

# PREA Facility Audit Report: Final

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

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/31/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Christina Kampczyk	<b>Date of Signature:</b> 08/31/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kampczyk, Christina
<b>Email:</b>	kampaudit2@yahoo.com
<b>Start Date of On-Site Audit:</b>	07/27/2021
<b>End Date of On-Site Audit:</b>	07/27/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Vinewood Residential Reentry Center
<b>Facility physical address:</b>	5520 Harold Way, Los Angeles, California - 90028
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Bari Caine-Lomberto
<b>Email Address:</b>	bcainelomberto@behavioralsystemssouthwest.com
<b>Telephone Number:</b>	8183786470

Facility Director	
<b>Name:</b>	Rommel Dumani
<b>Email Address:</b>	rdumanil@behavioralsystemssouthwest.com
<b>Telephone Number:</b>	3234640817

Facility PREA Compliance Manager	
<b>Name:</b>	Rommel Dumanil
<b>Email Address:</b>	rdumanil@behavioralsystemssouthwest.com
<b>Telephone Number:</b>	M: 323-464-0817

Facility Characteristics	
<b>Designed facility capacity:</b>	70
<b>Current population of facility:</b>	41
<b>Average daily population for the past 12 months:</b>	49
<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>	23-83
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	16
<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

AGENCY INFORMATION	
<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

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

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

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site Prison Rape Elimination Act (PREA) audit of the Vinewood Residential Re-Entry Center (RRC) was conducted on July 27, 2021. Behavioral Systems Southwest (BSS) operates the facility that houses both male and female residents from the Bureau of Prisons (BOP). The audit was previously scheduled to occur on April 6-7, 2020; however, due to the global pandemic of COVID-19, the audit was postponed. The audit was conducted by the United States Department of Justice (USDOJ) Certified PREA Auditor Christina Kampczyk with the assistance of Teri Brister as a Support Staff. On the day of the on-site visit there were thirty-four (34) residents housed at the facility and seventeen (17) staff employed at the facility.

### Pre-Audit Phase

On May 25, 2021, the PREA Audit Notice was sent via email to the PREA coordinator for confidential communications. On June 14, 2021, the PREA coordinator emailed the auditor, photos of the PREA Audit Notice confirming they were posted in both English and Spanish. This allowed at least a full six-week advance notice prior to the first day of the on-site visit. Photos showed the notices posted in multiple locations. The audit notice contained auditor mailing address and email address with the statement, "What you send will be kept CONFIDENTIAL and can only be disclosed if required by law." As of July 28, 2021, no confidential correspondence letters were received from residents or staff.

Pre-audit preparation included telephone calls and on-going email communications with the PREA coordinator, a thorough review of information submitted by the PREA Coordinator in the Pre-Audit Questionnaire (PAQ), BSS policies and procedures, a review of the Federal Operations Manual (FOM), and the Statement of Work (SOW). Additionally, the auditor provided the PREA Coordinator with information from the PREA Resource Center which includes links to the audit process map and the checklist of documentation for Community Confinement Facilities.

Prior to the onsite visit, the Auditor conducted a general web search of the Vinewood RRC to gather any additional information on the facility that may assist in the audit. No relevant news articles were found regarding the sexual safety of residents at the facility. A review of the BSS website was also conducted for agency and PREA-related information. The last tab on the agency website under "Newsletters," contains the following PREA-related information:

- The PREA policy to include the Zero Tolerance;
- Policy against sexual abuse and sexual harassment;
- PREA Coordinator telephone number;
- Third Party Reporter telephone number;
- Annual PREA reports;
- PREA Audit Reports for all five BSS facilities for 2017;
- Information regarding who conducts administrative and criminal investigations.

In preparation for the on-site visit, the auditor sent a tentative schedule and a list of the following requested documentation:

- List of staff (who have contact with residents) by shift, housing unit and assignment/role;
- List of residents by housing units;
- List of residents who identify or have been viewed as being LGBTQ, deaf or hard of hearing, Spanish speaking only, limited English, cognitive disability, and those who reported sexual victimization during risk assessment;
- List of residents with disabilities;
- All incident reports for the last 12 months;
- Grievances for the last 12 months;
- Documentation of residents or staff that filed a grievance in bad faith;
- Files of persons who were promoted in the last 12 months (115.217);
- Files of persons who were hired in the last 12 months;
- Resident and staff training curriculum (115.231);
- Training records for staff and residents (115.235);
- Daily population report for the 1ST, 10TH, and 20th day of the month for the past 12 months;
- Minutes/emails from meetings referencing the installation or update of monitoring technology.

The PREA Resource Center provided guidance regarding audits conducted during the COVID-19 pandemic. Per this guidance: "auditors are not permitted to conduct interviews with non-supervisory, non-administrative staff and residents remotely, either by phone or video as

*staff/residents may likely be unable to speak privately and freely to auditors when compared to supervisory and administrative staff. However, supervisory, and administrative staff, because of their positions of authority and access to private locations such as private offices, are typically more likely to speak privately and freely to auditors than non-supervisory and non-administrative staff. As a result, DOJ-certified PREA Auditors are permitted to conduct virtual interviews, including by both phone and/or video of supervisors and administrators, as well as certain specialized staff." As a result of this guidance, six (6) interviews with supervisory staff were conducted via telephone on July 22, 2021.*

During a telephone interview, the PREA Coordinator shared of the impacts the COVID-19 pandemic has had on the Vinewood facility, the residents, and staff. She stated, when the pandemic and lockdowns were announced in late March 2020, all on-grounds visitation stopped at the agency's five residential programs. In the beginning, there was zero hands-on contact with the residents such as pat-downs, and urinalysis testing. Searches were conducted by using a hand-held metal detector, "wand". Plastic partitions were set up as barriers in the case managers' offices. Use of personal protection equipment (PPE), masks and temperature guns were instituted. Initially, all new residents were placed on quarantine for two-weeks when entering the program. However, BOP implemented the two-week quarantine before releasing the inmate to the RRC, so the quarantine at the RRC was no longer needed at intake.

Residents have smart phones, thus substance abuse counseling, therapy appointments or meetings with the assigned case manager, was completed telephonically, via Zoom or Skype. Residents were allowed minimal access to the community and allowed only to go to a job interview once it was verified by staff. They were not allowed to leave the grounds for job search activities. Residents were allowed to utilize the computer lab for job search, to complete applications, and to arrange interviews with prospective employers. Staff meetings and staff training were conducted via ZOOM per the program manager.

The PREA Coordinator shared that due to the COVID-19 pandemic and the threat of COVID cases in the prisons, BOP began determining eligibility of inmates for release on home detention as opposed to residential re-entry detention based on the inmate's medical history. This increased the number of referrals for inmates on home detention. The home approval process changed as a result for those newly released on home detention as well as the required monthly home checks.

In January 2021, as COVID-19 precautions began to lift, residents were allowed to resume job searches in the community and staff resumed home checks/approvals of the home detention residents. Staff also resumed urinalysis testing and pat-down searches/property searches of the residents and case managers resumed meeting in-person with their clients. On grounds visitation continues to be on to be on hold, while the use of COVID screening, masks and temperature checks remain. The Program Director stated he expects that in-person staff training and meetings would resume sometime in August 2021.

It should be noted, the facility does not provide on-site medical or mental health services. Residents receive those services from community-based providers.

## **On-Site Audit Phase**

### Entrance meeting

The Auditor and Support Staff arrived at the Vinewood RRC for the site review on July 27, 2021, at 8:00 am. We were greeted by BSS Security Staff and asked to present identification and to complete a COVID-19 health screening form followed by a temperature check. Security Staff provided us with a PREA Pamphlet and asked us to check into the visitor's log.

We were then escorted to the Program Director's office where an entrance meeting was conducted with the Executive Vice President/PREA Coordinator, and the Program Director. After introductions, the Auditor and Support Staff expressed appreciation of the Program Director for arranging the interviews with the six (6) staff ahead of the on-site audit. The tentative schedule for the on-site visit was discussed including the interview process, and what we planned to accomplish during our visit. The requested documentation was prepared and sent via e-mail, prior to the on-site visit. There were no physical plant expansions or modifications made at the facility since the last PREA Audit in 2017. The video monitoring system was upgraded just prior to the audit with two additional cameras (inside and outside the laundry room closest to the main building).

The Program Director provided us with the current staff roster, staff schedule and inmate roster. The population consisted of thirty-four (34) residents, with two (2) of the residents being female. Seventeen (17) staff were employed at the facility per the staff roster. From the staff and resident rosters, the Auditor randomly selected and highlighted staff, and residents for interviews. The rosters were returned to the Program Director for use in coordinating our interviews of staff and residents. We were provided with two office locations for conducting private interviews with staff and residents.

### Facility Tour

PREA Standard 115.301(h) states, "*The auditor shall have access to, and shall observe, all areas of the audited facilities.*" There are three buildings on the facility grounds. All interior and exterior areas of the facility were observed during the audit tour including, the control room, the staff offices, the kitchen, the multipurpose room (MPR), the conference room, the computer lab, the two laundry rooms, staff restrooms and the outdoor recreation areas. Eleven (11) housing units for males, three (3) housing units for females, and twelve (12) restrooms designated for the residents were observed during the tour.

The Program Director conducted the facility tour with the auditor at 9:00 am, while the Support Staff began interviews with staff and

residents in a private location. Utilizing the facility diagram, the Auditor was able to compare and confirm camera locations during the tour. The tour began at the entrance to the main building leading into the control room. The notice of the PREA audit was posted on the front door in both English and in Spanish. The zero-tolerance policy (English and Spanish), and telephone numbers to the PREA Coordinator, the Rape Foundation and the third-party notification were prominently posted on the window to the control room where all residents and visitors must check in upon arrival.

Residents are processed in the lobby by staff in the control room whenever they depart or leave the facility for work, furloughs, home passes, or for any reason. Security Staff log the resident's departure and return in the Accountability Logbook. New arrivals are also processed in this area. Temperature checks are completed in accordance with COVID-19 guidelines followed by the Breathalyzer, and a pat-down search. A hand-held metal detector (wand) was observed hanging in the control room. The Security Supervisor's office and case managers offices are located adjacent to the control room. There are two (2) restrooms that are kept locked when not in use. These restrooms are used for urinalysis testing.

During the tour, a Security Staff was observed processing a home detention resident who was checking in at the facility. Staff were observed requesting the resident sign-in to the log, submit to the COVID screening and temperature check, and remove their shoes. At this point the male staff conducted a pat-down search. During the process, the staff was observed to be polite and respectful as he explained what would happen next. The resident informed the auditor they feel staff at the facility treat them well and their needs are being met.

The kitchen is located in the main building. Food is prepared offsite at the BSS Drinking Driver Program (DPP) in Hollywood and delivered to the facility by BSS employees. The dinner is delivered hot and served by DPP staff. Breakfast and lunch are prepared and delivered for the next day. Residents are served their meals in the kitchen but eat in the outdoor area on the picnic tables.

Case Managers, the Security Supervisor, the Assistant Program Director, and the Program Director have offices in the main building. Residents are always under constant staff supervision when in the main building. The second story of the main building contains four (4) housing units and two (2) restrooms for males. The restrooms in this building and throughout the facility have showers with shower curtains and toilet stalls with doors, which allow for privacy for residents when changing clothes, using the restroom, or showering.

There are ten (10) housing units located in the bungalow style building. Three rooms are designated for female residents, and they are provided with a key to lock their doors. The other eleven male housing units are in the east (bungalow) building, the main building, and the back building. Restrooms connect the housing units "Jack and Jill" style or "Jack and Jack" style in most of the housing units. Each room holds about four (4) to eight (8) residents with bunk beds and lockers. The PREA knock/announce notice was posted on the door of each housing unit and on the door of each restroom. Additionally, the zero-tolerance policy in English and Spanish and the Notice of Audit was observed in each housing unit in the facility.

The exterior of the facility includes the recreation area with picnic tables designated for males and tables designated for females, the designated smoking area, the weight-lifting area, and the parking lot. The perimeter of the facility grounds was observed with fencing and locked gates. Residents were prohibited from entering this area. There are two storage sheds which are always kept locked. Payphones are located adjacent on the eastside patio. During the tour and throughout the on-site visit, security staff were observed conducting grounds/wellness checks and knocking/announcing their presence prior to entering a housing unit of residents of the opposite sex. The Program Director responded to the Auditor's questions regarding supervision procedures, camera placement, restroom, and shower procedures for residents.

The two-story back building contains the multipurpose room, the computer lab, the conference room, two (2) laundry rooms and an upstairs housing unit for males with a connected restroom. There are two (2) staircases to access the second story. The first staircase is accessed outside the conference room. The second staircase is located inside the building and locked from the outside. The staircase serves as an emergency exit only. If the door is opened from the inside an audible alarm goes off alerting staff to check the area.

PREA information was posted in multiple areas around the facility. The multipurpose room has a designated bulletin board with comprehensive PREA specific information, such as the Rape Crisis Center and telephone numbers, the contact information for the PREA Coordinator, and the agency's PREA policy in six (6) different languages. The PREA Audit Notice in English and Spanish, the telephone number to the third-party notification Detection Treatment Resources (DTR) and information/telephone numbers to various community-based resources where residents can receive services for sexual abuse or sexual harassment.

The Auditor observed and confirmed twenty-three (23) camera locations which were positioned in visible areas to capture broad views as well as potential blind spots. The camera locations were matched to the facility diagram. No cameras were placed or located in any housing unit or restroom. The camera monitors were observed in the Case Manager office area and in the Assistant Program Director's office. The regular viewing of the camera monitors is a duty of the security staff which aids in the supervision of residents throughout the day. The hard drive has recording capability and is saved for thirty (30) days. Evidence from the hard drive can be downloaded to a flash drive for use after the thirty (30) days if needed. The Program Director, Assistant Program Director and Security Supervisor randomly view the camera footage to conduct spot checks on staff to ensure they are conducting their wellness checks on the inmates and supervision rounds.

The facility tour ended at 10:30 am. It should be noted that the facility was organized, clean and in a well-maintained condition.

#### Staff Interviews

A total of eleven (11) staff were interviewed including five (5) Security Monitors, two (2) Case Managers, the Security Supervisor, the PREA Compliance Manager/Program Director, Assistant Program Director, and the PREA Coordinator/Executive Vice President.

#### Staff Interviews:

- Security staff/Random Staff (5)
- Graveyard Security staff (2)
- Staff who Perform Screening for Risk of Victimization and Abusiveness (2)
- Program Director/PREA Compliance Manager (1)
- PREA Coordinator (1)

Total staff interviews completed (11)

#### File Review- Staff

Ten (10) staff files were reviewed by the Auditor and Support Staff. The files were organized under tabbed/labeled sections. All documents contained staff signatures on the agency's PREA policies, the Employee Handbook and PREA trainings. Background (criminal history) checks were completed for all staff by the BOP and included in the files. Other documents contained in the files include mandated Elder Abuse acknowledgement, Employee Standards of Conduct, PREA training, and PREA quizzes. Each employee file contained the required documentation, the Auditor requested for review.

#### Resident Interviews

Resident interviews were conducted in a private location. Thirteen (13) residents were interviewed of which one (1) was female. Twelve (12) were randomly selected from each housing unit from the listing we were provided during the entrance meeting. The remaining two residents were targeted interviews; one of which was limited English speaking and one identified as being lesbian, gay, bisexual, transgender, or intersex (LGBTI). There were no residents who reported previous sexual victimization upon the initial risk screening and no residents with a disability. All residents interviewed report staff of the opposite gender knock, announce their presence, and knock again, prior to entering the housing unit. Residents reported that they were given information on how to report an incident of sexual abuse and all residents reported being asked questions victimization at time of intake. Overall, residents reported being treated respectfully by staff and feeling safe at the facility.

The number of residents housed on at the Vinewood facility on the day of the onsite audit was 34.

A total of client interviews conducted: 13

- Physically Disabled/Blind/Deaf/Hard of Hearing/LEP – 0
- Limited English Speaking- 1
- Cognitive Disability – 0 (none at the facility at the time of the onsite audit)
- LGBTI – 1
- Clients that reported previous sexual abuse – 1
- Clients that reported sexual abuse during an assessment - 0 (none at the facility at the time of the onsite audit)
- Random Clients – 10

#### File Review- Residents

Thirteen (13) resident files were reviewed, and all files contained the documentation needed to verify residents were receiving PREA information and were screened for risk of sexual abusiveness or sexual victimization upon intake and again within ten (10) to thirty (30) days after intake. Additional records revealed residents were receiving PREA training and the PREA handouts at intake, PREA quizzes, and the PREA reporting flow chart with details on the multiple methods in which to report an incident. All PREA-related documents including the assessments were dated and signed documents by the residents and staff.

#### Exit Meeting

An exit interview was conducted at the conclusion of the on-site visit with the Program Director and the PREA Coordinator attended via Zoom. At this time, the Auditor and Support Staff shared appreciation for the organization and preparation for the audit by the program director and his staff. The Auditor thanked the Program Director for the supportive environment during the on-site visit and for ensuring the residents and staff were easily and readily available for the private interviews. The facility was very well-prepared for the audit and the entire process was very smooth and efficient. Staff interactions were both positive and helpful. Residents reported feeling safe at the facility and comfortable going to staff with any issue or concern. PREA postings were observed throughout the facility and staff were observed engaged with residents, conducting grounds checks or other duties which also contributes to the safety of the environment. The Auditor summarized preliminary findings and provided feedback on the facility's strengths as it relates to the PREA standards and in providing a safe and secure environment for the residents.

#### Post Audit Phase

During the weeks following the on-site audit visit, the Auditor conducted a final review of information received and contacted the Program Director and PREA Coordinator if clarification or additional information was needed regarding certain standards. The final report was drafted and finalized. No corrective action period was required for the audit of the Vinewood RRC.

The following four standards received an Exceeds determination:

- 115.231 Employee Training- The facility provides refresher trainings on a quarterly basis in addition to the requirements of this standard and ensure staff understand what they have learned through quizzes after each training.
- 115.233 Resident Education- Based on the multiple avenues the residents have been trained regarding their rights to be free from sexual abuse and access to resources related to sexual abuse and sexual harassment.
- 115.254 Third Party Reporting- Based on the multiple avenues in which the residents have been trained to make an external report of abuse and the facility's methods in which to receive a report of abuse on behalf of the resident.
- 115.401 Frequency and Scope of Audits- Based upon the agency ensuring that PREA audits are completed for each facility within the three-year audit cycle. Due to the global pandemic of COVID-19, it was necessary that the agency postpone the PREA audit of the Vinewood RRC. When it was safe to do so, the agency immediately rescheduled the audit, thus remaining in compliance with this standard. The agency and the facility continued to ensure that their PREA policies and practices remain a priority thus ensuring the sexual safety of residents and staff alike.

#### Audit Methodology

The Online Audit System (OAS) was used to complete this audit. The Auditor completed the Audit Initiation Form and the PREA Coordinator was granted access to the OAS. The PREA Coordinator was able to upload the facility's information and complete the PAQ. The Auditor utilized the tools available on the PREA Resource Center website for Community Confinement Facilities, including the Auditor Compliance Tool, the PAQ, Instructions for the Audit Tour, the Interview Protocols, the Checklist of Documentation, and the Audit Process Map. Throughout all phases of the audit, the Auditor utilized the PREA Auditor Handbook, Version 2.0 for reference and guidance.

Interviews with both staff and residents, thorough review of the documentation gathered during all three phases of the audit, observation of the interactions between staff and residents, interviews with the community-based resources/advocacy and observations made during the on-site tour assisted the auditor in determining compliance with each standard. This triangular approach assisted the auditor in connecting policy, procedure and practice when making the final determination for each standard.



## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Vinewood Residential Re-Entry Center (RRC) is located Los Angeles, California and is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation with headquarters in San Clemente, California. The agency provides residential re-entry services for the Federal Bureau of Prisons (BOP) with six (6) RRC locations in California and in Arizona.

The Vinewood RRC facility is under contract with the BOP that requires a PREA audit per federal regulations. The Vinewood RRC was audited in 2014 and in 2017. This is Vinewood's third PREA audit.

The Vinewood RRC is based on a social service model designed to address the criminogenic needs of the ex-offender population by introducing evidence-based, cognitive behavioral intervention. According to the agency website, "the mission is to help problematic people change their lifestyle, with emphasis placed on showing individuals how to lead a more productive, self-supporting, drug-free life, thus breaking the criminal cycle". The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Residents can participate in work and school activities outside of the facility and utilize community-based resources. Participation in the RRC averages four (4) to six (6) months and includes a home detention component. Eligible residents can go on home detention toward the end of their confinement, provided there is a stable and approved home location.

BSS conducts programming in the following areas using Cognitive Behavioral Change curricula and counseling techniques:

- Life Skills Development;
- Anger Management;
- Stress Management;
- Money Management;
- Effective Parenting;
- Housing Development;
- Job Search Assistance;
- Employment Development;
- Substance Abuse Education and Counseling.

The Vinewood RRC building was originally built in 1921 and was the home of silent movies star, Mary Pickford. BSS began operating the facility in 1981. The facility consists of seventy (70) beds for male and female offenders, with fifteen (15) beds are dedicated for females. There are three (3) buildings on the grounds surrounded by fencing and a gate. The location of the RRC allows easy access to the residents for public transportation, employment, and access to community resources.

The two-story main building contains the lobby, control room, offices for the case managers, the program director and assistant program director, the kitchen, locked storage rooms, and restrooms. There are four (4) housing units for males on the second floor with three (3) restrooms. Each room in the facility has bunk beds and lockers. The restrooms all have showers with privacy curtains, sinks and private toilet stalls. Residents and visitors must check into the facility at the control room. When residents depart or return to the facility for any reason, they must enter the facility through the lobby to the control room to be processed by security staff. Residents are required to sign into the in/out logs, undergo a pat-search or metal detection with the "wand," and submit to urinalysis testing or the breathalyzer. When visitors arrive on-site, they are also required to check into the facility at the control room and sign into the visitor's logbook.

The second building is located on the east side of the facility grounds and is comprised of ten bungalow-style rooms with three rooms designated for females. Each room contains bunk beds and lockers and private or connected restrooms. All restrooms have toilets stalls with doors, sinks and showers with shower curtains. The exterior doors of the rooms in this building have a small window for staff to check in on residents. According to facility rules, residents are required to change clothing in the restroom where they are not viewed by staff.

There are several outdoor recreation areas. The eastside courtyard area consists of a weight-lifting area and pay phones. There are patio tables located on the southside patio with signs for males and females to sit separately.

The back building is a two-story building. The first floor consists of the employment placement specialist's office, the computer lab, and the conference room. Next door is the multipurpose room which has a television, vending machines and bulletin boards complete with information on community resources, phone numbers, and PREA information. Two (2) laundry rooms are on the northside of the building. Each laundry room has posted hours with times designated separately for males and females. The second floor contains another housing unit and restroom for males.

There are twenty-three (23) cameras located in visible areas both in the interior and exterior of the three (3) buildings on the facility grounds. Each camera is positioned to address potential blind spot areas and used to enhance staff supervision. The camera monitors are

in three areas: the Case Managers' office area, the control room and in the Assistant Program Director's office.

There are no medical or mental health services available at the facility. Residents utilize resources in the community. Each resident is assigned a Case Manager, who meet with the residents regularly and will assist them in accessing resources when needed. The Employment Placement Specialist (EPS) assists residents in locating jobs in the community. Upon transfer to the RRC, all residents are required to attend two (2) weeks of Transition Skills classes facilitated by the EPS. There are two (2) classes which specifically addresses PREA and residents are required to take a quiz at the end of the class.

The following is a list of the training topics for this class:

- PREA Training;
- Healthy Relationships;
- HIV/Health Education;
- Handling Social Influence;
- Roadblocks in Transition;
- Thinking for a Change;
- PREA Training;
- Authority Figures;
- Managing your Anger;
- Your Safety Net;
- Criminal Thinking Errors & Realistic Expectations.

**Facility Demographics:**

- Rated Capacity: 70
- Population on First Day of Audit: 34
- Average Daily Population for the last 12 months: 41
- Number of Residents Admitted to the Facility during the last 12 Months: 140
- Age Range: 23-83
- Average Length of Stay: 4 to 6 Months
- Security Level: Minimum
- Population Gender: Male 32 and Female 2
- Number of Staff Positions: 17
- Number of Housing Units: 15
- Number of Buildings: 3

The facility has not been over capacity in the last twelve (12) months.

**Staff Positions:**

- Security Monitors: 8
- Security Supervisor: 1
- Employment Placement Specialist: 1
- Maintenance: 1
- Case Managers: 3
- Program Director: 1
- Assistant Program Director: 1
- Administrative Assistant: 1

There is always at least one male and one female security monitor on for each shift, including during the graveyard shift.

Each RRC operated by BSS is audited by BOP, and the American Correctional Association (ACA). Additionally, each RRC operated by BSS is accredited through ACA. The Vinewood RRC completed their ACA audit in June 2021.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). 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.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	37
<b>Number of standards not met:</b>	0

### Standards Exceeded

- Number of Standards Exceeded: 4
- Lists of Standards Exceeded: 115.231, 115.233, 115.254, 115.401

### Standards Met

- Number of Standards Met: 37

### Standards Not Met

- Number of Standards Not Met: 0
- Lists of Standards Not Met: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="284 349 1035 512" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Behavioral Systems Southwest (BSS) Federal Operations Manual (FOM)</li> <li>• PREA Posters and Resources Postings</li> <li>• Employee Handbook (EH)</li> <li>• Organizational Chart</li> </ul> <p data-bbox="242 542 352 571">Interviews:</p> <ul data-bbox="284 620 641 781" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> <li>• Assistant Program Director</li> <li>• Specialized and Random Staff</li> <li>• Random and Targeted Residents</li> </ul> <p data-bbox="242 810 1493 1070">The agency's policies are located in the BSS FOM (beginning on page 247) which mandates zero-tolerance towards all forms of sexual abuse and sexual harassment. The BSS 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 BSS FOM (beginning on page 247). This information is provided to the staff upon hire and is located in the agency's Employee Handbook (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 agency's Zero Tolerance Policy. Interviews with Specialized and Random Staff indicated they received this information upon hire.</p> <p data-bbox="242 1102 1474 1263">PREA Zero Tolerance posters and information regarding sexual abuse and sexual harassment were clearly visible and accessible to residents and visitors throughout the facility during the on-site audit. When interviewed, residents were able to clearly articulate where the posters and resource information were located throughout the facility. 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.</p> <p data-bbox="242 1292 1485 1420">The agency's organizational chart, which can be found in the EH, (page 3) and uploaded to the PAQ, indicates the Executive Vice President/Agency Wide PREA Coordinator is upper-level personnel who reports directly to the Agency President/Chief Operations Officer. The interview with the PREA coordinator and observations of the facility's PREA philosophy during the on-site audit, revealed she has the time and authority to perform her PREA duties.</p> <p data-bbox="242 1451 1474 1512">The PREA Coordinator has demonstrated she has sufficient time and authority to accomplish PREA-related responsibilities. Additionally, the PREA Coordinator's name and contact information is listed on the agency's public website.</p> <p data-bbox="242 1543 1474 1603">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 655 448" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> </ul> <p data-bbox="242 474 352 504">Interviews:</p> <ul data-bbox="284 553 858 651" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> <li>• Bureau of Prisons Residential Reentry Manager (RRM)</li> </ul> <p data-bbox="242 678 1490 837">BSS does not contract with outside agencies for the confinement of residents as indicated in the FOM (page 33). This information was also confirmed with the RRM when interviewed. BSS's contracts with the BOP state that all residents who are ordered into confinement at a BSS facility are placed there by the BOP. When interviewed, the PREA coordinator and the Program Director clearly articulated BSS's contract with BOP and that the contract does not allow them to contract with other agencies for the placement of residents.</p> <p data-bbox="242 869 1474 929">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.213	<b>Supervision and monitoring</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 1035 645" style="list-style-type: none"> <li>• Behavioral Systems Southwest (BSS) Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• Staffing Plan</li> <li>• Staffing Plan Annual Review</li> <li>• Monthly Schedule</li> <li>• Log Book</li> <li>• Resident Daily Rosters</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Training logs</li> </ul> <p data-bbox="240 676 352 703">Interviews:</p> <ul data-bbox="284 757 612 846" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random and Specialized Staff</li> </ul> <p data-bbox="240 878 1485 1240">The staffing plan is based upon the Vinewood Re-entry Center's capacity of seventy (70) residents. The staffing plan is reviewed annually and modifications are made to the staffing plan, if needed. The staffing plan considers adequate levels of staffing, video monitoring, the layout of the facility, physical barriers, the composition of the resident population and all allegations of sexual abuse or sexual harassment. The facility's Directors are required to report to BSS Executive Vice President, immediately, if there are any deviations to the staffing plan. Deviations must be documented on the staff schedule, the daily log book and entered into the facility's computerized timesheet. The Vinewood facility is a co-ed facility and therefore must maintain both male and female staff on duty, at all times, per the agency's contract with BOP (FOM page 34 and SOW page 30). Should staff call off, or are on leave, the schedule will be adjusted to ensure male and female coverage on each shift. If the resident population drops, the number of staff does not drop. Additionally, casework 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.</p> <p data-bbox="240 1272 1485 1532">According to the FOM, staffing levels are determined by the average monthly population (AMP) which is twenty-five percent (25%) of the government's original estimate. <i>"If the AMP exceeds the original estimate by twenty-five percent (25%) for three (3) consecutive months, the facility must add staff consistent with the original staff-to-resident ratios. If the AMP is twenty-five percent (25%) less than the original estimate for three (3) consecutive months, the facility may reduce staff consistent with the original staff-to-resident ratio as long as adequate supervision is maintained in the judgment of the Residential Re-entry Manager (RRM)"</i> (FOM page 29). As the population changes in terms of numbers and male to female resident population, the staff schedule is adjusted accordingly but the number of staff does not reduce when there are fewer residents as indicated on a review of the facilities staffing scheduled and resident population.</p> <p data-bbox="240 1563 1485 1859">The Program Director 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 Program Director on a daily basis. When reviewing the log book, auditor observed all employees who were working had signed in for the day and further noted changes in the staffing schedule. Staff are also required to document when they have completed their supervision rounds and grounds check in the log book. 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 12) states, <i>"in the event that the staffing plan is unable to be maintained during exigent circumstances, the deviation must be documented."</i> A review of the facility's staffing plan documents indicated there were no deviations to the staffing plan during this reporting period.</p> <p data-bbox="240 1890 1474 1948">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</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 Roster</li> <li>• Resident grievances</li> <li>• Incident Reports</li> <li>• Prior Audit Reports Gender Announcements</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random and Targeted Residents</li> </ul> <p>BSS's contract with BOP prohibits staff from performing cross-gender strip searches or body cavity searches regardless of any situation (SOW page 76). 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 must be conducted through the assistance of law enforcement and medical personnel (SOW 76). Staff and resident interviews further indicated that the facility does not conduct any kind of strip search or body cavity search.</p> <p>BSS policy strictly prohibits cross gender pat-down searches of male or female residents (SOW page 76). At the time of the on-site audit, there were thirty-four (34) residents, two (2) of which were female. When conducting pat-down searches, there must be two security monitors present during the search (FOM page 117). All staff are trained in conducting searches of both male and female residents as reviewed in the facility's training logs during the on-site audit. It is written in the BOP contract with BSS that BSS will ensure a specific number of female staff are on duty based on the population and shift (FOM page 29). The staff also have the option of using the "wand" (an electronic search tool) that the staff are trained to utilize in lieu of a pat-down search. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search. When interviewed, staff and residents confirmed that the staff do not perform cross-gender pat-down searches and a "wand" is used if needed. Residents further confirmed that at no time have they ever been denied programming because there was no female staff available to conduct the search. All female residents who were interviewed by the auditor stated, there was always a female staff on duty. However, if they return to the facility and a female staff is not readily available, they are immediately processed back into the facility by the male staff using the "wand" to search them. There has been no cross-gender pat-down searches conducted since the inception of the PREA Audits in 2014 according to prior audit reports. Should an incident arise that warrants such a search, BSS is prepared to record and document the occurrence.</p> <p>The Vinewood RRC facility is a co-ed facility with separate living areas for females. As observed during the on-site audit, the female resident's living quarters have private bathrooms in the bedrooms with a shower with privacy curtains, a toilet stall with a door, and a sink. The male bedrooms are also set up the same way. There are two bedrooms that are handicap accessible to include the restrooms, with one for female residents and one for males. Residents are required to dress prior to stepping out of the bathroom. There was one transgender resident at the time of the audit. When interviewed, the transgender resident stated that they have privacy to use the showers and restroom facilities without being viewed by any other person. Additionally, the residents interviewed stated they are allowed to shower, change clothing, and use restroom facilities without being viewed by staff of the opposite gender. Residents are only allowed to change their clothes in the bathroom which prohibits viewing from anyone. Whenever a staff enters a resident's restroom, they knock, announce their gender and then allow the resident time to respond before entering the restroom. Facility cameras are not in the resident bathrooms.</p> <p>The Vinewood RRC facility is notified of the resident's gender, sexual preference and genital anatomy in writing by BOP prior to entering the facility. This information was reviewed in the resident's files by the auditor. Residents are also informed of BSS's rules and regulations regarding searches. Should a resident be uncomfortable with the agency's contract with BOP regarding searches, they may choose not to transfer to a BSS facility. When transgender and intersex residents arrive at the facility they are searched based upon their genital anatomy. Residents with male genitals will be searched by a male staff and residents with female genitals will be searched by a female staff. If there are ever any concerns, the resident will be searched</p>



using a “wand”. When interviewed, the transgender resident stated she was given the option to be searched by a male or female staff; she chose a male staff. She also stated she had no problems living in a male occupied room.

All staff have been trained on how to search all residents in a professional and respectful manner and in the least intrusive manner possible. Training records were reviewed to confirm training techniques for searching transgender and intersex residents during the on-site audit. At no time would a resident be physically examined for the sole purpose to determine their gender status. Interviews conducted with staff indicated staff are very clear on the policies and procedures regarding searches.

When interviewed, staff and residents confirmed that staff of the opposite gender are knocking and announcing their presence prior to entering the resident's rooms or restrooms. This knock notice was also observed on each housing unit door and restroom door during the tour of the facility. A review of resident's files found no grievances or concerns with the staff's knock and announce notices. There were no grievances reported during this audit period. The PREA Coordinator attributes this to the COVID-19 Pandemic. Incident reports were reviewed during the on-site audit and there were no reports of PREA incidents.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 472 297">Documents Reviewed:</p> <ul data-bbox="280 349 687 512" 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> <li>• LanguageLine Solutions website</li> </ul> <p data-bbox="240 542 352 568">Interviews:</p> <ul data-bbox="280 620 643 781" style="list-style-type: none"> <li>• Random Staff</li> <li>• Case Managers</li> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random and Targeted Residents</li> </ul> <p data-bbox="240 810 1484 1406">According to the EH (Page 76) <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> The Vinewood RRC provides PREA information in six other languages: including, English, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information was posted to the PAQ and reviewed in residents’ files during the on-site audit by the auditor for those residents whose first language was not English. Facility staff who are able to translate for some of these languages ensure full understanding of the resident’s rights to be free from sexual abuse and sexual harassment and how to report a PREA incident (FOM page 250-252). Should an offender be visually impaired and unable to read the material provided, staff will read the literature to the offender as they do with the intake paperwork per the EH (page 76). Additionally, the Employment Program Specialist (EPS) is responsible for providing additional/ongoing PREA training and then reviewing all PREA information with the residents to ensure they have a clear understanding of their rights and how to report a PREA incident. When interviewed, the EPS employee appeared to be extremely knowledgeable of the PREA Standard requirements and training, as well as facility’s requirement to ensure each resident was provided information regarding PREA in their first language or those who may be deaf, hard of hearing, or blind. There was also documentation within each of the resident’s file that indicated they had received PREA training and understood their rights and how to report a PREA incident.</p> <p data-bbox="240 1435 1484 1865">The agency provides outside interpreter services for the facility through LanguageLine Solutions which provides services twenty-four (24) hours a day three-hundred sixty-five (365) days a year. This was verified by the auditor contacting LanguageLine Solutions and verifying available services. Information regarding their services is also available on the languageLine Solutions website. These services are provided in any language over the telephone. All staff can access the translation service and are authorized to call the service if needed. For the deaf or hard of hearing resident, LanguageLine Solutions also provides the InSight Video Interpreting service with the use of computer, tablet, or smartphone. Per the PREA Coordinator, they allow and assist the deaf or hard of hearing residents in the use of the Telecommunications Device for the Deaf (TDD) system to communicate with anyone outside of the facility. All staff interviewed confirmed residents are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The PREA audit notice was printed in English and Spanish and posted in multiple places throughout the facility to include every resident door and bathroom. The evidence shows the agency ensures 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, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.</p> <p data-bbox="240 1895 1484 2157">The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in emergent 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 will 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. It should be noted that there has never been a sexual abuse incident at this facility. 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</p>

at time of intake, staff would provide resident with information in their native language.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.

115.217	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 654 479" 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 data-bbox="240 510 352 537">Interviews:</p> <ul data-bbox="282 586 679 680" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p data-bbox="240 712 1485 972">The BOP provides guidelines and mandates to BSS regarding hiring and promotion decisions of employees. When BSS has determined that a person is appropriate for employment, the person's information will be sent to BOP to receive background clearance EH (page 38) and the SOW (page 17). The RRM, Program Director and PREA Coordinator confirmed this information when interviewed and records were located in the employee files that also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees, at the time of the agency's ten (10) year contract renewal (SOW pages 17-18) and every five (5) years. 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:</p> <ul data-bbox="282 1021 863 1151" style="list-style-type: none"> <li>• Civil Application System (CAS);</li> <li>• National Crime Information Center (NCIC);</li> <li>• Local law enforcement;</li> <li>• Checks and prior employment and personal references.</li> </ul> <p data-bbox="240 1182 1469 1339">BSS has a policy against hiring or promoting anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in or convicted of sexual misconduct (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 Program Director and the PREA Coordinator.</p> <p data-bbox="240 1370 1493 1599">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 42-44) and in the SOW (page 20-21). During a review of the eleven (11) staff files, auditor confirmed 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 Program Director and the PREA Coordinator and is also listed in the SOW (page 22) and in the EH (page 44).</p> <p data-bbox="240 1630 1485 1823">The agency considers all incidents of sexual harassment when determining whether to enlist the services of volunteers and contractors or anyone who may have contact with the residents. Volunteers and contractors are subject to the same background checks and standards as those of the employees. This was verified during interviews with the Program Director, PREA Coordinator, and can be found in the FOM (page 37). Employee files were reviewed, and all of the files contained pre-employment background checks, promotional background checks, and recurring background checks within the five (5) year requirement.</p> <p data-bbox="240 1854 1477 1912">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.218	<p><b>Upgrades to facilities and technology</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Facility diagram/map with camera locations</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> <li>• Assistant Program Director (APD)</li> <li>• Security Staff</li> </ul> <p>The Vinewood RRC has not undergone any substantial expansion or modification as indicated by the Program Director. According to the PAQ, there were twenty-one (21) cameras at the facility. However, on the day of the on-site audit, there were two new cameras installed to enhance the interior and exterior areas by the laundry room although there were already cameras in this area. The two additional cameras provided different angles of view. During the on-site tour of the facility, the twenty-three (23) cameras locations (facility interior and exterior) were compared with the facility diagram/map of the Vinewood facility. There were no cameras located in any of the living units or restrooms. Monitors are located in the security/case manager area and the Assistant Program Director's office. Security staff and the Director were observed watching activity on the monitors while engaged in the course of their duties. All twenty-three (23) cameras and monitors were functioning and appeared to have no issues. All staff are responsible for reviewing the video monitors. If there were a PREA allegation or any other incident, the Director would be able to go back and review the footage for up to thirty (30) days. The Program Director and the PREA Coordinator stated during interviews that they routinely consider how camera technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.221	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 751 479" style="list-style-type: none"> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• PRE-Audit Questionnaire (PAQ)</li> <li>• UCLA Santa Monica Medical Center website</li> </ul> <p data-bbox="240 510 352 537">Interviews:</p> <ul data-bbox="284 586 735 748" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• BOP Residential Re-Entry Manager (RRM)</li> <li>• Random Staff</li> <li>• Los Angeles Media Relations Officer</li> </ul> <p data-bbox="240 779 1481 1039">The Vinewood RRC facility does not house residents under the age of eighteen (18) and they do not conduct criminal or administrative investigations. The EH, (pages 73-74) clearly states that all allegations of sexual abuse or sexual harassment are reported to the BOP for investigations and BSS is not permitted to question any individuals who are subject of the investigation. If the incident is criminal in nature, local law enforcement will be contacted. All staff are required to cooperate with any investigation. Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome. BSS maintains records regarding the onset of the investigation, to the completion of the investigation. When interviewed, staff were able to articulate investigations were not conducted by the Vinewood RRC staff and only investigated by the BOP and local law enforcement.</p> <p data-bbox="240 1070 1485 1263">The Vinewood RRC does not have onsite health care personnel and does not conduct forensic medical examinations. If a resident has been sexually abused, the Los Angeles Police Department (LAPD) would be contacted. The Los Angeles Media Relations department was contacted and stated a victim of sexual abuse would be initially be seen by the arriving officer and transported to the UCLA Santa Monica Medical Center for a forensic examination. The case would then be turned over to a detective in that area. All detectives who are assigned to an alleged rape victim, have received specialized training for dealing with victims of sexual abuse.</p> <p data-bbox="240 1294 1477 1388">Within the UCLA Santa Monica Medical Center is the Rape Treatment Center (RTC) <a href="https://www.uclahealth.org/rtc">https://www.uclahealth.org/rtc</a> . The RTC provides forensic exams by certified forensic medical staff. They also provide multiple services for the victims of sexual abuse and their family such as:</p> <ul data-bbox="284 1438 740 1568" style="list-style-type: none"> <li>• 24-hour emergency care;</li> <li>• Therapy Services;</li> <li>• Advocates during exams and legal matters;</li> <li>• Prevention and education.</li> </ul> <p data-bbox="240 1599 549 1626">All services are free of charge.</p> <p data-bbox="240 1657 1469 1715">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.222	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</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>• BSS Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> </ul> <p>BSS has policies and procedures in place to ensure that all allegations of sexual abuse are reported to the appropriate authority. Should an allegation of sexual abuse or sexual harassment be reported at the Vinewood facility, the facility would contact the BOP who would investigate administrative allegations of sexual abuse and sexual harassment and local law enforcement would be responsible for all criminal investigations. The BOP RRM will always be notified. When interviewed, the staff, PREA Coordinator and Program Director were able to articulate the policies and protocols regarding this requirement. All allegations would be documented. This information was provided in the PAQ and also reviewed in the SOW (pages 20-22), and in the EH on (pages 73-74). There were no allegations of sexual abuse or sexual harassment within this reporting cycle. A review of the agency's website indicated that BSS does not conduct criminal and administrative investigations. The website further states that such investigations would be conducted by BOP or local law enforcement as indicated by the SOW (pages 3 and 21). All allegations of sexual abuse are documented. Upon hire, all employees receive and review the EH. The EH also provides information regarding the policies and protocols for allegations of sexual abuse and sexual harassment. This information was confirmed by the auditor when reviewing the EH (pages 73-78).</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 472 300">Documents Reviewed:</p> <ul data-bbox="280 349 786 745" style="list-style-type: none"> <li>• Employee Personnel Files</li> <li>• Employee Handbook (EH)</li> <li>• Master Training Calendar</li> <li>• PREA PowerPoint Training</li> <li>• PREA Training Acknowledgement</li> <li>• Staff and employee training curriculum</li> <li>• PREA Quiz and Answer Sheet</li> <li>• BSS Employee Standards of Conduct</li> <li>• BSS Zero Tolerance Policy</li> <li>• BOP Program Statement</li> <li>• Federal Operations Manual (FOM)</li> <li>• Staff Training Attendance Logs (Sign-in Sheets)</li> </ul> <p data-bbox="240 775 352 804">Interviews:</p> <ul data-bbox="280 853 695 949" style="list-style-type: none"> <li>• Program Director</li> <li>• Specialized and random staff</li> <li>• Employment Program Specialist (EPS)</li> </ul> <p data-bbox="240 978 715 1008">Upon hire, all employees, receive a training on:</p> <ul data-bbox="280 1057 1485 1487" style="list-style-type: none"> <li>• The agency's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>• How to fulfill their responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting, and response policies and procedures;</li> <li>• Residents' right to be free from sexual abuse and sexual harassment;</li> <li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>• The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>• The common reactions of sexual abuse and sexual harassment victims;</li> <li>• How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;</li> <li>• How to avoid inappropriate relationships with residents;</li> <li>• How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p data-bbox="240 1516 1485 1912">This training curriculum is based on the gender of the residents. All BSS RRCs house both male and female residents which includes the Vinewood RRC. Training includes testing after the training to ensure the staff understand the training they received. Copies of the graded quizzes are maintained in the employee's file. In addition to the employees training upon hire, the employees receive an EH which provides the PREA information they received during their new hire PREA training. The employees go over the EH in detail and sign that they have received the training and understand what they have learned. This handbook describes all of the criteria listed above, the expectations of the new hire, the PREA-related policies and procedures, and repercussions should an employee violate any of the PREA policies. This information was verified during interviews with the staff, Program Director, and review of the training logs, staff files, training logs and training curriculum. The EPS is responsible for all ongoing employee and resident education regarding PREA. When interviewed, the EPS was extremely articulate regarding her knowledge of the PREA standards. Her knowledge, understanding and implementation of the PREA standards was evident when staff and residents were interviewed and, they too, were able to articulate their training and knowledge of their requirements to the ten (10) criteria list above.</p> <p data-bbox="240 1942 1485 2069">Employees receive refresher training each quarter during staff meetings. Each refresher training goes over at least one of the PREA training topics listed above. This includes a more in-depth training on the PREA standards. A review of the staff meeting minutes, training curriculum, and sign in rosters, confirmed the training was being conducted. When interviewed, all staff were able to articulate information they received in their quarterly PREA trainings and the curriculum's information.</p> <p data-bbox="240 2098 1485 2157">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and EXCEEDS this standard. The facility provides refresher trainings on a quarterly basis in addition to the requirements of</p>



this standard and ensures staff understanding of what they have learned through the quizzes after each training.

115.232	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Training Log</li> <li>• Volunteer Files</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>Vinewood RRC did not utilize volunteers were not used during this auditing cycle primarily due to the COVID-19 Pandemic. Contractors were utilized to make building repairs. All contractors and volunteers follow the same background checks and PREA training that Vinewood RRC employees would follow.</p> <p>Background checks are conducted by the BOP. Contractors and volunteers are not allowed on the facility grounds until they pass their background checks and BOP has notified Vinewood RRC of their clearances. Background checks are completed through the National Crime Information Center (NCIC) and the National Law Enforcement Telecommunication System (NLETS). Backgrounds also include questions relating to prior administrative discipline, allegations or criminal charges of sexual abuse or harassment. Once the BOP has cleared the contractor or volunteer, they are provided training or information regarding how to prevent, detect and respond to sexual abuse or sexual harassment. PREA training is based on the volunteer's and contractor's duties, length of time it will take to complete their duties and if they will be in the presence of residents. Depending on the contractor or volunteer's time at the facility will determine how much training they will receive. Contractors and volunteers who will be at the facility for any length of time will receive the same training as that of a BSS employee. Others will receive information in a pamphlet on how to prevent, detect and respond to sexual abuse or sexual harassment. They must read the pamphlet and sign that they have read the pamphlet and understand their responsibility. BSS has also developed a handbook for volunteers and contractors that includes the policies and procedures for the agency's approach to zero-tolerance facility.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Documents Reviewed:

- PREA Education & Screening Logs
- BSS PREA Brochure
- Resident PREA Quizzes
- Acknowledgement Statements
- Resident PREA Handouts
- Resident Rules and Regulations handout
- PREA Boards and postings
- Transitional Skills class rosters (PREA training)
- Federal Operations Manuel (FOM)

Interviews:

- Random and Targeted Residents
- Intake Staff
- Case Managers
- Employment Program Specialist (EPS)

The doors at the facility entrance have postings of the facilities zero-tolerance policy in both English and Spanish. The postings are visible to all persons prior to entering the facility. These postings are then posted throughout the facility to include intake, Security Monitor's desk, every room in the facility to include each living area and bathrooms. During intake, residents receive information verbally and in writing regarding the facility's zero tolerance policy toward sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. When residents arrive at the Vinewood facility, they are greeted by a Security Monitor who will go over various information about the program which includes all PREA information and a Resident Rules and Regulations handout which also includes PREA information. Within 24-hours of arrival, the resident will meet with the EPS and the PREA information will again be reviewed with them to ensure they understand their rights and responsibilities regarding how to report and response to a PREA incident and the agencies rules if they violate such rules.

The EPS provides an orientation which includes PREA training, with testing, to ensure they understand what they have learned. This training also shows the resident where the "PREA Boards" are in the facility. The PREA Boards provides information on the facility's policies, addresses and toll-free phone numbers to report a PREA incident and resources where the residents can receive assistance if a PREA incident were to happen to them or someone else. Information regarding resources such as third-party reporting, the PREA Coordinator's phone number, rape crisis hotline, third-party reporting and additional resources for victims of sexual abuse and sexual harassment is also contained on the PREA boards. During interviews with the residents, they were able to clearly articulate the PREA information they received upon entry and with their Case Managers. They also were able to identify where the PREA boards were located. When interviewing targeted residents, they were able to explain where the PREA boards were located and what information was contained on the boards.

Whenever a resident is transferred from another facility or returns to the facility after having exited the program, they will be provided this same information and training as that of a new resident. During this auditing period, there was one resident who had transferred from another facility. A review of the resident's file confirmed the facility had provided the intake and PREA information and paperwork again as if he were a new intake. Vinewood RRC receives residents through a contract with BOP. BOP provides advanced notice of the transfer of any resident, which allows the facility to plan for the arrival and orientation of any new resident. The auditor reviewed twelve (12) random resident files which confirmed they had received all of the PREA information and the Risk Assessments were completed upon intake and again within the ten (10) to thirty (30) days of intake.

All training courses are documented and residents must complete a test regarding the training they received. The training curriculum and rosters were provided to the auditor. Quizzes were reviewed during the review of the resident files. All interviews with residents confirmed that staff were providing the residents with PREA information and education upon and within 24-hours of arrival, during individual meetings with the assigned Case Manager and during the transition classes. The facility has a computer room for the resident where they are able to access the BSS website and review PREA information directly without having to involve staff or other residents if needed.

The FOM (page 86) states, "BSS will ensure that all rules and procedures for offenders are posted on a bulletin board located in a conspicuous area of each facility. During the initial intake orientation, all rules and procedures shall be reviewed and residents shall acknowledge such by affixing their signature stating same. Each facility shall ensure that each resident understands the rules and procedures of the facility by making sure that all residents pass the rules and procedures test prior to having any time in the community. When a literacy or communication problem exists, the CM will assist the resident. If a resident cannot read or there is a language barrier, BSS will ensure the resident understands the rules and procedures via interpreter or by rules and procedures provided in their native language. Each facility has a copy of the rules and procedures in both the English and Spanish language. A copy of such will be posted."

BSS and the Vinewood facility provides PREA information in six (6) different languages. Contracted interpreters would be contacted if the resident needed further assistance. For residents who are vision-impaired or who have limited reading skills, security staff, the EPS and casework staff would read them the information. For residents who are hearing impaired, BSS employs a staff who is proficient in American Sign Language (ASL). The staff would assist with the PREA education and training to ensure resident's comprehension. The facility also utilizes LanguageLine Solutions <https://www.languageline.com/> which provides the InSight Video interpreting service <https://www.languageline.com/interpreting/onsite> with the use of computer, tablet, or smartphone. When the resident has completed the training, they must sign and date the document stating they understand what they have learned. While conducting the facility walk-through, the auditor observed two large PREA bulletin boards located in the lobby of the main building and the multipurpose room.

Based upon the review and analysis of documentation and interviews, the Auditor has determined the facility EXCEEDS this standard based on the multiple avenues the residents have been trained regarding their rights to be free from sexual abuse and access to resources related to sexual abuse and sexual harassment. In addition, the facility was observed to have multiple PREA postings throughout the facility. Residents, staff, visitors and contractors are clearly informed of the facility's zero tolerance policy prior to entering the facility. Within the facility, these same individuals can observe how to report an incident of sexual abuse and sexual harassment and the resources available through the multiple postings throughout the facility.

115.234	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 462 300">Documents reviewed:</p> <ul data-bbox="284 349 571 445" style="list-style-type: none"> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• BSS Website</li> </ul> <p data-bbox="242 474 352 504">Interviews:</p> <ul data-bbox="284 553 679 649" style="list-style-type: none"> <li>• Staff Program Director</li> <li>• PREA Coordinator</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p data-bbox="242 678 1497 938">Vinewood RRC does not conduct sexual abuse investigations per the SOW (page 23), EH (page 74). All incidents of sexual abuse or sexual harassment would be referred to local law enforcement and/or the BOP. All staff were able to articulate the investigation procedure during their interviews with the auditor. The Facility Director and the PREA Coordinator were very specific when articulating those administrative investigations are completed by the RRM at the BOP. All criminal investigations are completed by local law enforcement. The RRM at BOP was also contacted and confirmed this information. Since an outside agency is responsible for conducting the investigation, the RRC does not employ investigators and therefore is not responsible for training facility staff in conducting sexual abuse investigations or maintaining documentation of said training.</p> <p data-bbox="242 967 1474 1028">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> <li>• PREA boards and postings</li> <li>• UCLA Santa Monica Medical Center website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>The Vinewood RRC does not employ or contract with medical or mental health care practitioners at the facility. As such, residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment counseling. All forensic exams would take place at UCLA Santa Monica Medical Center where certified Sexual Assault Forensic Examiner (SAFE) staff would assist the residents. Residents would receive advocacy and counseling services through the UCLA Santa Monica Medical Center Rape Treatment Center. The PREA Coordinator and the Program Director stated during interviews that all residents who need mental health care or medical services receive these services in the community. Since the facility does not employ medical or mental health care practitioners, they do not provide any type of training to these outside providers.</p> <p>The contact information to the outside providers is listed throughout the facility and accessible to residents and visitors. A review of the UCLA Santa Monica Medical Center Rape Treatment Center website confirmed the services provided. When interviewed, the residents were able to articulate where this information was located in the facility and the steps they would take to receive services if needed.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 783 544" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Sample of Assessments: <ul data-bbox="282 450 647 544" style="list-style-type: none"> <li>• Sexual Victimization Assessment,</li> <li>• Sexual Abuse Assessment</li> <li>• Medical Intake form Assessment Scoring Sheet</li> </ul> </li> </ul> <p data-bbox="240 575 352 602">Interviews:</p> <ul data-bbox="282 651 695 815" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> <li>• Case Managers</li> <li>• Residents</li> <li>• Employment Program Specialist (EPS)</li> </ul> <p data-bbox="240 846 1484 1339">The agency has a policy for screening residents for risk of sexual abuse victimization and sexual abusiveness toward other residents upon admission to a facility or transfer to another facility in the EH (page 75) which states, <i>“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.”</i> Prior to a resident entering the program, they receive information regarding the resident’s background from the BOP which provides additional information for the risk assessments. When residents enter the program and they meet with a Security Monitor who provides them with an intake packet and they fill out the risk assessments with the resident to ensure residents are afforded safe housing, bed, work, education, and program assignments. Regardless if the resident was being transferred from another BSS facility or a federal prison, they would be screened for risk of sexual abusiveness or sexual victimization every time they transfer into a BSS facility. Within 24-hours, the resident will meet with the EPS who will again go over the intake packet and the risk assessments. This information was verified during interviews with the residents, Security Monitors and EPS in addition to confirmation of the assessments within the resident’s files. A review of the resident’s files indicated the facility was using an objective screening tool for their risk assessments. The objective screening tools considers the:</p> <ul data-bbox="282 1393 1153 1787" style="list-style-type: none"> <li>• Mental, physical and developmental disabilities;</li> <li>• The age of the resident;</li> <li>• The physical build or the resident;</li> <li>• Whether the resident has previously been incarcerated;</li> <li>• If the resident’s criminal history is exclusively nonviolent;</li> <li>• Prior convictions for sexual offenses;</li> <li>• Where the resident is or perceived to be LGBTQ, intersex or gender non-conforming;</li> <li>• Prior sexual victimization;</li> <li>• The resident’s own perception of vulnerability;</li> <li>• Prior acts of sexual abuse;</li> <li>• Prior convictions for violent offenses;</li> <li>• Prior institutional violence or sexual abuse.</li> </ul> <p data-bbox="240 1818 1484 2145">Between ten (10) and thirty (30) days, the resident is reassessed for risk of victimization and abusiveness. Should information regarding the risk assessment change such as, an incident of sexual abuse, a referral or request or any information that may change the risk assessment, the resident will be reassessed. Should the resident be assessed to have a high probability of becoming a victim of sexual abuse, staff will immediately contact the BOP and facilitate an immediate transfer request. The agency’s primary goal is to separate residents who are at a high-risk of being sexually victimized from residents at high-risk of being sexually abusive. A medium-risk score requires security staff to place the resident in housing, but discuss the potential issues and concerns with the Facility Director prior to doing so and during the program review team meeting. Residents are never punished for refusing to answer questions for the risk assessment. Only those who have a need to know the information contained in the assessment will have access to these documents. This information was verified during interviews with the residents and staff and reviewed in the PAQ and the resident’s files. The EH (pages 75-76) further</p>

explains the assessments and how and when they will be administered.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.



115.242	<b>Use of screening information</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 783 544" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Sample of Assessments: <ul data-bbox="282 454 644 544" style="list-style-type: none"> <li>• Sexual Victimization Assessment,</li> <li>• Sexual Abusiveness Assessment</li> </ul> </li> <li>• Medical Intake form Assessment Scoring Sheet</li> </ul> <p data-bbox="240 575 352 602">Interviews:</p> <ul data-bbox="282 656 632 848" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> <li>• Random Residents</li> <li>• Intake Staff</li> <li>• Employment Program Specialist</li> <li>• Security Staff</li> </ul> <p data-bbox="240 880 1477 1171">Vinewood RRC receives information on arriving residents from the BOP weeks (and sometimes months) in advance. This information includes any special considerations, disabilities or institutional behavior history that may impact the resident's stay. With this information, the program director makes a provisional housing determination on where the incoming resident should be housed. The EH (pages 75-76) provides guidance to staff regarding the use of the information obtained from the Sexual Victimization Assessments and Sexual Abusiveness Assessments. The staff interviews, and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of the resident intake packet, the risk screening tools in the resident files, the medical intake form and interviews with staff and residents.</p> <p data-bbox="240 1202 1485 1565">The EH (page 76) provides lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular housing, bed, or other assignment solely on the basis of such identification or status. The EH (page 76) further prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. Staff are not allowed to consider the identification as an indicator that these residents may be more likely to be sexually abusive. The resident's own views will be given consideration when making facility and housing placement decisions and programming assignments. This was confirmed during an interview with a transgender resident during the on-site audit and information found in this resident's file. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restrooms have private toilet stalls and showers with curtains and were observed for a reasonable amount of privacy. Transgender and intersex residents would be allowed to shower separately from other residents. Placement and programming assignments for each transgender or intersex resident shall be reassessed to review any threats to safety experienced by the resident.</p> <p data-bbox="240 1597 1469 1789">At the time of the on-site audit, there was one transgender resident. A review of the resident's file indicated they had been provided the risk screening and scored within the median range. The resident's file and risk scores were reviewed by the director and reported to the PREA coordinator. After speaking with the resident and reviewing the resident's file, it was determined the resident would be safe at the facility and would not be limited in programming or services. When interviewed, the resident stated that their own perception of their safety was given consideration and that they felt safe at the facility and had no concerns.</p> <p data-bbox="240 1821 1469 1883">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.251	<b>Resident reporting</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 507 300">Documentation Reviewed:</p> <ul data-bbox="284 349 699 546" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• PREA Posters and Resources</li> <li>• Resident Rules and Regulations</li> <li>• PREA Reporting Methods (Flow Chart)</li> </ul> <p data-bbox="244 573 352 600">Interviews:</p> <ul data-bbox="284 654 991 815" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> <li>• Random Residents</li> <li>• Hollywood Police Department (HPD) Public Information Officer (PIO)</li> </ul> <p data-bbox="244 846 1481 936">Vinewood RRC provides multiple methods for residents to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, and neglect. This information is described in the EH (pages 74-80) and includes but not limited to:</p> <ul data-bbox="284 990 943 1218" style="list-style-type: none"> <li>• A verbal report or a report submitted in writing;</li> <li>• Anonymous reports;</li> <li>• Third-party reports;</li> <li>• Submitting a grievance to the BOP or the PREA coordinator;</li> <li>• Submitting a written report to the BOP or the PREA coordinator;</li> <li>• Reporting directly to a family member or friend;</li> <li>• Reporting to a staff or someone they feel comfortable with.</li> </ul> <p data-bbox="244 1249 1481 1406">Residents receive a Resident Rules and Regulations handout upon intake that provides information on how to report an incident of sexual abuse and sexual harassment and the resources available should they become a victim. Residents also receive this information in a pamphlet when they first arrive at the facility. The PREA Reporting Methods (Flow Chart) clearly describe the multiple ways in which a resident can make a report both internally and externally. Residents are given a copy of this document which is also posted on the PREA Boards in the facility.</p> <p data-bbox="244 1438 1485 1733">The Hollywood Police Department (HPD) handles all calls generated by the Vinewood facility. The Vinewood facility stated they do not have an MOU with the HPD as services calls regarding sexual abuse are the duty of the HPD and they respond and investigate twenty-four (24) hours a day, seven (7) days a week. The HPD Public Information Officer was contacted and explained they do not have MOUs with community partners as they have a duty to respond and investigate. The PIO stated all officers are trained in how to effectively communicate with individuals who have been sexually assaulted. The first officer on the scene would take the initial report and ensure the victim was transported to UCLA Santa Monica Medical Center for a forensic exam. The case would be turned over to a detective from that division who specializes in dealing with rape victims. According to the PIO, detectives are specifically trained to investigate such incident. To date, the facility has been unsuccessful in obtaining an MOU from the HPD.</p> <p data-bbox="244 1765 1453 1859">Reports submitted on-site to staff are documented in writing immediately and forwarded to the PREA Coordinator and the BOP. This information was reviewed in the SOW (page 7) and in the EH (pages 74-80), resident training logs, Resident Rules and Regulations handout, and postings throughout the facility.</p> <p data-bbox="244 1890 1485 2016">The auditor interviewed twelve (12) targeted and randomly selected residents that were clearly able to articulate knowledge of this process. Residents were all able to describe where the PREA boards were that contained this information should they need it. Staff were also able to articulate they have the same reporting resources for reporting an incident of sexual abuse and sexual harassment of residents.</p> <p data-bbox="244 2047 1474 2105">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 719 510" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Grievance forms</li> <li>• Resident Rules and Regulations handout</li> <li>• PREA Posters with reporting information</li> </ul> <p data-bbox="240 542 352 568">Interviews:</p> <ul data-bbox="282 618 646 712" style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• PREA Coordinator Residents</li> </ul> <p data-bbox="240 743 1485 1240">All residents are able to file a grievance to the BOP if they have any concerns. Grievance forms are located in a centralized location and are available to the residents at all times. The resident may send the grievance directly to the BOP without going through the facility mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations (SOW page 78). If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to Facility Director who will contact the BOP for investigation (SOW pages 78-79). When interviewed, staff and residents were able to articulate the grievance procedure. BOP will issue a final decision of a grievance alleging sexual abuse or sexual harassment 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. Third-party individuals, residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file requests on behalf of a resident. If a third-party 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.</p> <p data-bbox="240 1272 1485 1496">The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to staff interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately begins the BOP investigation process. A grievance form shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Vinewood RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken.</p> <p data-bbox="240 1527 1485 1792">The EH (page 78) regarding emergency grievances states, <i>"Should the offender believe there is a substantial risk of imminent sexual abuse, the offender may file an emergency grievance; the offender may be transferred to another facility for their own protection and peace of mind. A response will be ensured within 48 hours with a final decision to be made within 5 days, via the RRM office."</i> While pending the outcome of the BOP decision, the facility would take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filling a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were able to clearly articulate this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this audit cycle.</p> <p data-bbox="240 1823 1485 1881">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.253	<b>Resident access to outside confidential support services</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 509 300">Documentation Reviewed:</p> <ul data-bbox="284 349 1002 544" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Handout</li> <li>• PREA Posting</li> <li>• UCLA Santa Monica Medical Center Rape Treatment Center Website</li> <li>• UCLA Santa Monica Medical Center Website</li> </ul> <p data-bbox="242 573 352 602">Interviews:</p> <ul data-bbox="284 651 695 815" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> <li>• Random Residents</li> <li>• Detection Treatment Resources (DTR)</li> </ul> <p data-bbox="242 844 1485 1339">The facility has PREA posters posted on bulletin boards in common areas in the facility, which include the name and toll-free contact information for DTR. The facility also provides resource binders in the resident multipurpose room on the first floor, which outlines the names, addresses, telephone numbers and websites for local rape crisis centers, victim advocacy organizations and emotional support and counseling organizations. As reported in the PAQ, the facility provides residents with access to outside victim advocacy for emotional support and resource services at the UCLA Santa Monica Medical Center Rape Treatment Center and DTR. Residents are able to access these agencies by using their cell phones, the payphones within the Vinewood facility, or by writing a letter. All calls are free and confidential. Residents are provided this information at the time of intake, during new resident orientation classes, and during subsequent meetings with their Case Managers. Residents are able to call these agencies 24-hours a day, 7-days a week. In addition to local services, residents are able to contact the Rape Crisis hotline which is a toll-free number for additional resources. The information for all of these resources is listed on the PREA boards throughout the facility. This information is also listed in the resident's handbook as viewed by the auditor. Vinewood staff do not monitor calls made to these agencies. When interviewed, the residents were familiar with these resources and where to access the information on the PREA boards. Calls to these agencies by the auditor further confirmed the services provided. These services are free and accessible to all residents living in the community. Therefore, MOUs are not necessary.</p> <p data-bbox="242 1368 1481 1496">Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Documentation with resident signatures verifying they received such information was contained their files as observed during the onsite visit. Interviews with the facility employees and with residents during the onsite audit confirmed that the residents were provided this information and understood how to obtain assistance if needed.</p> <p data-bbox="242 1525 1474 1585">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.254	<p><b>Third party reporting</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Documentation Reviewed:</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>• Facility Postings</li> <li>• Detection Treatment Resources (DTR)</li> <li>• Resident Rules and Regulations handout</li> <li>•</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Assistant Program</li> <li>• Director Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> <li>• Random Residents</li> <li>• Detection Treatment Resources (DTR)</li> </ul> <p>Vinewood RRC has an established Memorandum of Understanding with Detection Treatment Resources (DTR) to report to BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The auditor spoke with DTR and she stated she would respond right away to a call or a text regarding a report or allegation of abuse at the facility. She further stated she would take immediate steps and report to the Community Treatment Oversight Specialist (CTOS) at the BOP, at which point, the CTOS would provide her with authorization to begin working with the resident. The contact information for DTR is listed on the BSS website.</p> <p>The agency has posted on its website, the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information and then file a complaint on behalf of the resident. Additionally, family members, friends or other persons associated with the resident, can make a third-party report directly to the PREA Coordinator and can find her number listed on the agency's website, posted at the entrance of the facility and in an informational pamphlet that is provided to them when they visit a resident. This information was reviewed and confirmed by the auditor during interviews with residents, staff and DTR. In addition, this information is posted on the PREA boards throughout the facility and provided in the Resident Rules and Regulations handout and the EH.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and EXCEEDS this standard as they have provided multiple ways in which to receive third-party reports of sexual abuse and sexual harassment.</p>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Federal Operations Manual (FOM)
- Employee Handbook (EH)
- Resident Rules and Regulations handout

Interviews:

- Program Director
- PREA Coordinator
- Random Staff

As reported in the PAQ and written in the FOM (page 245) the agency requires all staff to immediately report, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment and retaliation that occurred in the facility. Information related to allegations of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigations and other security and management decisions. As reviewed by the auditor in the EH (pages 77), staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any BSS facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident per EH (page 78). Residents are informed of the requirements of mandatory reporting upon intake and provided the Resident Rules and Regulations handout. Staff also participate in quarterly trainings that review the staff's responsibility for reporting sexual abuse and sexual harassment. This information was verified by the auditor during a review of the staff training records, the FOM and the EH.

BSS requires all staff, to include employees, contractors, and volunteers (EH page 73-74), to immediately report incidents and allegations as identified in the standard. Staff, contractors and volunteers are required to report to their immediate supervisor or the Program Director who will in turn report to the BOP as identified in the SOW (page 22). Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. Administrative complaints are handled by the BOP and criminal complaints are handled by local law enforcement. California Mandated Reporting Laws also require notification of an incident of sexual abuse. BSS does not house minors. All sexual abuse reports will be reported to Adult Protection Services. Residents are advised of the staff's requirements to report confidentiality limitations and the information is provided in the Resident Rules and Regulations handout. Vinewood does not employ medical or mental health staff onsite, therefore there were no medical or mental health staff for the auditor to interview. BSS requires all staff to report incidents of retaliation and will monitor all suspected allegation of retaliation by staff or residents EH (page 78).

As defined in the EH (pages 77-78), any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the Facility Director and the PREA Coordinator. Staff will accept reports of any sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Should a staff receive a verbal report, staff must document the verbal report within 24-hours and provide the report to the PREA Coordinator and Facility Director. However, staff reported during the on-site interviews with the auditor that they would document the report and notify the Facility Director immediately. Staff and residents may report an incident verbally or by a sealed note/letter to the facility confidentially. Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, in order to make treatment, investigation or other safety and security decisions.

All third-party reports will be reported to the Facility Director or designee who will immediately notify BOP and the PREA Coordinator. The Facility Director will also complete a Serious Incident Report and contact local law enforcement if a crime has been reported. When interviewed, the staff were able to clearly articulate the procedure for third-party reporting.

The interviews with staff, facility director and the PREA Coordinator provided confirmation that they were knowledgeable in their requirements regarding reporting duties. All staff are mandated reporters and a written report must immediately follow reported allegations or incidents. Staff interviews further confirmed their understanding of their expectations to document all verbal reports immediately. The staff are also required by policy EH (page 77-78) to report allegations made anonymously or by a third-party. During this audit period, there were no allegations of sexual abuse.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Rules and Regulations handout</li> <li>• Acknowledgment of Training, Prison Rape Elimination Act (PREA) and Sexual Abuse, Prevention and Intervention</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator Random Staff</li> </ul> <p>Vinewood RRC staff are required to protect the residents through implementing protective measures per the Acknowledgment of Training, Prison Rape Elimination Act (PREA) and Sexual Abuse, Prevention and Intervention. The administration of the sexual vulnerability and sexual abusiveness assessment provides information that assists and guides staff in keeping residents safe through housing and program assignments per the FOM (page 108) and the SOW (page 43-44). Interviews with the random staff, Program Director and PREA Coordinator indicate that protection could include removing the resident from their room and placing the resident in a staff office under the constant supervision of a staff member until the facility obtains more information about the imminent risk being posed. All staff confirmed during interviews that they would immediately separate any resident who was in substantial risk of imminent sexual abuse. The PREA Coordinator stated there were no residents identified as being in substantial risk of imminent sexual abuse during the audit period.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>



115.263	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> <li>• Residential Re-Entry Manager (RRM)</li> </ul> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director or designee will notify the BOP who will oversee the investigation at the reported facility. Residents assigned to the Vinewood RRC facility are under the jurisdiction of the BOP. All investigations under BOP will be handled by the RRM. This information was verified through contact with the RRM. Notification will be made immediately, yet no longer than 72-hours after receiving the information per the EH (pages 77-78). As described in the EH (page 74), <i>“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 offenders from BOP pending the outcome of the investigation. Should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated and the employee would be precluded from working with federal offenders. If the allegation is lodged against a volunteer or contractor, that volunteer or contractor’s services would be suspended, and they will have no access to any BSS facility or offender pending the outcome of the investigation.”</i></p> <p>Case Managers at the Vinewood facility provide assistance to the resident when needed to ensure they are able to communicate with the BOP regarding their ongoing case. There were no cases at the Vinewood facility alleging sexual abuse or sexual harassment while confined at another BSS facility.</p> <p>BOP has employees trained in investigating sexual abuse allegations. The Vinewood Program Director would be responsible for ensuring that all allegations of sexual abuse are documented and request that the investigation complies with the PREA standards. There were no cases at the Vinewood facility alleging sexual abuse/harassment while confined at another BSS or BOP facility. All information was confirmed by reviewing staff and resident files, and interviews with staff and residents.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.264	<b>Staff first responder duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 619 510" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Training Records</li> <li>• Employee Handbook (EH)</li> <li>• First Responder Duties</li> </ul> <p data-bbox="242 542 347 571">Interviews</p> <ul data-bbox="284 620 496 712" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> </ul> <p data-bbox="242 743 1484 904">The Facility reported in the PAQ that there were no incidents of sexual abuse or sexual harassment during the audit period. There were no security or non-security staff who acted as First Responders to an incident of sexual abuse, for the auditor to interview. With no incidents, there were also no residents who reported sexual abuse for the auditor to interview. The EH (page 77), clearly defines the staff's responsibility in the event of being the first responder of a sexual abuse incident. As written, the first responder is required to:</p> <ul data-bbox="284 958 1465 1249" style="list-style-type: none"> <li>• Secure the victim (Separate from abuser if abuser is still on grounds);</li> <li>• Clear the area;</li> <li>• Call 9-1-1;</li> <li>• Preserve the scene by disallowing any person access to the area;</li> <li>• Assign another staff to stay with the victim until paramedics and law enforcement arrive on the scene;</li> <li>• Request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating (same for the abuser);</li> <li>• Request medical responders to transport the victim to a SAFE or SANE medical facility and document the findings;</li> <li>• Notify the Program Director and the PREA Coordinator and write their initial report.</li> </ul> <p data-bbox="242 1281 1492 1507">All BSS facilities, to include the Vinewood facility, has a First Responder Checklist to ensure the proper protocols are followed. All Vinewood RRC staff are trained to act as first responders. If the first staff responder to an incident of sexual abuse is not a security staff member, the responder is still required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff. When interviewed, staff were able to describe their all of the responsibilities as a first responder in detail, with the ultimate goal of keeping the victim safe. Staff training records contained in the employee files were reviewed which confirm staff have received comprehensive training on the duties of a first responder.</p> <p data-bbox="242 1538 1465 1599">As listed in the PAQ, there were no allegations that a resident was sexually abused at the facility in the last 12-months and therefore no times in which a staff has had to act as a first responder.</p> <p data-bbox="242 1630 1473 1691">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.265	<b>Coordinated response</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 925 479" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Training Records</li> <li>• BSS PREA Coordinated Response to Sexual Abuse Incidents</li> </ul> <p data-bbox="242 508 352 537">Interviews:</p> <ul data-bbox="284 586 496 680" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Random Staff</li> </ul> <p data-bbox="242 710 1489 1003">The facility has developed a coordinated response which is aligned with the detailed information in the EH (pages 73-80) regarding the response to an allegation or incident of sexual abuse. When interviewed, staff were familiar with the roles regarding the response to an allegation of sexual abuse. The Program Director discussed the coordinated actions in response to an incident of sexual abuse which paralleled information contained in the EH and the requirements listed on the BSS PREA Coordinated Response to Sexual Abuse Incidents document. Staff members are directed to follow the steps outlined and to utilize the checklist when responding to such a situation. This coordinated response describes the protocol which must be followed for each PREA related incident. The check list includes the actions to be taken by the first responder, the program director and the PREA Coordinator to ensure the appropriate notifications and actions are made in a timely and consistent manner.</p> <p data-bbox="242 1034 1493 1296">All medical and mental health services are provided in the community; thus, the Program Director or designee would be responsible for ensuring the coordination of medical and mental health services for the victim. Forensic medical examinations will be provided free of charge to the victim at UCLA Santa Monica Medical Center by a Sexual Assault Forensic Examiner (SAFE). The Hospital has 24/7 access to a forensic examiner. A qualified medical professional shall perform a forensic medical examination if there is no SANE available. The victim will be provided unimpeded access to crisis intervention and medical services through UCLA Santa Monica Medical Center, Rape Treatment Program. This information was confirmed through an interview with the program director and PREA Coordinator and the UCLA Santa Monica Medical Center's website. No allegations of sexual abuse have been reported during this audit period.</p> <p data-bbox="242 1328 1474 1386">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>BSS facilities do not participate in any collective bargaining agreements which includes the Vinewood facility. Therefore, there are no collective bargaining related limitations of the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent discipline is warranted. Should BSS enter into a bargaining agreement restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination. Interviews with the PREA Coordinator and Facility Director confirmed this statement.</p> <p>As stated in the EH (page 74), <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 offenders from BOP/CDCR, pending investigation of the allegations."</i> The EH further states, <i>"Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated."</i></p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Training records
- Employee Handbook (EH)
- Resident Rules and Regulations handout
- PREA Retaliation Monitoring Report

Interviews:

- Program Director
- Assistant Program Director
- PREA Coordinator
- Staff
- Residents

The agency has established a policy to protect all residents and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation as described in the EH (page 78). All staff are provided training on the agency's policy against retaliation upon hire. A review of the staff files and training records confirmed the staff had received training upon intake and during staff meetings. This training includes the following:

- Monitoring disciplinary action against staff or residents (is one staff writing more incident reports on a particular resident than other staff);
- Observing body language of staff and offenders;
- Following up on any reports of retaliation;
- Review video monitors more closely;
- Be aware of staff or residents who complain about a person to try and get them written up;
- Provide them with easy access to someone they feel conformable within the agency or an outside resource;
- Talk to the person more often.

When interviewed the PREA Coordinator and the Program Director stated the agency will 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. Resident retaliation will be monitored by all staff and overseen by the assistant program director and the program director. The Program Director is responsible for monitoring all acts of retaliation between one staff to another. The PREA Coordinator will receive a bi-weekly PREA Retaliation Monitoring Report. Any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. The facility employs multiple protection measures to include:

- Monitoring housing changes;
- Transfers for inmate victims and abusers;
- Removal of staff through termination;
- Emotional support services;
- Monitoring the inmate and staff performance evaluations;
- Disciplinary actions;
- Unannounced lock-downs;
- Denial of privileges;
- Grievances.

The Program Director will work with the BOP who will have the final decision on the action to take should there be evidence of retaliation.

The EH and the Resident Rules and Regulations handout clearly define methods for reporting retaliation. When interviewed, staff and residents were able to clearly articulate the training they had received about retaliation for reporting and incident of sexual abuse and they also knew that the information was located on the PREA boards and in the paperwork, they received

upon intake.

To ensure residents are not subjected to acts of retaliation, the facility will monitor disciplinary reports to make sure there are no increased write ups, inappropriate housing changes, or refusal to communicate by staff. The facility will conduct status checks on the residents by stopping to talk to them more often and discussing any issues they may have with their case manager. The agency will monitor staff retaliation by reviewing changes performance evaluations, change in facility job assignments, or behavioral changes. Monitoring for retaliation will continue over 90-days until there is no concern or suspicion of possible retaliation or until the resident is released from the facility. When interviewed, staff and residents stated they feel safe in the facility.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.

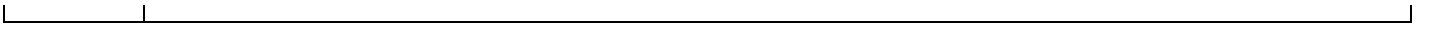
115.271	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 655 445" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> </ul> <p data-bbox="240 533 352 560">Interviews:</p> <ul data-bbox="284 609 683 736" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> <li>• Residential Re-entry Manager (RRM)</li> <li>• Staff</li> </ul> <p data-bbox="240 824 1493 1285">The BOP conducts all administrative investigations and local law enforcement conducts all criminal investigations. The Vinewood RRC does not conduct investigations of sexual abuse allegations, including any misconduct allegation or from anonymous/third-party reports. Vinewood staff will not question the subject of the misconduct allegation. A review of the FOM (page 42) clearly states, <i>"BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. The issue will be referred for investigation to the contracting agency (BOP or CDCR) to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation."</i> The PREA Coordinator stated during her interview, investigations will be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment through the BOP and/or law enforcement. If administrative allegations are sustained, BOP will determine and impose the appropriate sanctions. BOP has investigators who are trained in conducting sexual abuse investigations. When interviewed, the RRM stated when BOP conducts an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. When interviewed, staff and the RRM stated they do not utilize polygraphs as a condition for proceeding with an investigation. There were no administrative investigations involving residents alleged during this reporting period according to the PREA Coordinator and the RRM.</p> <p data-bbox="240 1317 1493 1478">When law enforcement is contacted for criminal matters, they are responsible for all aspects of the investigation and for gathering evidence to include but not limited to the collection of evidence, electronic monitoring data, and interviews with victims, witness, and perpetrators. As far as notifications to victims in criminal investigations, the RRM would receive information regarding the outcome of the case by BSS per the auditor's interview with the RRM. Per the Program Director, if law enforcement conducted the investigation, they would report directly to the victim.</p> <p data-bbox="240 1509 1493 1733">No criminal investigations involving residents were alleged during this reporting period. Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy and interviews with the Program Director and the PREA Coordinator provide support that the departure of the alleged abuser or victim from employment or control of BOP shall not provide a basis for terminating an investigation, which was also supported during the staff interviews. The EH (page 78) states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. There have not been any allegations of sexual abuse during this audit period, per the PREA Coordinator and the RRM.</p> <p data-bbox="240 1765 1493 1827">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>The BOP investigates administrative allegations and indicate a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the Program Director and the PREA Coordinator stated they may fact find at the direction of the BOP but would not conduct any compelling interviews. BOP would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>



115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• PREA Pre-Audit Questionnaire</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Employee Handbook</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>The Vinewood RRC does not conduct criminal or administrative investigations. The Program Director and PREA Coordinator stated during interviews, they will remain in communication with the investigating agency until the end of the investigation and would ensure the resident is provided with information regarding the outcome of the investigation. Policy as contained in the EH (page 78), states that following a resident's allegation that a staff member committed sexual abuse against the them, the resident would be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ul style="list-style-type: none"> <li>• The staff member is no longer assigned within the resident's housing unit;</li> <li>• The staff member is no longer employed at the facility;</li> <li>• The staff member has been indicted on a charge related to sexual abuse within BOP;</li> <li>• The staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP whenever:</p> <ul style="list-style-type: none"> <li>• The alleged abuser is criminally charged related to the sexual abuse;</li> <li>• The alleged abuser is adjudicated on a charge related to sexual abuse.</li> </ul> <p>The Vinewood RRC reported no allegations of sexual abuse or sexual harassment during the past 12-months. In the case of a staff on resident sexual abuse incident, the resident would be informed of the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The Vinewood RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data per the EH (page 79), in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. The Program Director and the PREA Coordinator's interviews supported their knowledge of the reporting process reporting to a resident regarding the outcomes of an allegation of sexual abuse.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 687 577" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Employee Standards of Conduct</li> <li>• Zero Tolerance Policy</li> <li>• Equal Employment Opportunity Policy</li> </ul> <p data-bbox="240 609 352 636">Interviews:</p> <ul data-bbox="282 685 496 748" style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="240 779 1493 1003">The EH (page 53) specifically states, <i>“Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.”</i> BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the EH (page 52) will result in termination. The EH (page 68) further describes prohibited conduct and states <i>“a member of BSS that subjects another client, program to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal.”</i> In addition, EH (page 74), <i>“should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”</i> The policy further indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse.</p> <p data-bbox="240 1034 1493 1164">The FOM (page 245) states, <i>“sexual misconduct by BSS staff against an offender shall be prohibited by policy. Sexual misconduct, as it relates to offenders, is a sexual advance, welcome or not, by an offender, staff member, agent or volunteer of BSS, department, or private organization. It is illegal and a violation of federal law.”</i> BSS policy (EH page 73) states, <i>“At no time is any sexual relationship between staff and offenders, offenders and offenders of a consensual nature.”</i></p> <p data-bbox="240 1196 1493 1554">The Vinewood RRC will notify and collaborate with BOP for allegations of staff violation of the agency’s sexual abuse or sexual harassment policies. All criminal matters are reported to local law enforcement and 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. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension pending the outcome of the investigation. Per the PREA Coordinator, if the employee engages in sexual abuse, the employee will be terminated. The auditor was informed that if the allegations were substantiated, the employee would be precluded by BOP from working with all federal and state offenders. Additionally, should an allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued. The policy further indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse.</p> <p data-bbox="240 1585 1493 1912">As written in the EH (page 74), <i>“If an allegation of sexual abuse or harassment is filed against a staff person, BOP must be contacted immediately. BOP disallows any BSS staff to conduct an investigation for allegations related to integrity, of which sexual harassment/sexual abuse would fall. Based on the information provided to the BOP, the BOP may preclude the employee from working with offenders in which case the employee would be placed on suspension. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders, from BOP/CDCR, pending investigation of the allegation. 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. Should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated. 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></p> <p data-bbox="240 1944 1493 2074">The Vinewood RRC has not had any incidents of staff-involved sexual abuse or sexual harassment during this this auditing period. Based upon review and analysis of the available evidence, including interviews with the PREA Coordinator and PREA Compliance Manager and review of policies/procedures, the Vinewood RRC is in compliance and meets all of the provisions of this standard.</p> <p data-bbox="240 2105 1493 2159">Based upon the review and analysis of the available documentation, the auditor has determined the facility is in compliance and meets this standard.</p>



115.277	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</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>• Employee Standards of Conduct</li> <li>• Zero Tolerance Policy</li> <li>• Equal Employment Opportunity Policy</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• PREA Coordinator</li> </ul> <p>All contractors and volunteers are held to the same standards as employees. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. The Program Director stated that 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. BSS policy as stated in the EH (page 74), addresses the corrective action for volunteers and contractors who violate any provision of the PREA policy. The policy 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. Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated. 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> Per the PAQ and the Program Director, BSS has not enlisted volunteer services due to the COVID-19 pandemic and there have been no contractors on-site during this reporting period.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the Vinewood RRC is in compliance and meets all the provisions of this standard.</p>
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115.278	<p><b>Disciplinary sanctions for residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Inmate Discipline</li> <li>• BOP Prohibited Acts</li> <li>• Employee Handbook</li> <li>• Statement of Work (SOW)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• Assistant Program Director</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p>Any resident who is found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions, as stated in the EH (page 74). The SOW (pages 78-79) further addresses the disciplinary process for violation of any of BOPs Prohibited Acts. Since BSS does not conduct any investigation, an allegation of sexual abuse or sexual harassment would be referred to BOP and local law enforcement. Only the BOP or local law enforcement would provide disciplinary sanctions based on the nature of the offense. These sanctions are directly related to the seriousness of the behavior. The BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which was reviewed by the auditor. Any type of sexual abuse or sexual harassments violations, unless they were unfounded, by staff or resident, would be grounds for termination of the program; hence, zero-tolerance. Interviews with the Program Director and Assistant Program Director and documentation review confirmed this process.</p> <p>There have been no reported administrative or criminal findings for resident-on-resident sexual abuse at the Vinewood facility per the PAQ and the program director. Therefore, there were no disciplinary records to review when analyzing this provision. The agency does have policies and procedures in place if an incident were to occur.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the Vinewood RRC is in compliance and meets all the provisions of this standard.</p>
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115.282	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 919 510" style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Works (SOW)</li> <li>• UCLA Santa Monica Medical Center, Rape Treatment Center</li> <li>• PREA Training PowerPoint</li> </ul> <p data-bbox="240 542 469 568">Interviews Conducted:</p> <ul data-bbox="284 618 612 712" style="list-style-type: none"> <li>• Specialized and Random Staff</li> <li>• Residents</li> <li>• Program Director</li> </ul> <p data-bbox="240 743 1485 1137">Per the FOM (page 245) <i>“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.”</i> BSS does not provide on-site medical or mental health services at the facility. Residents receive these services from community-based agencies. Residents who need medical or mental health services due to a sexual assault, would be referred to UCLA Santa Monica Medical Center, Rape Treatment Program, which provides services 24/7. BSS staff would assist in the coordination of services. During the staff interviews, staff were knowledgeable in their roles as first responders and the referral process to medical services and continued on-going medical and mental health services. Most staff indicated that 911 would be immediately contacted to transport the resident to the emergency room for services. Resident victims 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. Staff training materials verify that all staff receive this training upon hire and during refresher training.</p> <p data-bbox="240 1169 1485 1397">All services provided to residents are determined by the medical and mental health practitioners according to their professional judgment. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with the Program Director and a review of the PAQ confirmed there were no allegations of sexual misconduct during this reporting period. All staff are trained in First Responder duties (confirmed during a review of staff training records), should an incident of sexual abuse occur. Interviews with staff reveal they are well-trained in how they would respond to an incident of abuse and the steps they would take to ensure emergency medical treatment and follow-up medical and mental health care for the victim.</p> <p data-bbox="240 1429 1474 1487">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 1126 546" style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Rules and Regulations handout</li> <li>• PREA Bulletin Board Postings</li> <li>• Intake Paperwork-Medical Intake Form, Risk of Abusiveness, Risk of Victimization</li> <li>• UCLA Santa Monica Medical Center, Rape Treatment Center Website</li> </ul> <p data-bbox="240 573 352 600">Interviews:</p> <ul data-bbox="284 654 695 784" style="list-style-type: none"> <li>• Program Director</li> <li>• Case Workers</li> <li>• Security Supervisor</li> <li>• Employment Program Specialist (EPS)</li> </ul> <p data-bbox="240 810 1484 1272">The Vinewood facility does not offer on-site medical or mental health care; however, these services are provided by community-based resources. Casework staff will assist in the coordination of services and referrals to clinics/centers whose specialty is related to sexual assault and abuse. 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 victimization or abusiveness be noted, staff will immediately notify the Program Director. The intake packet was reviewed by auditor. These documents and questionnaires are utilized to determine the offender's suitability for placement, to ensure the safety of all offenders and staff, to inform housing unit placement, and to facilitate referrals for mental health evaluation and treatment in the community. 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 EPS, Case Managers, Security Supervisor and Program Director supported that evaluations and treatment services are available and offered to the resident when needed. This information is contained on the PREA boards at the facility and is also provided to all residents during the intake process. A review of PREA postings and individual resident intake forms within the resident's file confirmed these assessments and resources were being provided.</p> <p data-bbox="240 1303 1484 1599">Per staff interviews and information contained in the EH (pages 74-78), 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. The resident will have unimpeded access to services and these services are provided without cost to the victim regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. There was one resident who reported previous sexual victimization during the initial risk screening and two residents with a history of victimization per the Pre-Sentence Report (PSR). Per a review of the residents' files, they were provided with referrals for counseling services in the community. Per the Program Director, BOP residents who are identified as an abuser, must be referred for mental health services through Community Treatment Services (CTS).</p> <p data-bbox="240 1630 1477 1688">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.286	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Program Director</li> </ul> <p>The EH (page 78) articulates the facility's policy regarding the sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30-days of the conclusion of the investigation. This process was confirmed by the Program Director and the PREA Coordinator during interviews and a review of the EH.</p> <p>The incident review team consists of the following: PREA Coordinator, Program Director, Assistant Program Director. During the incident review team meeting, the team will review if the incident needs policy revisions, if the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training for staff and residents, appropriate supervision, notifications, and operational considerations. Should any of these factors need changes to take place, they will be immediately initiated and forwarded to all BSS facilities for immediate action.</p> <p>The Vinewood facility did not have any allegations of sexual abuse during this reporting period. In the event an incident should occur, the review team will meet to review the critical incident. Based on their findings, the facility will implement or consider implementing recommendations for improvement. If for any reason, the recommendations are not implemented; the facility will document its reasons for not doing so. An interview with the PREA Coordinator, indicated that incident-based and aggregated data were securely retained. Annual data can also be found on the BSS agency website.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.287	<p><b>Data collection</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Annual Report</li> <li>• BSS Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p>Vinewood RRC policy regarding data collection is found in the EH (page 79) and states, <i>“BSS reviews collected data and aggregates pursuant to section 115.287 in order to assess and improve the effectiveness of our sexual abuse prevention, detection, response policies and training including identifying problem areas, taking corrective action on an ongoing basis and preparing our annual report of our findings from our data review and corrective actions for each facility, as well as BSS as a whole. BSS will compare the current year data and corrective actions with those from prior years.”</i> Vinewood RRC utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report form SSV-IA regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form SSV-4 for an annual report. Definitions for "Sexual Abuse and Sexual Harassment" are listed on these forms. An aggregated incident of sexual abuse report is provided on the BSS website on an annual basis. Vinewood RRC does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. Vinewood RRC does not conduct investigations; however, should an incident occur, Vinewood RRC will request the relevant information from the investigative agency and report the information on the SSV-IA and 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 which contains this data is available for view by the public on the agency's website under the tab "Newsletters" and the data contained therein, was reviewed.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Annual Report</li> <li>• BSS Website</li> </ul> <p>Interviews:</p> <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.</p> <p>The report also includes a comparison of the current year's data and corrective action 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/COO. A review of the agency's website and interviews with the PREA Coordinator confirmed the agency is in compliance with this standard.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>• Agency Website</li> <li>• Employee Handbook (EH)</li> <li>• Annual Reports</li> </ul> <p>Interviews:</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 EH (page 79). Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to posting on the agency's website. The Auditor reviewed the BSS website and the Annual Report to confirm the data collected.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.401	<p><b>Frequency and scope of audits</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>This is the third PREA audit for the Vinewood RRC. The last PREA Audit was completed in September 2017. This audit was originally scheduled in 2020. However, due to the COVID-19 pandemic it was postponed until July 27, 2021, when it was determined it was safe for staff, residents and the Auditor to enter the facility. This facility is the fifth audit for the agency in the third audit cycle which places BSS in compliance with the three-year audit requirement. During the on-site portion of the Vinewood 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 permitted to speak with staff or residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, special incident reports and Case Manager files were readily accessible to the auditor. Facility staff and the Program Director were extremely accommodating when the Auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically. During the pre-audit phase, the PREA Coordinator uploaded agency and facility specific policies, procedures and other documentation on to the OAS. Additional documentation and copies were provided on-site at the Auditor's request. The Auditor and Support Staff were provided with separate private areas to conduct private and confidential interviews and with both staff and residents who were randomly chosen by the auditor.</p> <p>The PREA Audit Notice, in both English and Spanish, was posted throughout the facility on June 14, 2021, six-weeks prior to the audit. This notice contained auditor contact information including email and mailing addresses and identified communication with the Auditor as confidential. These postings were observed posted during the audit tour in multiple places to include each of the resident's rooms. Prior to the on-site visit, and during the post audit period there were no confidential communications received via email or regular mail from any residents at the facility. During the resident interviews, the 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. There was no confidential communication received from residents or staff during the audit period for the Vinewood facility. The auditor also contacted community-based organizations to gain insight into relevant conditions in the facility. No concerns were noted.</p> <p>During the audit, staff and residents were welcoming and knowledgeable about their rights to be free from sexual abuse and sexual assault. All residents stated they felt safe and secure within the facility and were aware of who they could contact should a sexual abuse or sexual harassment incident occur.</p> <p>The agency ensured that PREA audits were completed for each facility within the three-year audit cycle. Due to the global pandemic of COVID-19, it was necessary that the agency postpone the PREA audit of the Vinewood RRC. When it was safe to do so, the agency immediately rescheduled the audit, thus remaining in compliance with this standard. The agency and the facility continued to ensure that their PREA policies and practices remained a priority thus ensuring the sexual safety of residents and staff alike. Based on the above information, the facility EXCEEDS the requirements of this standard.</p>
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115.403	<b>Audit contents and findings</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="280 349 443 376" style="list-style-type: none"> <li>• BSS Website</li> </ul> <p data-bbox="240 412 352 439">Interviews:</p> <ul data-bbox="280 488 496 515" style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p data-bbox="240 551 1490 739">All audit reports for BSS facilities are posted on the BSS website and are accessible to the public. The first two audit cycles for the Vinewood facility were immediately posted upon receipt (as reviewed by the auditor) and are currently posted on the website for the public to view. The reports are also available in hard copy at each facility and provided to the public for review upon request. The auditor will also review the agency's website to ensure they have uploaded the final audit within 90-days of completion of the final report. All PREA required website postings are posted on the agency's website and are available by hard copy upon request.</p> <p data-bbox="240 775 1474 828">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (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 (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 (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 (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 (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 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.)	na
	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 staffing patterns?	yes
	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, 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 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



115.216 (a)	<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
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 (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 (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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 (f)</b>	<b>Hiring and promotion decisions</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.)	na
<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 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.)	yes
<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
	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).	yes
<b>115.222 (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 (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 (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 (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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<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
	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 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)).	na
<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
	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 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.)	yes
<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: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<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
<b>115.241 (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 (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 (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 (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
	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 (f)</b>	<b>Use of screening information</b>	
	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>	
	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? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<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 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.)	yes
	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 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.)	yes
<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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	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
<b>115.262 (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 (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 (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 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (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 (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, 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
	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
	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
	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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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 (h)</b>	<b>Criminal and administrative agency investigations</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 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.)	yes
<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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<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>	
	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 (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 (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 (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 (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 (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 condition of access to programming and other benefits?	yes
<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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<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 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.)	yes
<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
<b>115.286 (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 (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 (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 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</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.)	yes
<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
<b>115.288 (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 (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 (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 (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 (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 (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 (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
<b>115.401 (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 (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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (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 (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 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (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 same manner as if they were communicating with legal counsel?	yes
<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