

# PREA Facility Audit Report: Final

**Name of Facility:** Florence RRC

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/07/2017

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> Teri Brister	<b>Date of Signature:</b> 12/07/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Brister, Teri
<b>Address:</b>	
<b>Email:</b>	audit_solutions@yahoo.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	11/06/17
<b>End Date of On-Site Audit:</b>	11/07/17

FACILITY INFORMATION	
<b>Facility name:</b>	Florence RRC
<b>Facility physical address:</b>	950 E. Diversion Dam Road, Florence, Arizona - 85132
<b>Facility Phone</b>	520-868-0880
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input checked="" type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input checked="" type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>	Steven Doran	<b>Title:</b>	Director
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Facility Director			
<b>Name:</b>	Steven L. Doran	<b>Title:</b>	Director
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Facility PREA Compliance Manager			
<b>Name:</b>	Steven Doran	<b>Email Address:</b>	sdoran@behavioralsystemssouthwest.com

Facility Health Service Administrator			
<b>Name:</b>	N/A	<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics			
<b>Designed facility capacity:</b>		72	
<b>Current population of facility:</b>		44	
<b>Age Range</b>	<i>Adults: 18-65</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		Low	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		23	

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>Title:</b>	President/COO
<b>Email Address:</b>	cslindholm@behavioralsystemssouthwest.com	<b>Telephone Number:</b>	949-492-3574

**Agency-Wide PREA Coordinator Information**

<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 PREA audit of the Florence Residential Re-Entry Center (RRC) was conducted on November 6-7, 2017 by Department of Justice (DOJ) Certified PREA Auditors Teri Brister and Christina Kampczyk. Teri Brister was the Lead Auditor. The notice of the PREA audit in both English and Spanish, along with contact information for the auditors, was posted at the facility six-weeks prior to the on-site audit. This was verified by photos received via e-mail from the PREA Coordinator. Several weeks prior to the on-site visit, the agency uploaded the Pre-Audit Questionnaire (PAQ) to the On-line Audit System (OAS). Facility specific information was included in the PAQ for the Florence RRC, while the majority of the agency-specific PREA-related policies and procedures were uploaded to the PAQ for the agency's Rubidoux facility, which was audited in September 2017. Prior to the on-site visit, there was on-going communication with the agency-wide PREA Coordinator Bari Caine-Lomberto. Additionally, during this time, auditors reviewed the facility-specific PREA-related information in preparation for the on-site visit which included; the PAQ, PREA training records for staff and for residents, the PREA training curriculum, and facility maps with camera locations. During the twelve months prior to the audit, there were no reports of sexual abuse or sexual harassment at the Florence RRC.

On the first day of the on-site visit, an entrance meeting was conducted with Executive Vice President(EVP)/PREA Coordinator Bari Caine Lomberto, Program Director/PREA Compliance Manager Steve Doran and Assistant Program Director Dave Brue. During this meeting, auditors discussed program changes that occurred since the last PREA Audit in 2014, and also discussed the plan of what needed to be accomplished during the two-day visit. Following the entrance meeting, Program Director Doran, Assistant Program Director Brue and the security supervisor, Alesia Martinez led the auditors on the facility tour. The auditors toured all areas of the facility interior and exterior. During the tour, auditors were able to speak with the residents about where they could find PREA-related information. Auditors observed bulletin boards in each housing unit, the dining room and admin lobby with comprehensive PREA-related information. Program Director Doran provided additional information related to the physical plant and changes to the facility since the PREA audit in 2014, he pointed out the camera locations in various areas of the facility, and explained the procedures of staff supervision and monitoring of the residents.

A total of thirteen staff interviews (five specialized and eight random) were conducted which included; the Program Director/PREA Compliance Manager Steve Doran, Assistant Program Director David Brue, Security Manager Alesia Martinez, case managers, the assistant cook and security staff from varying shifts. Executive Vice President/PREA Coordinator was interviewed at the agency's Rubidoux facility on September 15, 2017. Twelve residents (nine random and three targeted) were interviewed from each of the three housing units which included four females, one limited English proficient (LEP), one lesbian and one cognitive disabled residents. There were no transgender/inter-sex residents, youthful offenders, blind/hard of hearing residents or residents who had reported previous abuse who were identified by facility staff at the time of the audit. There was one contracted staff, Dr. Brennan who is the psychiatrist

for the agency's mental health/substance abuse clinic. Auditors were able to meet with Dr. Brennan who confirmed he received PREA training. Any contracted employee or volunteer receives the same PREA training as employees and are required to sign the same acknowledgement forms. All interviews were conducted on the first and second day of the on-site visit in a private location.

Thirteen staff files and twelve resident files were inspected. Each file reviewed were noted to be well-organized and complete with documentation that clearly shows the agency is providing PREA training and education to the staff and residents. Documentation reviewed in the staff files include; date of hire, promotions, self-reporting of prior Sexual Abuse and Sexual Harassment, staff background clearances, the signed Employee Handbook acknowledgement, initial/ongoing PREA training and quizzes, employee evaluations, employee disciplinary reports and sanctions, and the agency's Zero Tolerance policy acknowledgement. Documentation reviewed in the resident files include; the Resident Handbook and PREA education acknowledgement, the screening assessment for sexual abuse/sexual harassment, the re-assessment for sexual abuse/sexual harassment, the PREA Handout for residents and the PREA quizzes. Other documentation reviewed during the on-site visit consisted of the facility logbook, the facility emergency binder, the visitors sign-in/out log, resident complaints/grievances and special incident reports. The logbook is a chronologically maintained documentation of the daily activities related to resident movement/incidents, staff signing in and out for their shifts, grounds checks and head counts, maintenance issues and any special incidents. If a PREA-related incident were to occur, there would be a notation in the logbook.

An exit meeting was conducted with the EVP/PREA Coordinator, the Program Director and the Assistant Program Director. The facility and staff were well prepared for the PREA audit, as this was the fourth of five PREA audits for Behavioral Systems Southwest, during an eight-week period of time. Additionally, just prior to this audit, the facility underwent a full audit by the BOP. The Florence RRC is required to be PREA compliant per their contract with the Bureau of Prisons (BOP). During interviews with staff, it was apparent they were well aware of what their responsibilities would be should an incident of sexual abuse or sexual harassment occur at the facility and were able to clearly describe the steps they would take to protect the victim. Overall, resident interviews clearly indicate they are well-informed on the processes in which to make a report of sexual abuse or sexual harassment inside or outside of the facility and the various types of free resources available to them should they need it. There was one confidential communication received in which a male resident made a complaint of sexual harassment about a male security staff whom he believed was acting inappropriately. This resident reported the other male residents felt the same way; however, interviews with other residents did not confirm his complaint. The resident understood how he could make a report and his right to make a report, but stated he wished his report to remain anonymous. This information was discussed during the exit meeting and the program director was asked to provide follow-up to the auditors.

The auditors shared general observations noted during the two-day visit, discussed the timeline for the post-audit period and the follow-up that was needed regarding the one anonymous complaint. Finally, the auditors thanked the facility leadership for their time and preparation for the PREA audit, for accommodating the numerous requests for documentation and for ensuring a very smooth audit process during the two-day visit.

Regarding the anonymous complaint, the auditors were informed the program director forwarded information regarding the anonymous complaint to the BOP for further follow-up and investigation.

## 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 Florence Residential Re-Entry Center (RRC) is located in Florence, Arizona and is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation which is headquartered in San Clemente, California. The agency provides community correctional services for the Federal Bureau of Prisons (BOP) and residential parolee service centers for the California Department of Corrections and Rehabilitation (CDCR) with three residential facilities in California and three residential facilities in Arizona. A non-residential day reporting center and a non-residential drinking driver program are other services offered by BSS. The Florence RRC is under contract with the BOP and the facility is accredited by the America Corrections Association (ACA) every three years.

The purpose of the RRC is to transition inmates into their communities prior to their release from incarceration. These inmates remain in the federal custody of the BOP while residing in the structured environment of the Florence RRC, and while completing the remainder of their sentence. They are able to participate in school and work outside of the facility and utilize resources within the community. BSS casework staff assist the residents seeking employment/education opportunities and with community-based resources as needed. The average stay at the RRC is about six months and includes a home detention component.

Florence RRC is located in Florence, Arizona and was opened in 2001. Florence Arizona is located in Pinal County and is one of the oldest cities in the county. The facility is in a rural location and is surrounded by numerous prisons, correctional facilities and a jail and is also home to many Indian tribes. The Florence RRC provides residential services for both female and male residents with a total of 72 beds with 48 for males and 24 for females. On the first day of the PREA on-site audit there was a total of 35 residents with 27 males and 8 females. New residents must complete two-weeks of transitional skills classes prior to seeking school and/or work in the community. Each resident is assigned casework staff also goes over the PREA information with the residents and provides them with business sized cards with the third-party reporting telephone numbers and brochures with additional PREA information. Casework staff also assists them with completing employment applications, obtaining their identification cards, medical/dental services or any other services needed in the community. Because the facility is in a rural location, the facility provides transportation assistance to various drop-off sites inside and outside of the community. Many of the residents are able to quickly gain employment in the labor, landscape or restaurant service trades.

The Florence RRC consists of one main single-story rectangular building with three living units "dormitories" which house 24 residents each. All staff offices, the dining room, the kitchen, the conference room, the maintenance room, the laundry facility, and the administrative lobby area are all located in this main building. The administrative lobby area is where the security offices are located. New residents and residents departing or returning to the facility are processed in this area. There are lockers in the security office for residents to secure their personal cell phones which they are allowed to take with them into the community. Male and Female residents utilize the dining room at the same time for

recreational purposes as well as during mealtimes. Females are not allowed to sit at the same tables as the males. Cameras are located in the dining room to enhance staff supervision of the residents. The conference room is utilized for staff/resident meetings. There are three computers located in this conference room that residents are allowed to utilize with staff supervision. The laundry facilities are utilized by male and female residents separately during scheduled time periods. There is also a camera located in this area. Residents are allowed to assist staff in the kitchen; however, staff must be within camera view during this time.

Dormitories #1 and #2 house the male residents, while dormitory #3 houses the female residents at the opposite end of the building. Each living unit is exactly the same, rectangular-shaped with twelve sets of bunk beds, lockers for resident's personal belongings, and a bathroom. Each living unit has a rear exit door that is not to be used by the residents except in the case of an emergency. Each rear exit door is equipped with an alarm to alert staff when the door has been opened. The restrooms have doors for privacy. There are three individual toilets and three individual shower stalls, each with "PREA" shower curtains. These shower curtains are clear on the top and the bottom and shaded for privacy in the middle. Each room has a bulletin board with comprehensive PREA information; including, the Zero Tolerance policy against sexual abuse/harassment in English and Spanish, the third-party reporting information, toll-free telephone numbers to the Domestic Violence Hotline, and the Suicide Prevention Hotline, the PREA Audit Notice in English and Spanish and various PREA-related posters. This PREA information is also located in the dining room, and in the front lobby area. The bulletin boards in the front lobby area provide PREA information including the third-party reporting information, PREA policies and toll-free numbers including contact information for the PREA Coordinator for visitors, family members as well as the residents. Additionally, the visitor's sign-in log specifically informs visitor's that the facility has a Zero Tolerance Policy against sexual abuse/harassment. Visitors are also given the PREA Brochure which includes the information on the multiple methods in which to report an incident. This brochure is also available in Spanish.

The exterior of the facility includes a basketball court, a volleyball court, gym equipment, picnic tables, pay phones, several locked storage sheds and a sweat lodge for the Indian residents. This sweat lodge is not an enclosed structure and thus staff are able to observe the Native American residents who participate in the ritual according to their culture and traditions. There is a total of 17 cameras in various areas of the facility interior and exterior excluding the three living units and restrooms. Each camera is positioned to cover potential blind spots and to enhance staff supervision of the residents. The camera monitors are located in the front security office and in the facility director's office. Security staff working in the front office are required to monitor the cameras during the course of their duties. The assistant facility director is responsible for reviewing the video footage. Each security staff member carries a hand-held radio for communication during their shift. This radio also is equipped with a man-down button, in the event of a critical incident. Within the last year, the facility added cameras with audio capability to each of the four fifteen-passenger vans, in order to enhance staff supervision. The cameras capture 36-hours of video/audio monitoring which is reviewed by the facility managers. Should there be allegations or an incident reported in one of the vehicles, the managers would be able to go back and review the footage.

Currently the facility has a total of 21 staff and one contracted staff. In addition to the Program Director and Assistant Program Director, there is one Social Services Coordinator, three Case Managers, two Behavioral Health Technicians, one Security Manager, one Lead Security Monitor, eight Security Monitors, a Head Cook, an Assistant Cook and an Administrative Assistant. The contracted staff is Dr. Brennan, who provides psychiatric services to those residents identified by the Transitional Drug Abuse Treatment (TDAT) program as requiring services. Dr. Brennan is contracted through the BOP.



During the graveyard shift, there is always one female security staff and one male security staff on-duty. The female security staff conducts the all room checks in the female living unit, while the male security staff conducts the room checks on the male residents. During all other shifts, the staffing level reflects a mix of both male and female staff, with at least one female staff on-duty at all times. Staff carry a clipboard with them with a Headcount Sheet in order to verify the residents are on grounds, when they are conducting their rounds. All grounds checks/head counts are documented by staff in the daily logbook in addition to the logs/Headcount Sheets checked by security staff. Security staff were observed completing grounds checks/head counts during the course of the two-day visit, and were observed adhering to the knock, announce notice when entering a living unit of the opposite gender. This information was also confirmed with interviews with the residents as well as staff who state they adhere to this policy.

The agency's 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. According to their website; "the agency is dedicated to helping the ex-offender population break the criminal cycle and improve the quality of their lives through the use of cognitive behavioral change methodology. They accomplish this goal by providing comprehensive reintegration services to the ex-offender population in residential and non-residential settings. The services provided focus on individual skill building, accomplished through individual and/or group activities, all the while focusing on staff development and professional growth in order to provide effective services to those they serve. BSS seeks to empower individuals by providing them with the knowledge and training necessary to address existing behavior issues, identify solutions to future problems, and live a productive, self-supporting, clean and sober, crime-free life."

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	38
<b>Number of standards not met:</b>	0

The following is a summary of audit findings for the Florence Residential Re-Entry Center:

The on-site visit of Florence Residential Re-Entry Center was conducted November 6-7, 2017. During the audit, the auditors determined the facility was in full compliance with the PREA Standards. There were no allegations of sexual abuse or sexual harassment reported during the past year. The Florence RRC facility was the fourth BSS facility of six BSS facilities to be audited within an eight-week period of time, thus the facility and staff were well-prepared for the audit. Staff were clearly able to articulate their roles and responsibilities in the detection, response and reporting of a PREA-related incident should one occur. Residents were able to describe the numerous ways in which to report an incident of sexual abuse inside the facility, to outside sources, or through a third-party. The comprehensive PREA-related information posted throughout the facility is a constant reminder to staff and to residents, of the agency's commitment to protect residents from sexual abuse and sexual harassment. This information is readily available to visitors who come on-site or through the agency's website. Agency leadership as well as facility staff takes the implementation of the PREA standards seriously and compliance is a priority.

There were areas in which the Florence RRC exceeded the standards: 115.218, 115.233, and 115.403.

The results of the Behavioral Systems Southwest PREA Audit for the Florence RRC facility are as follows:

Number of Standards Exceeded: 3

Number of Standards Met: 38

Number 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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Florence RRC facility's zero-tolerance policy is posted throughout the facility, including the three housing units and on the agency's website. Detailed information can be found in the Behavioral Systems Southwest, Inc (BSS) policies and procedures, the agency's Employee Handbook beginning on page 73, Residents Rules and Regulations, the Bureau of Prisons (BOP) contract with BSS, and the Standard of Work (SOW) requirements by the BOP. The written policy indicates the agency's definitions for sexual abuse and sexual harassment and includes how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and sanctions for such acts. A review of the policy, Employee Handbook, Resident's Rules and Regulations, training curriculum, and interviews with residents and staff, demonstrates that the facility employees, residents and visitors are informed of the zero- tolerance policy and sanctions for those who violate the policy.</p> <p>All allegations of sexual abuse and sexual harassment are immediately forwarded to the BOP. The BOP conducts all investigations and determine sanctions for both staff and residents. Sanctions are determined based on the nature of the allegations and include, but are not limited to: retraining, referrals to an assistance programs, reassignment or relocation, suspension, discharge, and/or legal action.</p> <p>The agency's Executive Vice President Bari Caine-Lomberto is the PREA Coordinator for all of the BSS Community Confinement Facilities and is listed as such on the agency's organizational chart. The coordinator stated she has sufficient time and authority to oversee the agency's efforts in the development, implementation and compliance of the PREA Standards.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC does not contract with any outside agencies for the confinement of residents. BSS agency is contracted by the BOP to house residents. This contract states that the BSS agency cannot subcontract with other agencies for the confinement of residents. Therefore, this section is not applicable.</p>

115.213

**Supervision and monitoring**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

The Florence RRC facility staffing plan is reviewed by the facility director as well as the PREA Coordinator on an annual basis. The monitoring and review of this plan includes a review of adequate staffing levels to ensure both male and female staff are scheduled on each shift in order to meet the supervision needs of the male and female resident population. The BSS contract with BOP states that BSS must maintain both male and female staff on duty at all times for co-ed facilities such as Florence RRC. BOP and the PREA Standards set the minimum staffing standard, however BSS sets a higher standard and employs more than the minimum number of employees. 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. Whenever a staff calls off on his/her shift, the facility director is immediately notified and will ensure the shift is appropriately covered. The facility 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 facility director. Any such deviations from the staffing plan would be documented and reviewed by the facility director. 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 is considered when determining the adequate staffing level.

Video monitoring technology assists the staff to monitor residents and the facility's daily activities. The facility has cameras carefully mounted in all areas of the facility. A review of the camera placements found there were no blind spots that were not monitored by a video camera. Every area of the facility can be viewed by the staff and facility director through the video monitoring system.

The PREA Coordinator conducts an annual review of the facility's staffing patterns to ensure compliance with the male/female staff representation as required in the standard. The Florence RRC facility director will immediately notify the PREA Coordinator when overtime (OT) is needed to properly cover a vacancy due to illness/vacation/vacancy, ensuring that male and female staff are on duty 24 hours per day, seven days per week, and 365 days per year. The staffing plan as well as the annual staffing review is documented.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>BSS policy strictly prohibits cross gender pat-down searches, cross-gender strip searches, and cross-gender visual body cavity searches of male or female residents. The Florence RCC co-ed facility has both with male and female staff during each shift. All staff are trained in conducting searches of both male and female residents. 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. The staff also have the option of using the "wand" which is a metal detection device that the staff are trained to utilize. 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.</p> <p>In the case of a transgender or intersex resident, the Florence RRC facility is notified of the resident's gender, sexual preference and genital anatomy by BOP prior to entering the facility. Residents are also informed of BSS' 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 using a wand. All staff have been trained on how to search all residents in a professional and respectful manner and in the least intrusive manner possible. At no time would a resident be physically examined for the sole purpose to determine their gender status. Interviews conducted with staff show staff are very clear on the policies and procedures regarding searches.</p> <p>When interviewed, staff and residents confirm that staff of the opposite gender are knocking and announcing their presence prior to entering the resident's rooms or restrooms. A review of resident's files found no concerns with the staff's knock and announce notices. 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.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency has established procedures to ensure that all residents, including those who are hard of hearing, vision-impaired, limited English speaking, or intellectually-impaired, participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Florence RRC provides PREA information in six languages which include; Armenian, Spanish, Vietnamese, Romanian, Korean, and Hebrew. Florence RRC facility has bilingual staff who are able to translate for some of these languages. The facility also contracts with a company who provides interpreter services whenever needed. Florence RRC prohibits the use of resident interpreters or resident readers, except in exigent circumstances. Additionally, all new residents are required to meet with a case manager within three days of their arrival to the facility. At this time, the case manager will review the PREA information they received at intake to ensure the resident understands the information provided to them. If a resident has limited reading ability, or limited vocabulary, the case manager would take the time to read and explain the PREA information to them.</p>

115.217

**Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The BOP provides guidelines and mandates to the BSS agency regarding hiring and promotion decisions of employees. These mandates require a background check to be completed at time of hire for all new employees and also at the time of the agency's contract renewal. Background checks consist of a review of the:

- Civil Application System (CAS),
- National Crime Information Center (NCIC),
- Local law enforcement
- Credit checks and prior employment and personal references.

Contracts are renewed no more than every five years. BOP conducts these background checks and forwards the outcome to the BSS agency. Potential employees are not able to enter the Florence RRC facility prior to a background clearance. BSS has a policy against hiring anyone with a history of a sexual abuse conviction. 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. 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 Employee Handbook pages 73-79. 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. The Florence RRC facility did not have any contractors or volunteers during this reporting period. However, BOP contracts for psychiatric services with Dr. Brennan and his office is located at the Florence RRC facility. A review of Dr. Brennan's file confirmed that he received the same PREA training that employees receive. All contractors and volunteers are subject to the same background checks and security clearances as employees. A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the 5 year requirement.



115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The Florence RRC facility has not undergone any substantial expansion or modification of existing facilities. During the on-site visit all 17 cameras and monitors appeared to be functioning with no issues. There were no blind spots observed as the cameras view all areas of the facility. Camera monitors were located in areas where staff and the program director could view them and were all in working order as observed during the on-site visit. Staff were able to describe the steps they would take if there were problems with any of the cameras or the video monitoring system, in order to ensure the enhanced supervision of the residents.</p> <p>One significant modification (not related to the physical plant itself) at the Florence RRC facility that was implemented within the last year is the installation of a camera/video monitoring system in each of the facility's four, fifteen passenger vans. Florence RRC provides limited transportation for the residents for employment and to community resources due to the remote location of the facility. This video monitoring system also has audio capability and provides for protection for staff and enhanced staff supervision of the residents during transportation to various drop-off/pick-up locations. Residents and staff are aware of the video monitoring with the cameras positioned in the vehicle to capture activities and sound. The camera stores 36-hours of footage. The video monitors are located in the security office and monitored by security staff. The assistant program director is responsible for reviewing the video/audio footage. If there were allegations of a PREA-incident or any other incident in one of the vehicles, facility managers would be able to go back and review the video/audio footage. The agency took proactive steps by considering how technology could enhance staff's ability to protect themselves and residents from sexual abuse and sexual harassment during resident transportation. Therefore, the determination for this standard is an Exceeds.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Florence RRC facility does not house residents under the age of 18 and they do not conduct criminal or administrative investigations. The Employee Handbook, pages 73-79 and BOP's Statement of Work (SOW) pages 16-21 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 then 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 that investigations were not conducted by the Florence RRC staff and only by an outside agency.</p> <p>Florence RRC does not have onsite access to forensic medical examinations. If a resident is in need of services, they are referred to FastMed Urgent Care and Florence Anthem Hospital for medical service. The Florence Anthem Hospital offers SAFE and SANE certified forensic medical care. For immediate sexual abuse assistance, residents can contact Against Abuse. Against Abuse provides shelters and counseling services. These services are available 24 hours a day, seven days a week. If needed, the facility would provide a qualified staff to accompany the victim to all services.</p>

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC does not conduct any type of investigation, including a PREA incident, per their contract with BOP. BSS policy states any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency and/or local law enforcement to conduct an internal/administrative and/or criminal investigation. As contained in the BOP SOW, "The contractor will not conduct an investigation of any misconduct allegation without BOP approval. This includes questioning the subject of a misconduct allegation." This policy is also published on the agency website and can be found under the Newsletters tab. If the agency receives any complaint regarding allegations of sexual abuse or sexual harassment, it would be documented on an incident report form. Further, the information would be included in an email to the BOP. Upon receipt of an allegation facility staff are required to notify local law enforcement and the BOP.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>All Florence RRC employees receive a curriculum-based training on the agency's zero-tolerance policy and all of the elements as described in 115.231 (a) at the time of hire. Employees also receive quarterly refresher training covering a variety of PREA-related topics. At the time of hire, the Employee handbook is discussed in detail with the new employee. This handbook describes the expectations of the new hire, the PREA-related policies and procedures, and repercussion should an employee violate any of the PREA policies.</p> <p>PREA training is tailored to the male and female resident composition at the facility. This training includes written and verbal instruction and a quiz to ensure staff have retained the information they received. All training provided requires the staff to sign and date that they have received the training and understand what they have learned. Additionally, at least one of the PREA standards is discussed during bi-weekly staff meetings which is also documented.</p> <p>When interviewed, employees were clearly able to articulate their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response. Staff were also able to describe first responder duties in detail. A review of thirteen staff files clearly show the facility is documenting its efforts at providing comprehensive training to the staff. The files include the Self Declaration of Sexual Abuse and Sexual Harassment, the signed/dated PREA Acknowledgement, the PREA quizzes and all PREA-related training.</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence RRC did not utilize volunteers or contractors during this auditing cycle. However, as noted in standard 115.217, BOP contracts with Dr. Brennan for psychiatric service and he has an office at the Florence RRC facility. All contractors and volunteers follow the same background checks and PREA training that Florence RRC employees would follow. Background checks are conducted by the BOP. A review of Dr. Brennan's file and interview concluded that he received all PREA training and education as that of the BSS employees. When interviewed he was able to articulate his responsibilities as they relate to the PREA standards. Contractors and volunteers are not allowed on the facility grounds until they pass their background checks and BOP has notified Florence RRC of their clearances. Background checks are completed through the National Crime Information Center (NCIC) and the National Law Enforcement Telecommunication System (NLETS). Applications 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 must then be trained in various areas to include PREA. BSS has developed a handbook for volunteers and contractors that includes the policies and procedures for the agency's approach to preventing, detecting and responding to sexual abuse or sexual harassment. PREA training also includes testing to ensure the volunteers and contractors understand what they have learned. Upon completion of all PREA training, volunteers and contractors sign and date stating they received the training and understand the curriculum.</p>

115.233	<p><b>Resident education</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>All residents receive information at the time of intake about the zero-tolerance policy, how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting incidents and how to respond to such incidents. The Florence RRC also provides all residences with a business size card with that contains the agency's zero-tolerance policy and phone numbers for the National Sexual Abuse Hotline, the facility managers phone number and information to contact local law enforcement (911) and/or to report to staff. The facility's Assistant Program Director, David Brue, also developed a brochure regarding the agency's zero-tolerance policy, information regarding reporting sexual abuse and contact numbers to report abuse. This brochure is provided to the staff, residents, and visitors.</p> <p>Auditors reviewed a random selection of 12 resident files and found that all residents had received PREA information upon intake. This information was provided in the Acknowledgment of Training, Prison Rape Elimination Act (PREA) and Sexual Abuse, and Prevention and Intervention training documents as reviewed by the auditors. Residents are provided this training in writing and verbally upon intake and in six different languages. Contracted interpreters are contacted if the resident needs further assistance. For residents who are vision-impaired or who have limited reading skills, security staff or case managers would read them the information. The staff would assist with the PREA education and training to ensure resident's comprehension. Once they have completed the training, residents must sign and date stating they understand what they have learned. All residents receive this training/information upon intake and within their 30-days reassessment which is performed by the case managers. When interviewed, all residents were able to clearly articulate that they had received this information upon intake and during a reassessment.</p> <p>Whenever a resident is transferred to another facility, whether it is a BSS facility or from a different agency, all residents are provided the same PREA training as if they were entering the facility for the first time. Interviews with residents confirmed that they were being provided the PREA information before leaving a prison facility and during intake at Florence RRC. Resident interviews confirmed that they were provided PREA information in the language of their choice.</p> <p>Florence RRC has provided the residents, staff and visitors with multiple ways to report sexual abuse and sexual harassment to include the development of their PREA business cards and PREA brochure in both English and Spanish. Florence RRC therefore, exceeds this standard.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Florence RRC does not conduct investigations of sexual abuse or sexual harassment per BOP and CDCR requirements. All investigations are referred to the BOP and/or local law enforcement.

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Currently, the BOP has a contract with Dr. Brennan to provide psychiatric services to those inmates identified by the Transitional Drug Abuse Treatment (TDAT) program as requiring psychiatric services. Although Dr. Brennan is not contracted through BSS, he does have an office located at the Florence RRC facility. He therefore, has received all training and background checks through the BOP prior to entering the Florence RRC facility.

**115.241 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

As noted in the BSS Employee Handbook on page 75-76, all residents receive screening for risk of victimization and abusiveness upon intake for new residents or those who have transferred from another facility or agency. When interviewed, residents confirmed that they were asked questions regarding any history of prior sexual abusiveness or sexual victimization. All resident files confirmed that residents receive such screening within 72 hours of intake.

A sampling of 12 resident files revealed that all residents were provided three assessments regarding sexual victimization and sexual abuse upon intake. These assessment tools, Sexual Victimization Assessment, Sexual Abuse Assessment and the Medical Intake form provide the agency with information to help assist and determine appropriate housing and special needs (Blind, hard of hearing, prior history or sexual abuse or harassment, LGTB status, disabilities, English learning etc.). Should a history of sexual predation be noted, staff will immediately notify the Program Director who will determine the offenders' suitability for placement at the Florence RRC facility. Auditors reviewed the assessment tools and the date the resident signed that they received the PREA information and understood what they had received. In addition, staff and resident interviews confirmed that these assessments were provided upon intake.

The risk assessment tools considers, at a minimum, the following criteria:

1. Resident's age
2. Resident's gender
3. Physical build
4. History of violence/non-violence
5. Sexual victimization
6. Resident's perceived vulnerability
7. Convictions of sexual offenses, adult and children
8. Resident's perceived identity (i.e., gay, lesbian, bisexual, transgender, intersex or gender non-conforming)
9. Mental, physical or developmental disability.
10. Number of times incarcerated

Residents are scored by a series of numbers for a total of High, Medium or Low for risk factors. BOP will be contacted for residents who receive a score of High to discuss if the resident is suitable for the Florence RRC facility based on the physical plant layout of the facility, the resident make up at the facility, and concerns for all resident's safety. A score of High could require that the resident be moved to another facility. A Medium score would require a discussion at the agency level with the Program Review Team to address concerns of safety for all residents and any community resources available to address such concerns.

Follow up assessments are conducted within 30 days of the initial intake assessment or in the event of a new referral, a request, and/or any allegations or incidents of sexual abuse or harassment. In doing so, case managers meet the residents to conduct the reassessment.

Residents are informed that there will be no disciplinary actions taken for refusing to answer or for not responding to questions regarding prior victimization, if they have a disability, their own perception of vulnerability or their sexual orientation. A review of all resident files indicated that reassessments were conducted within 30 days of intake. When interviewed, all residents were able to articulate that they were provided this assessment and information.



<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC uses information obtained by the BOP prior to the residents arrival at Florence RRC and at the time of the intake screening to ensure residents are afforded safe housing, bed, work, education, and program assignments. Should the offender 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 keep separate residents who are at a high-risk of being sexual 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.</p> <p>Florence RRC receives referral information from BOP well in advance of receiving the resident, which includes, the resident's gender based upon their physical anatomy. Transgender and intersex residents are placed in housing units based upon their physical anatomy; however, residents are informed of this policy while in prison and they have a choice to not enter the program. These concerns are documented in the resident's file. BSS will not, under any circumstances, discipline an offender for failing to answer any questions during the assessment. All showers are located in private bathrooms in each dorm. Special shower curtains made that allow staff to view the resident's feet and head only. All residents have privacy during showers, while changing clothing or while using the toilet.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence RRC provides multiple internal and external methods for a resident to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting and staff neglect or violation of responsibilities that may have contributed to the abuse. Residents are provided this information at time of intake, during subsequent meetings with their case manager, and during resident orientation classes. They can privately communicate with their case manager, a security monitor, or facility administration. If they do not want to report to anyone inside of the facility, they can report to any outside third party; including BOP, law enforcement, Fast Med Urgent Care, and Against Abuse. Fast Med Urgent Care is a third-party reporter and will immediately report to BSS that an incident occurred at the Florence RRC, while allowing the resident to remain anonymous. Reports can be made verbally, anonymously, and in writing. Residents are also encouraged to report to a friend or family member or anyone else they feel comfortable with. Florence RRC emphasizes the importance that residents tell someone. Staff are required to document all allegations of abuse immediately and to follow agency policy regarding notification and steps to ensure the residents safety. Staff were clearly able to articulate this information during interviews. This information is also posted on bulletin boards in each dorm, throughout the facility, and provided to the residents during intake. Staff are able to make a private report directly to the PREA Coordinator, directory to BOP, and to law enforcement. Residents are also provided with a business-sized card they can keep with the toll-free third party reporting information.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All residents are encouraged 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 Residential Re-Entry Manager's without going through the facility mail. The purpose of the grievance is to allow the resident the ability to seek a formal review of any issue related to any aspect of his/her confinement. 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.</p> <p>BOP will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The BOP may claim an extension of time to respond, up to 70 days, if it 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.</p> <p>Third parties, including fellow 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 are also be permitted to file such requests on behalf of residents. The agency documents the resident's decision if they decline to have a third-party request an administrative remedy processed on his/her behalf.</p> <p>In regard to emergency grievances, an expedited BP-9 grievance response 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, Florence RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken. An initial response will be provided within 48 hours and the agency will issue the final decision within five calendar days. This initial response and the final decision will document the determination whether the resident is in substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility would take steps to protect the resident. Florence RRC does not discipline a resident for filing a complaint related to sexual abuse in bad faith. BOP will render a decision regarding discipline on a case-by-case basis.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence RRC provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free hotline numbers where available), of local, State, and national victim advocacy or rape crisis organizations. This information is posted throughout the facility, on the PREA bulletin board, in the facility's PREA brochure, on the facility's PREA business cards and in the Resident Handout. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case managers. The facility allows communication between residents and these organizations, in as confidential a manner as possible. Residents can mail private letters, use the facility's pay phones, use their personal cell phone, or another phone while out in the community to access these support/advocacy services.</p> <p>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.</p>

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence RRC has an established Memorandum of Understanding with Fast Med Urgent Care to report to the Florence PREA Manager if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The agency has posted on it's 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 or at the facility and then file a complaint on behalf of the resident. 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 and on the PREA boards at the facility.</p>

115.261	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Florence RRC requires all employees to report immediately to the Program Director any knowledge of suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation for reporting against a staff or resident that occurred at their facility, or any other facility, which includes reports from third parties. This information is defined in the Employee Handbook pages 75-76. Should a report of this kind occur, the Program Director or designee will immediately notify BOP and the PREA Coordinator. The Facility Director will also complete a Serious Incident Report and contact local law enforcement.</p> <p>As defined in the Employee Handbook on pages 73-77, any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the PREA Manager and/or PREA Coordinator. Staff will accept reports of any sexual abuse and/or 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/or PREA Manager at the facility; however, staff reported they would document the report and notify the facility director immediately.</p> <p>Staff and residents may report an incident verbally or by a sealed note/letter to the Program Director/PREA Manager 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.</p>

115.262	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Upon learning that a resident is at substantial risk of imminent sexual abuse, the Program Director and BOP will be notified to determine the most appropriate action. Meanwhile, staff will immediately take action to protect the resident based on the nature of the report. This will include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Keeping the resident in the security office</li> <li>• Moving the resident to a room closer to the security office</li> <li>• Monitoring the resident more closely</li> <li>• Doing additional ground checks and head counts</li> <li>• Monitoring the cameras more frequently</li> <li>• Transferring the resident or the perpetrator for the safety of all residents</li> </ul> <p>During interviews with Florence RRC employees, they were able to articulate this information. This information can also be found in the Employee Handbook pages, 75-78.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Upon intake, all residents are questioned about prior sexual abuse during any type of incarceration. Should a resident report such abuse, staff would immediately document the information and contact the Program Director for further instruction. Based on the nature of the offense, the Program Director will contact the BOP to request further instruction. BOP would investigate the matter and based on the nature of the offense, local law enforcement may be contacted. Staff would be precluded, if staff were involved, from working with any offenders pending the outcome of the investigation. If the matter was substantiated, all licensing agents would be notified and staff would never be allowed to work at any federal confinement facility again.</p> <p>BOP has employees trained in investigating sexual abuse allegations. The Florence RRC Program Director would be responsible for ensuring that all allegations of sexual abuse are documented and request that investigations comply with the PREA standards. There were no cases at the Florence RRC facility alleging sexual abuse/harassment while confined at another BSS or BOP facility. Additionally, there were no notifications received that a former BSS resident reported abuse while confined at any other facility. All information was confirmed by reviewing staff and resident files, and interviews with staff and residents as well as the PREA Coordinator.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The BSS Employee Handbook page 77, clearly defines the staff's responsibility in the event of being the first responder of a sexual abuse incident. As written, first responders are required to:</p> <ul 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 to 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>The Florence RRC has a First Responder Checklist to ensure proper protocols are followed. All Florence RRC staff are trained as first responders. Interviews with staff revealed adequate knowledge of expected duties acting as a first responder. Additionally, the Florence RRC maintains a Safety Incident Program (SIP) binder which contains First Responder Checklist for staff to quickly retrieve in the case of an incident.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence RRC has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in the event of a sexual abuse incident. All staff are trained to act in the capacity as first responders. The facility does not employ medical or mental health practitioners therefore, staff will ensure the victim is taken to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. This written institutional plan is maintained in the facility's Safety Incident Program (SIP) binder. Interviews with staff and the Program Director indicated an understanding of the steps they would take if they needed to act as a first responder.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC does not participate in any collective bargaining agreements. Therefore, there are no collective bargaining related limitations on the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p>



**115.267 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Florence RRC Employee Handbook defines the staff's requirements for ensuring that all staff and offenders who report sexual abuse or sexual harassment will be free from retaliation by other residents or staff. All staff are required and trained to detect and monitor signs of retaliation. A review of the Florence RRC facility's training records confirmed that staff had been trained in this area. Interviews with staff further confirmed they were aware of how to respond and monitor acts of retaliation which include but are not limited to:

- Monitoring disciplinary action against staff or residents (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.

As mentioned in standard 115.262, the facility will take immediate measures to protect the victim which may include transferring the victim or the abuser to another BSS facility or returning them to BOP. Should the abuser be an employee, that individual would be removed from the facility and ordered to have no contact with the residences or staff pending completion of an investigation. Florence RRC will provide the resident with referrals to free community-based resources to address emotional support. Fast Med Urgent Care and Against Abuse will be contacted to provide the resident advocacy services during all phases of the investigation at no cost to the victim. Staff and residents alike were able to articulate this information during their interviews. Resources for services were posted throughout the facility, on the PREA business card, the PREA brochure, and provided to the residents in their handouts during the intake process. This information can also be found in the Employee Handbook.

In the event of a report of sexual abuse, regardless if the incident was determined to be unfounded or unsubstantiated, the staff would continue to monitor the conduct and treatment of all residents who may have a fear of retaliation throughout their confinement at the Florence RRC facility. Any acts of retaliation are grounds for termination from the program or employment as written in the BSS policy. To ensure residents are not subjected to acts of retaliation, the facility would monitor disciplinary reports to make sure there are no petty write ups or increased write ups, inappropriate housing changes, and lack or refusal to communicate by staff. The facility would 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 would monitor staff retaliation by reviewing changes in performance evaluations, change in facility job assignments, or behavioral changes. Monitoring of staff would continue well over 90-days until there is no concern or suspicion of possible retaliation.



<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>Florence RRC does not conduct investigations of any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. Misconduct of any nature is immediately reported to BOP and local law enforcement (for criminal matters). If allegations are sustained, BOP will determine and impose the appropriate sanctions. These investigating agencies have investigators who are trained in conducting sexual abuse investigations. The investigators from these agencies are responsible for all aspects of the investigation to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators. BOP may direct Florence RRC to provide preliminary information during the investigation process. Florence RRC is not responsible for communicating with prosecutors regarding criminal investigations. Therefore, they do not assess the credibility of an alleged victim, suspect, or witness. The investigating agency is responsible for all communication with the victim, witness and perpetrator.</p> <p>Florence RRC does not conduct administrative or criminal investigations. When BOP or any of the previously mentioned agencies conduct an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. All criminal and administrative investigations are provided in written reports and will include a description of the physical and testimonial evidence, facts of the case and a disposition of the case. Per the PREA Coordinator, all reports are retained for the duration of the resident's incarceration with a BOP facility and for at least 5 years after their release.</p> <p>Resident termination from the program or staff termination from employment would not provide any basis for termination of an investigation. In addition, Florence RRC will cooperate with all investigating agencies and attempt to remain informed of the outcome of the case.</p>

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>Florence RRC does not conduct investigations; however, when residents are transferred to Florence RRC they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. BSS has a zero-tolerance policy. If any staff or resident is in violation of these set of rules, it clearly states in the Employee Handbook and in the Resident's Handout, that they will be terminated from the program/employment for sexual abuse.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Although Florence RRC does not conduct investigations, they will remain in communication with the investigating agency until the end of the investigation and provide the resident with information regarding the outcome of the investigation. Florence RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>BSS Employee Handbook page 52, clearly defines "Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination. If the employee engages in sexual abuse, the employee will be terminated." Should there be an incident of sexual abuse or sexual harassment, BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the Employee Handbook will result in termination. Misconduct includes:</p> <ul style="list-style-type: none"> <li>• Excessive Tardiness</li> <li>• Excessive absenteeism</li> <li>• Careless conduct/negligence</li> <li>• Leave without approval</li> <li>• Dishonesty</li> <li>• Insubordination/use of expletives</li> <li>• Possession/Consumption of Drugs/Alcohol</li> <li>• Theft</li> <li>• Unapproved use of Company premises/property</li> <li>• Weapons on facility</li> <li>• Defacement of Company property</li> <li>• Physical assault</li> <li>• Divulging confidential information</li> <li>• Violation of Company rules</li> <li>• Previously stated unacceptable conduct</li> <li>• Lack of cooperation with a public agency</li> <li>• Violation of any PREA standard</li> </ul> <p>All criminal matters are reported to local law enforcement and to BOP for investigation. Florence RRC has not had any incidents of staff-involved sexual abuse or sexual harassment in the last 12 months.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>All contractors and volunteers are held to the same standards as employees. If a contractor or a volunteer violates any of the PREA standards, they would immediately be removed from the facility and would not be allowed to have any contact with any of the residents. As with employees, criminal complaints would be filed with the local law enforcement and BOP would be notified. The contractor or volunteer would be "tagged" through the BOP and would not be allowed on any federal confinement facility or contracted facility. Florence RRC has not utilize contractors or volunteers during this reporting period.</p>



115.278

**Disciplinary sanctions for residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The BOP handles all formal disciplinary matters for residents. Should a resident be in violation of a PREA standard, the BOP and law enforcement (for criminal matters) would be contacted. Based on the nature of the offense, BOP would determine if the resident would remain at the facility and what type of discipline he/she would receive. Disciplinary sanctions are clearly documented in the BOP's SOW. This was confirmed by a review of the SOW and by residents and staff interviews. BSS prohibits disciplinary action for a report of sexual abuse made in good faith based upon the reasonable belief that the alleged conduct occurred even if the evidence does not establish evidence to substantiate the allegation.

Prior to arriving at the Florence RRC, residents are provided with the facility rules and regulations and sanctions for violation of said rules and regulations. Upon arrival to Florence RRC, the facility rules, regulations, and sanctions are again reviewed with the resident. The resident must sign and date that they have read the rules, regulations and sanctions and agree to abide by them. This process is repeated whenever a resident enters/reenters the program even if they have been transferred from another BSS facility. When determining sanctions for residents who violate the rules of the program, all factors are taken into consideration on a case-by-case basis to include but not limited to the comparable offenses by other residents, mental health disabilities, prior history of offenses and prior sanctions. In an incident of sexual abuse, both the victim and the perpetrator will be offered community-based services to address the incident or underlying reasons or motivations for the abuse.

Florence RRC employees and residents are prohibited from engaging in sexual acts and are provided written and verbal information regarding violations of such acts. These restrictions and sanctions are written in the contract between BOP and the BSS agency. Employees and residents alike, must sign and date that they have read and understand the rules. Should an employee or resident engage in a sexual act, BOP would terminate the employee from employment and remove the resident from the program. However, if the act was consensual, criminal charges would not be filed.

Florence RRC prohibits all sexual acts between residents. Residents are provided this information upon intake. During the resident interviews, residents confirmed this information. Should residents commit any type of sexual act whether coerced or not, BOP would investigate the matter and determine sanctions based on the nature of the act.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC does not provide any on site medical and/or mental health care. All medical and/or mental health services are located off-site at community-based facilities. Services that specialize in sexual abuse, sexual harassment and trauma-related care are posted throughout the facility to include SAFE and SANE services and locations. 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. Phone numbers for these services are provided in both 800 (when available) and local numbers. Residents are provided this information in the Resident Handout they receive during the intake process and during PREA training. This was confirmed by a review of the resident's files which contained the resident's signature stating they received the information. All staff are trained in First Responder Duties, should an incident of sexual abuse occur. Furthermore, staff were able to articulate during interviews the preliminary steps they would take to protect the victim by first calling 911 and securing the victim and the scene.</p>

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Florence RRC does not provide medical or mental health services. All services are provided by referrals to community-based services. All services are provided free of charge with no cost to the victim. Victims who have been sexually abused through vaginal penetration are afforded pregnancy test, comprehensive information about pregnancy related medical services and tests for sexually transmitted diseases at these care centers. Continuum of care is at the direction of the physician treating the resident. Should the residents care require transfer to another facility or release from custody, BOP would be notified immediately to make the determination. Florence RRC does not determine the placement of the resident. They do however, inform BOP if the resident's safety or medical condition could or could not be met at a BSS facility.</p> <p>Auditors contacted the community-based agencies and confirmed the information as provided above.</p>



115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The critical incident review team (CIRT) consists of the PREA Coordinator, the facility's program director, the facility's assistant program director, the security monitor supervisor and the BOP. The PREA Coordinator will facilitate the meeting and will determine the exact composition of the team based on the nature of the incident. If an incident occurs, the team will meet and discuss circumstances surrounding the incident as described in the PREA Standard. Reviews are usually conducted within 72-hours of the incident and during the investigation and always well within the 30-day requirement. Florence RRC does not conduct investigations; however, they do maintain contact with the investigating agency for continual updates.</p> <p>Policy changes are based on the CIRT recommendations. The team will review all aspects of incident as to facts that may have caused the occurrence and factors as listed in the PREA Standard. Policy changes and practices are reviewed based on whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Should any of these factors need to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.</p> <p>In the event recommendations are made after a review of a critical incident, 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.</p> <p>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>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Florence 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. Florence RRC does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. Florence RRC does not conduct investigations; however, should an incident occur, Florence RRC will request the relevant information from the investigative agency and report the information on the SSV-IA or the SSV-4 form as required. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. The Annual PREA Report is available for view by the public on the agency's website under the tab "Newsletters."</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>BSS reviews data collected and aggregate 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 actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency's progress in addressing the sexual abuse. The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency's President/COO. A review of the agency's website and interviews with the PREA Coordinator confirmed the agency is in compliance with this standard. All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least 10-years after the data of initial collection. Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to posting on the agency's website.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least 10-years after the data of initial collection. Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to posting on the agency's website.

115.401

**Frequency and scope of audits**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Florence RRC facility was last audited in December of 2014 with the final report submitted in December 2014. The facility met the three-year audit cycle requirement. The current audit was conducted in November 2017 with the final report being released in November 2017 which places the facility in compliance with the three-year audit requirement cycle.

The PREA Standards require that the agency audit at least one-third of their facilities each year during the three-year cycle. Although the agency was not in compliance with this requirement during the first and second audit cycles, they were in compliance with having the facility audited within each auditing cycle and prior to three years of the last audit for this facility. Based on this information and confirmation with the PREA Resource Center, they are in compliance with each audit cycle. The agency has agreed that during the next auditing cycle, they will ensure that no less than one-third of their facilities will be audited each year.

During the on-site portion of the Florence RRC facility PREA audit, all areas of the facility were accessible to the auditors. These areas included, but were not limited to: the physical plant, all resident and staff files, maintenance log books, incident and grievance log books, and case manager log notes. All files, and documents were very well kept, neatly organized, and readily available to the auditors.

The facility was very accommodating when the auditors requested addition documentation. During the pre-audit phase, all requested and required documentation was upload to the OAS. When additional documents were requested during the auditing process, the facility director would immediately provide copies or access to the information needed.

At the time of the on-site audit there were 21 staff employed and 35 residents living on-site. BSS contracts with the Bureau of Prisons (BOP). At the time of the on-site visit, auditors randomly chose 12 staff to interview based on their job titles and duties. Residents were randomly selected by the auditors based on a targeted population (Disabled, LGBTI, Blind, Deaf, or Hard of Hearing, or Sexual Abuse while at the Facility) and a random population of residents. The Florence RRC staff were very accommodating by insuring the auditors had a private room to conduct interviews.

Notice of the PREA audit was provided to the agency and posted at the Florence RRC facility six weeks prior to the on-sit visit. The facility provided an email with photos of the postings verifying the date they were posted. The auditors had previously audited the facility during the first audit cycle and were familiar with the posted locations. During the on-site audit, the postings were visible to the auditors and posted throughout the facility. These postings were clearly visible to all residents and visitors. The information contained in the postings provided residents, employees, and third-party persons with information on how to contact the auditors confidentially in writing and by email, in addition to the dates of the on-site audit. The information was also printed and posted in Spanish. There was no correspondence sent to the auditors during the Pre-Audit phase.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The audit reports for all BSS facilities are posted on the BSS website and are accessible to the public. The first audit cycle for the Florence RRC facility was posted immediately upon receipt in 2014 and is 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.</p> <p>The Florence RRC facility exceeds the standards as they have also made the audit reports available in hard copy at the facility for those individuals who may not have access to a computer.</p>