.

Notices to victims in criminal investigations would receive information regarding the outcome of the case by Behavioral System Southwest (BSS) per the auditor's interview with the RRM. As previously reported in this report, there was one criminal allegation of sexual abuse between a staff and a resident. This incident was at the beginning stages of the investigation and therefore is still ongoing. However, all information and documentation thus far, has been processed in accordance with the policies and procedures of the BSS agency and within the scope of the PREA Standards. BOP and/or the Phoenix Police Department are responsible for referring the criminal matters for prosecution. The PD will maintain all correspondence with the investigating department until the case is closed regardless if the suspect or victim is still housed at the Phoenix/Roosevelt RRC facility.

Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy review and interviews with the PD and 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. BSS policy states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. According to the PD, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual harassment during this audit period. There has been one report of sexual abuse 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.

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| <b>115.272</b> | <b>Evidentiary standard for administrative investigations</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Resident Handout</li> <li>• Resident files</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> <li>• Random and targeted residents</li> </ul> <p>The BOP investigates administrative allegations and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. When interviewed, the PD indicated they may conduct fact-finding information at the direction of the BOP however, they are not involved in the investigation and do not make conclusions regarding the outcome of BOP's investigation. BOP would impose sanctions based on the preponderance of evidence. BSS has a Zero-Tolerance Policy. If any staff or resident is in violation of these set of rules, it clearly states in the EH and in the Resident's Handout, they will be terminated from the program/employment. When residents are transferred to the Phoenix/Roosevelt RRC, they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. This was verified through interviews with residents and a review of the resident files.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |

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| <b>115.273</b> | <b>Reporting to residents</b>                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |
|                | <b>Documents Reviewed:</b>                           |

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

**Interviews Conducted:**

- Program Director (PD)
- PREA Coordinator

The PD and PREA Coordinator will remain in communication with the investigating agency until the end of the investigation and will ensure the resident is provided with information regarding the outcome of the investigation. The EH (Page 77) states that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the outcome of the investigation unless it has been determined that the allegation is unfounded, whenever:

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

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

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

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

Based upon the review of agency policies and procedures, all PREA documentation,

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

**115.276 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Statement of Work (SOW)
- Federal Operations Manual (FOM)
- Employee Standards of Conduct
- Zero-Tolerance Policy

**Interviews Conducted:**

- Program Director (PD)
- PREA Coordinator

The Zero-Tolerance Policy contained in the EH states that staff are subject to disciplinary sanctions up to and including termination of employment for violation of the sexual abuse and sexual harassment policies. The PREA Coordinator stated there was on report of the Zero-Tolerance Policy regarding a resident and staff in the last twelve (12) months. There have been no violations of the Zero-Tolerance Policy regarding sexual harassment in the last twelve (12) months. A review of the employee files revealed the staff have not had any disciplinary actions taken against them for violating the Zero-Tolerance Policy in the last twelve (12) months except for the one sexual abuse investigation as it is ongoing.

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

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|  | <p>During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders from BOP, pending investigation of the allegation. The EH (Page 73), <i>“Should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”</i> The employee would also be precluded from ever working with federal residents. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.</p> <p>Termination is the presumptive disciplinary sanction for a staff member who has engaged in sexual abuse. BSS agency is an <i>“At Will”</i> employer and any misconduct as defined in the EH (page 42) will result in termination. Prohibited conduct as defined in the EH (Page 68) states, <i>“No employee or any other individual affiliated with this organization shall subject any other person to workplace violence or allow or create conditions that support workplace violence. A member of BSS that subjects another company member, client, program participant or business associate of the company to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal.”</i></p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.277</b> | <b>Corrective action for contractors and volunteers</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Zero-Tolerance Policy</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> </ul> <p>The Phoenix/Roosevelt RRC facility did not have any volunteers or contractors during this reporting period. The EH (page 75) addresses the corrective action for volunteers and contractors who violate any provision of the Prison Rape Elimination Act policy, as well as any other policy that governs conduct. If a volunteer or contractor violated the agency’s Zero-Tolerance Policy, an investigation would occur, and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation. All contractors and volunteers are</p> |



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|  | <p>held to the same standards as employees. The agency Employee Handbook (page 74) 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 discontinued.”</i> The Phoenix/Roosevelt RRC have not utilized volunteers or contractors during this reporting period.</p> <p>The EH (Page 73) states, <i>“If the allegation is lodged against a volunteer or contractor, that volunteer or contractor’s services will be suspended and they will have no access to any BSS facility or offender pending investigation.”</i> The PREA Coordinator stated if a volunteer or contractor violated the agency’s Zero-Tolerance Policy, the BOP would investigate and the volunteer/contractor would no longer be allowed access to the facility pending the outcome of the investigation. All contractors and volunteers are held to the same standards as employees.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.278</b> | <b>Disciplinary sanctions for residents</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Statement of Work (SOW)</li> <li>• Phoenix/Roosevelt RRC Rules and Procedures</li> <li>• Federal Operations Manual (FOM)</li> <li>• Bureau of Prison (BOP)</li> <li>• BOP Prohibited Acts</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random and Specialized Staff</li> <li>• Random and Targeted Residents</li> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> </ul> <p>The PREA Coordinator and the PD both stated during their interviews that there were no residents who had received disciplinary sanctions against them in the last twelve (12) months for violating the Zero-Tolerance Policy. Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process by the BOP. Should a resident be in violation of a PREA standard, the BOP and law enforcement (for criminal matters) would be contacted. Resident engaging in sexual acts and making sexual proposals or threats to another is a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in</p> |

discipline. Consensual sex between residents does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined by the BOP. A review of the resident files revealed there had been no disciplinary sanctions regarding a sexual abuse in the last twelve (12) months. These rules and regulations are also posted and were observed in the front lobby of the facility.

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

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

| 115.282 | Access to emergency medical and mental health services  |
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|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Works (SOW)</li> <li>• PREA Training PowerPoint</li> </ul> <p><b>Interviews Conducted:</b></p> |

- Case Managers
- Random Staff
- Program Director (PD)
- PREA Coordinator
- Family Advocacy Center
- Residents

Residents who are victims of sexual abuse at the Phoenix/Roosevelt 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 Family Advocacy Center for a forensic examination with a SAFE/SANE nurse. The Family Advocacy Center provides services twenty-four (24) hours per day, seven (7) days per week. BSS staff would ensure 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 indicated in the event of a sexual assault at the facility 9-1-1 would be immediately contacted to transport the resident to the emergency room for services at the local hospital. Staff reported they would ask where the resident was being transported to and would document this information.

Per the Employee Handbook, residents who are victims of sexual abuse would be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception, treatment for sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with staff reveal staff and facility leadership indicate staff have received training 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. Interviews with staff confirm residents who are victims of sexual abuse will be referred for these services through the Family Advocacy Center. Residents acknowledged receiving paperwork instructing them where they could receive these services. The Residents are provided with this information on handouts during the intake process and they are required to sign this acknowledgement and receipt of

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|  | <p>the information. These handouts were observed on the PREA Boards which includes telephone numbers to local rape crisis clinics/centers which provide medical and mental health services in the community. The Auditor communicated with a staff member from Family Advocacy Center, and they verified the services provided were free.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.283</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Handout</li> <li>• PREA Bulletin Board Postings</li> <li>• Medical Intake Form</li> <li>• Resident Files</li> <li>• San Tan Valley Family Advocacy Center</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator</li> <li>• Case Managers</li> </ul> <p>The Phoenix/Roosevelt RRC does not offer on-site medical or mental health care. Residents who have been a victim of sexual abuse are referred to services in the community. Per BSS policy, and as contained in the Employee Handbook, any offender who has been a victim of sexual assault or sexual abuse will have unimpeded access to medical and mental health care. This care is free of charge to the victim and includes, but not limited to forensic collection of evidence, treatment, and ongoing treatment and services. Any resident who reports prior victimization of sexual abuse in any prison, jail or lockup is referred for medical, and mental health evaluation, and as appropriate, treatment, to an outside agency. These services are provided by clinics/centers whose specialty is related to sexual assault and abuse.</p> <p>All victims and of sexual abuse are referred to services within the community</p> |

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

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

Medical and mental health evaluations 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 support that evaluation and treatment services are available and offered to the resident when needed. Per the Employee Handbook, *“in the event a resident suffers sexual abuse, follow-up services and treatment are available including tests for sexually transmitted diseases, pregnancy tests and timely and comprehensive information about access to pregnancy-related services.”* Per a review of the residents’ files, residents who reported previous abuse were provided with referrals for counseling services in the community.

The PD stated residents who are identified as an abuser will be referred through Community Treatment Services (CTS) for mental health treatment or through their Probation Officer. As such, any mental health evaluations needed of all known resident-on-resident abusers, would be conducted when deemed appropriate by mental health practitioners through the BOP or through the Probation Officer. Case Managers will assist and encourage residents who are victims of sexual assault to receive ongoing medical and mental health care if they are a victim of sexual assault. In the past twelve (12) months, there was one (1) resident who was offered ongoing medical or mental health treatment due to sexual abuse and is currently receiving these services.

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

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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**Documents Reviewed:**

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

**Interviews Conducted:**

- PREA Coordinator
- Program Director (PD)

The EH (pages 77-78) articulates the facility's policy regarding a sexual abuse incident review at the end of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within thirty (30) days of the conclusion of the investigation. The incident review team consists of the following: the PREA coordinator, the PD, the APD, and the Security Supervisor. The incident review team will receive input from line staff and Case Managers if needed. The review team will:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report on its findings.

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

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. The facility has one (1) pending criminal investigation of alleged sexual abuse in the last twelve (12) months. A sexual incident review will be conducted at the conclusion of the investigation in accordance with agency policy and the requirements of this standard.

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

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| <b>115.287</b> | <b>Data collection</b>  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQP)</li> <li>• Annual PREA Report</li> <li>• Employee Handbook (EH)</li> <li>• BSS website</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>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 "<i>Sexual Abuse and Sexual Harassment</i>" are listed on these forms as follows:</p> <p><i><u>“Sexual Victimization - Nonconsensual Sexual Acts-</u> 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.</i></p> <p><i><u>Abusive Sexual Contact - (less severe):</u> 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.</i></p> <p><i><u>Sexual Contact by another Inmate-</u> Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.</i></p> <p><i><u>Staff Sexual Misconduct -</u> Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include — Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire; OR completed, attempted, threatened, or requested sexual</i></p> |

*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."*

BSS does not contract with any agencies to house their residents. The data collected is for the agency's facilities only. BSS does not conduct investigations; however, should an incident occur, BSS will request the relevant information from the investigative agency and report the information on the SSV-IA or the SSV-4 form as required. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. The Annual PREA Report is available for 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  |
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|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <b>Documents Reviewed:</b> <ul style="list-style-type: none"><li>• Annual PREA Report</li><li>• BSS Website</li></ul> <b>Interviews Conducted:</b> |



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|  | <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <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. Once approved, the report is uploaded to the Behavioral Systems Southwest Website, thus making the report readily available to the public.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p> |
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| <b>115.289</b> | <b>Data storage, publication, and destruction</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Annual PREA Report</li> <li>• Behavioral System Southwest (BSS) Website</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <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. 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 <b>MEETS</b> this standard.</p> |

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| <b>115.401</b> | <b>Frequency and scope of audits</b> |
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**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**Documents Reviewed:**

- Prior Behavioral System Southwest (BSS) Facility Audit Reports
- Agency Website

**Interviews Conducted:**

- PREA Coordinator

The BSS agency has consistently 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 Phoenix/Roosevelt RRC; the last PREA Audit took place in February 2020. This facility is the second facility audit in the first year of this audit cycle. The agency has six (6) facilities (5 reports) that require PREA Audits. One facility has two (2) sites, thus one facility report. 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 Phoenix/Roosevelt RRC audit, all areas of the facility were accessible to the Auditor. During the audit tour, the auditor was permitted to observe all areas of the facility interior and exterior and was permitted to speak with staff and residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and Case Manager files were readily accessible to the auditor. Facility staff and the PD were accommodating when the auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically. The updated/current staff and resident rosters were provided to the Auditor from which random/targeted residents and random staff were selected for interviews. During the pre-audit phase, the PREA Coordinator uploaded agency and facility specific policies, procedures, and other documentation to the Online Audit System (OAS). Additional documentation or copies were provided on-site at the auditor's request. The Auditor and Support Staff were provided with private areas of the facility in which to conduct private and confidential interviews with both staff and residents.

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

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

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|  | <p>audit phases. During resident interviews, residents stated they were aware of the audit and that they could send confidential communication to the Auditor prior to or during the on-site visit.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>EXCEEDS</b> this standard.</p> |
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| <b>115.403</b> | <b>Audit contents and findings</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Exceeds Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Behavioral System Southwest (BSS) Website</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>A review of the agency website found that all PREA Audit Reports are listed on the agency website. The last tab under “<i>Newsletters</i>” 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 Phoenix/Roosevelt RRC facility will be uploaded to the BSS website within ninety (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 <b>EXCEEDS</b> this standard.</p> |

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211<br/>(a)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | 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 |
| <b>115.211<br/>(b)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | 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 |
| <b>115.212<br/>(a)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | 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  |
| <b>115.212<br/>(b)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  | na  |
| <b>115.212<br/>(c)</b>              | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | 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  |

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|                    | 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  |
| <b>115.213 (a)</b> | <b>Supervision and monitoring</b>   |     |
|                    | 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 |
| <b>115.213 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | 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  |
| <b>115.213 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | 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 |

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|                    | 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 |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.215 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female 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 |
| <b>115.215 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |

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|                    | 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 |
| <b>115.215 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.215 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | 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 |
| <b>115.216 (a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>   |     |
|                    | 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 |

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|                        | 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 |
| <b>115.216<br/>(b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |



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|                        | 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 |
| <b>115.216<br/>(c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                        | 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 |
| <b>115.217<br/>(a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.217 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  | yes |
|                    | 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 |
| <b>115.217 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | 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 |
| <b>115.217 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | 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 |
| <b>115.217</b>     | <b>Hiring and promotion decisions</b>  |     |

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| <b>(f)</b>         |  |     |
|                    | 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 |
| <b>115.217 (g)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  | yes |
| <b>115.217 (h)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | 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 |
| <b>115.218 (a)</b> | <b>Upgrades to facilities and technology</b>   |     |
|                    | 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.) | no  |
| <b>115.218 (b)</b> | <b>Upgrades to facilities and technology</b>   |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the  | yes |

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|                    | 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.)  |     |
| <b>115.221 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | 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  |
| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | 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  |
| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | 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 |

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|                    | Has the agency documented its efforts to provide SAFEs or SANEs?   | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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 |
| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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 |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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 |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | 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  |

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| <b>115.222<br/>(a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | 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 |
| <b>115.222<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | 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 |
| <b>115.222<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                        | 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 |
| <b>115.231<br/>(a)</b> | <b>Employee training</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.231 (b)</b> | <b>Employee training</b>  |     |
|                    | 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 |
| <b>115.231 (c)</b> | <b>Employee training</b>  |     |
|                    | 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 |

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|                    | does the agency provide refresher information on current sexual abuse and sexual harassment policies?   |     |
| <b>115.231 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.232 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | 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 |
| <b>115.232 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.233 (a)</b> | <b>Resident education</b>   |     |
|                    | 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 |



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|                    | 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 |
| <b>115.233 (b)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide refresher information whenever a resident is transferred to a different facility?   | yes |
| <b>115.233 (c)</b> | <b>Resident education</b>   |     |
|                    | 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 |
| <b>115.233 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>   |     |
|                    | 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 |
| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent  | na  |

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|                    | 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)).   |    |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>  |    |
|                    | 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 |
| <b>115.234 (c)</b> | <b>Specialized training: Investigations</b>  |    |
|                    | 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 |
| <b>115.235 (a)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | 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 |

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|                    | 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 |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)   | na |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | 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 |
| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | 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 |

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|                    | 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.) |     |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | 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 |
| <b>115.241 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?  | yes |
| <b>115.241 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | 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 |

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|                    | 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:<br>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:<br>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:<br>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 |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | 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 |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | 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 |

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| <b>115.241<br/>(g)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                        | 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 |
| <b>115.241<br/>(h)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                        | 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 |
| <b>115.241<br/>(i)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                        | 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 |
| <b>115.242<br/>(a)</b> | <b>Use of screening information</b>  |     |
|                        | 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 |

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|                    | 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 |
| <b>115.242 (b)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency make individualized determinations about how to ensure the safety of each resident?  | yes |
| <b>115.242 (c)</b> | <b>Use of screening information</b>  |     |
|                    | 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 |
| <b>115.242 (d)</b> | <b>Use of screening information</b>  |     |
|                    | 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 |
| <b>115.242 (e)</b> | <b>Use of screening information</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |
| <b>115.242</b>     | <b>Use of screening information</b>  |     |

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|                    | 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 |
| <b>115.251 (a)</b> | <b>Resident reporting</b>  |     |
|                    | 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 |
| <b>115.251 (b)</b> | <b>Resident reporting</b>  |     |



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|                    | 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 |
| <b>115.251 (c)</b> | <b>Resident reporting</b>  |     |
|                    | 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 |
| <b>115.251 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |
| <b>115.252 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Is the agency exempt from this standard?<br>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  |
| <b>115.252 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve   | yes |

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|                    | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   |     |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | 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 |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | 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 |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | 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 |

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|                    | 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 |
| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | 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 |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to  | yes |

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|                    | 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.)  |     |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | 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 |
| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.253 (c)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | 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 |
| <b>115.254 (a)</b> | <b>Third party reporting</b>  |     |
|                    | 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 |
| <b>115.261 (a)</b> | <b>Staff and agency reporting duties</b>  |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or   | yes |

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|                    | 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 |
| <b>115.261 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.261 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | 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 |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | 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 |
| <b>115.261 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | 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 |

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| <b>115.262<br/>(a)</b> | <b>Agency protection duties</b>   |     |
|                        | 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 |
| <b>115.263<br/>(a)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | 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 |
| <b>115.263<br/>(b)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?   | yes |
| <b>115.263<br/>(c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Does the agency document that it has provided such notification?  | yes |
| <b>115.263<br/>(d)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                        | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  | yes |
| <b>115.264<br/>(a)</b> | <b>Staff first responder duties</b>   |     |
|                        | 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 |

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|                    | 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 |
| <b>115.264 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.265 (a)</b> | <b>Coordinated response</b>  |     |
|                    | 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 |
| <b>115.266 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | 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 |
| <b>115.267 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | 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 |

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|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?   | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| <b>115.267 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | 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 |



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|                    | 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 |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?  | yes |
| <b>115.267 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | 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 |
| <b>115.271 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | 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  |
| <b>115.271 (b)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?   | yes |
| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | Do investigators gather and preserve direct and circumstantial   | yes |

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|                    | 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 |
| <b>115.271 (d)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | 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 |
| <b>115.271 (e)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | 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 |
| <b>115.271 (f)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | 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 |
| <b>115.271 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                    | 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 |
| <b>115.271</b>     | <b>Criminal and administrative agency investigations</b>   |     |

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| <b>(h)</b>         |   |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.271 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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 |
| <b>115.271 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | 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).) | yes |
| <b>115.272 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                    | 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 |
| <b>115.273 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | 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 |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency   | yes |

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|                    | 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.)  |     |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | 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 |
| <b>115.273 (d)</b> | <b>Reporting to residents</b>   |     |
|                    | 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 |

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|                    | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  |     |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>   |     |
|                    | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.276 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.276 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | 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 |
| <b>115.276 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | 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 |
| <b>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |

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|                        | 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 |
| <b>115.277<br/>(b)</b> | <b>Corrective action for contractors and volunteers</b>  |     |
|                        | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?                                 | yes |
| <b>115.278<br/>(a)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.278<br/>(b)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                        | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?   | yes |
| <b>115.278<br/>(c)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                        | 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 |
| <b>115.278<br/>(d)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                        | 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           | no  |

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|                    | condition of access to programming and other benefits?  |     |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | 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 |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | 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 |
| <b>115.282 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                    | Are resident victims of sexual abuse offered timely information   | yes |

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|                    | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   |     |
| <b>115.282 (d)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | 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 |
| <b>115.283 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | 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 |
| <b>115.283 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?   | yes |
| <b>115.283 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?  | yes |
| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | 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 |
| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive  | yes |



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|                    | 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.) |     |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | 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 |
| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | 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 |
| <b>115.286 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | 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 |
| <b>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.286 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |

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| <b>115.286<br/>(d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | 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 |
| <b>115.286<br/>(e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                        | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |
| <b>115.287<br/>(a)</b> | <b>Data collection</b>  |     |
|                        | 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 |
| <b>115.287<br/>(b)</b> | <b>Data collection</b>  |     |
|                        | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.287</b>         | <b>Data collection</b>  |     |

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| <b>(c)</b>         |   |     |
|                    | 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 |
| <b>115.287 (d)</b> | <b>Data collection</b>  |     |
|                    | 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 |
| <b>115.287 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.287 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.288 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | 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 |

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| <b>115.288<br/>(b)</b> | <b>Data review for corrective action</b>  |     |
|                        | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.288<br/>(c)</b> | <b>Data review for corrective action</b>  |     |
|                        | 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 |
| <b>115.288<br/>(d)</b> | <b>Data review for corrective action</b>  |     |
|                        | 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 |
| <b>115.289<br/>(a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                        | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?   | yes |
| <b>115.289<br/>(b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                        | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| <b>115.289<br/>(c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                        | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.289<br/>(d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                        | 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 |

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| <b>115.401<br/>(a)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | 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 |
| <b>115.401<br/>(b)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | 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  |
| <b>115.401<br/>(h)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Did the auditor have access to, and the ability to observe, all areas of the audited facility?   | yes |
| <b>115.401<br/>(i)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?   | yes |
| <b>115.401<br/>(m)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Was the auditor permitted to conduct private interviews with residents?  | yes |
| <b>115.401<br/>(n)</b> | <b>Frequency and scope of audits</b>   |     |
|                        | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the  | yes |

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|                    | same manner as if they were communicating with legal counsel?   |     |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | 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 |