

PREA Facility Audit Report: Final

Name of Facility: Florence Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/28/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Teri Brister	Date of Signature: 12/28/2019

AUDITOR INFORMATION	
Auditor name:	Brister, Teri
Address:	
Email:	blynnt12@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	11/12/2019
End Date of On-Site Audit:	11/13/2019

FACILITY INFORMATION	
Facility name:	Florence Residential Reentry Center
Facility physical address:	950 E. Diversion Dam Road, Florence, Arizona - 85132
Facility Phone	
Facility mailing address:	118 Avenida Victoria, San Clemente, California - 92672

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

Facility Director	
Name:	David Brue
Email Address:	dbrue@behavioralsystemssouthwest.com
Telephone Number:	520-868-0880

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

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	39
Average daily population for the past 12 months:	34
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-75
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	16
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

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.

Pre-Audit Phase

The Prison Rape Elimination Act (PREA) Audit of the Florence Residential Re-Entry Center (RRC) in Florence Arizona, was conducted on November 12-13, 2019. The Florence RRC (facility) operates under the agency Behavioral Systems Southwest (BSS). The facility houses male and female residents who are under the custody of the Federal Bureau of Prisons (BOP) and provides home detention services for the BOP. Some residents are under the supervision of the United States Probation Office (Public Law) and are sanctioned by the Court to a residential placement for failing to comply with court-ordered conditions of supervised release. However, all residential placements at the Florence RRC must go through the BOP for residential placement determination. Department of Justice (DOJ) Certified PREA Auditor Teri Brister was the lead auditor who was assisted by DOJ Certified PREA Auditor Christina Kampczyk. This was the third PREA audit for the Florence facility. The PREA audit was initiated in the On-line Audit System (OAS) by Auditor Brister and a formal contract was developed and entered between BSS and Audit Solutions, LLC. in September 2019.

Prior to the on-site audit, BSS's website was reviewed for facility description and PREA-related information. On the website, the sixth tab (Newsletters) contains information on the agency's Zero Tolerance policy against sexual abuse and sexual harassment, third party notification outside the facility for an allegation, and the contact number for the PREA coordinator. Additionally, the agency states their policy regarding investigations and that allegations for sexual abuse or sexual harassment will be immediately referred to the BOP and/or local law enforcement. Lastly, previous PREA Audit reports are posted for each of the agency's five community confinement facilities and the Annual PREA reports per 115.287 and 115.288.

The Pre-Audit phase consisted of direct on-going communication (e-mail and phone calls) with the agency's PREA coordinator Bari Caine-Lomberto. The auditors explained the audit process, requested documentation and provided an audit schedule. Additionally, the PREA coordinator was provided with the Audit Process Map and the Checklist of Requested Documentation required for the audit. The PREA Audit Notice, in both English and Spanish, was sent to the PREA coordinator on September 22, 2019 by e-mail. The PREA coordinator acknowledged receipt of the documents on September 23, 2019 and on September 24, 2019, photos were emailed to the auditors verifying that the notices were posted throughout the facility. The notices were again verified and observed during the on-site portion of the audit. The Pre-Audit Questionnaire (PAQ) was uploaded to the On-line Audit System (OAS) by the PREA coordinator, which was reviewed, along with the included documentation, by both auditors. Prior to the on-site visit, there were no confidential communications received from any residents or BSS staff.

On-Site Audit Phase

An entrance meeting was conducted on the first day of the on-site visit on November 12, 2019 at 12:00

p.m., with Executive Vice President/PREA coordinator Bari Caine-Lomberto and Program Director/PREA Compliance Manager David Brue. The auditors were provided with the requested documentation including; the current staff work schedule, the names of the residents currently residing at the facility and their housing location, headcount sheet, the facility map/diagram detailing the housing units, resident common areas, staff offices, and the camera locations. During the entrance meeting, the auditors discussed changes within the facility since the last PREA Audit, changes within BOP including the new Statement of Works (SOW) and facility oversight, and logistics for the two-day visit. The current population was thirty-eight (38) which includes thirteen (13) females. The rated capacity of the facility is seventy (72). The average length of stay is four (4) months. The program director was provided with a list of staff and residents who were randomly selected for interviews during the on-site visit. The auditors were provided with private locations to work and to conduct the staff and resident interviews.

The following is a list of some of the documentation received and reviewed prior to and/or during the on-site visit.

Lists/Documents received and reviewed:

Pre-Audit Questionnaire (PAQ)

Staff roster and consolidated work schedule

Resident rosters and bed/room location

List of residents with special designations

All grievances/allegations made in the last 12 months prior to the on-site audit

All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months prior to the on-site audit

List of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit

Facility diagram/map with camera locations

Resident training/education outline

Staff training logs

Risk of victimization/abusiveness screening tool

Intake packet

The facility tour began at approximately 1:40 p.m. and ended at about 3:00 p.m. The extensive tour was led by the program director and access to all areas of the facility was provided. The tour consisted of interior and exterior areas of the facility, the three dormitories, the restrooms, the kitchen and dining room, the multipurpose/conference room, the administration offices and front lobby area, the security office, the laundry room and outdoor recreation areas. During the tour, the PREA Audit Notice with auditor contact information in English and Spanish were observed in the three dormitories, the front lobby of the administration building, and on the PREA board in the multipurpose room. Additionally, signs were posted in each of the dormitories regarding the requirement for staff of the opposite sex to knock and announce their presence before entering the dorm. Large bulletin boards with PREA-related information were prominently displayed in the three dormitories, the multipurpose room and the front lobby. Readily accessible to residents and visitors was information on the agency's Zero Tolerance policy against sexual abuse and sexual harassment in English and Spanish, the agency's grievance policy, PREA Brochures, PREA posters, BSS PREA reporting methods, contact information for the National Sexual Abuse Hotline, the PREA coordinator, the third-party notification, and the Sexual Assault Nurse Examiner (SANE) location.

Each dormitory has a restroom with three private shower stalls with curtains and three private toilet stalls with doors which allow residents privacy when showering, using the toilet and changing clothes. Storage closets are always kept locked. There are total of eighteen (18) cameras located and observed

throughout the facility interior and exterior; however, there are no cameras located in any of the three dormitories or restrooms. Strategically placed security mirrors were observed in each dorm to assist in supervision of residents and to eliminate blind spots for security staff when conducting rounds. The video monitors are located in the security office and the program director's office and the system has recording capability. All cameras and monitors were observed to be functioning at the time of the on-site audit. Two pay phones were observed in two separate locations outside the facility with designated areas for female residents and male residents. It was noted during the entrance meeting that recent changes within BOP policies now allow residents to possess and use cellular phones in the facility. The residents must charge their devices in the staff office; however, they can keep their phones with them in all areas of the facility, thus allowing them freedom to make phone calls at any time. Residents were observed during the tour making phone calls, texting and otherwise utilizing their phones.

During the two-day visit, staff were observed numerous times conducting rounds and knocking and announcing their presence prior to entering a dormitory. Security staff also were observed throughout the on-site visit checking in residents returning to the facility from work or assisting them with other needs. The daily logbook is a chronologically maintained documentation of all activity in the facility including; new resident intakes, staff signing on duty and off duty, residents departing or returning to the facility, supervision rounds, and any unusual incidents. The logbook is kept in the security office and staff were observed writing in the book. Additionally, the visitor's sign-in log is maintained in the security office and all visitors are required to sign in and out of the facility. Grievance forms, a locked grievance box and the agency's grievance policy is in the front lobby.

Staff responded to questions by the auditors regarding resident activities, the intake process, supervision duties and program services as the tour progressed throughout the facility. The tour also included the outside grounds. There are red lines placed in several areas outside in which male residents are not allowed to pass, thus separating male and female outdoor recreation areas. Female residents have a designated time to use the outdoor exercise equipment as well as the laundry room which is accessed from the rear of the facility. Residents are required to sign up to use the laundry room and only one resident can use it at a time. There is a camera located in the laundry room and three additional cameras cover the rear of the facility. All outdoor storage areas and sheds are always kept locked. Additionally, the exterior doors to the rear of the facility for each of the dormitories are kept locked from the outside. Residents wishing to return to their dorm must enter through the front of the facility. Several residents were spontaneously interviewed during the tour and stated the staff members do announce their presence prior to entering their housing unit and that they know where to find phone numbers if they needed to report a PREA incident or to access services in the community.

Residents and staff were interviewed using the PREA Compliance Audit Instrument Interview Guides and protocols in order to ascertain their knowledge of the agency's zero tolerance policy, and reporting procedures for residents to report sexual abuse or sexual harassment. Security staff were questioned about how they would respond to an incident when a resident alleges sexual abuse including the duties of a first responder. The auditors conducted a total of twelve (12) interviews randomly selected from the resident roster. Six (6) residents were specifically selected with special designations as follows:

Residents with a cognitive disability 2

Residents who are limited English Proficient 2

Residents who reported sexual victimization during risk screening 2

A total of ten (10) staff interviews were conducted which includes program director. The random staff protocol was used for each of the interviews, except for the program director, who was interviewed using

the program director protocol. The specialized staff interview protocols were also used for staff who perform screening for risk of victimization and abusiveness, intake staff, administrative and human resources staff, staff on the incident review team, and the designated staff member charged with monitoring retaliation. The facility did not have volunteers during this reporting period. There is one contractor who is a psychiatrist for Community Treatment Services which is located at the facility. The psychiatrist was not available for interviews during this reporting period. A review of the doctor's personnel file indicated the facility was in full compliance with PREA training. The doctor receives the same PREA training as the staff. If allegations of sexual assault were to occur and appeared to be criminal, local law enforcement would investigate, and the BOP would be notified. The BOP would be responsible for administrative investigations of sexual abuse and sexual harassment. During the last twelve (12) months there were no reports or allegations of sexual abuse or sexual harassment involving any residents at the facility.

STAFF INTERVIEWS

Security staff (2)

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 interviews completed 10

The auditors reviewed a total of fifteen (15) resident files to assess the facility's compliance with the PREA education provided to residents, the initial risk screenings and reassessments, and that residents received PREA-related information at intake and during follow-up meetings with their case managers. Overall, the resident files were well organized and contained all the required documentation to verify compliance with the screenings and education requirements.

Twelve (12) staff files were reviewed by the auditors. These files were well organized under tabbed and labeled sections and 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. It was noted during the file review that one staff who was promoted within the last year was missing background information form which contains the self-declaration and duty to disclose sexual abuse and sexual harassment. Per BSS policy (page # 74) staff are to sign and date question # 8 of this form at time of hire or promotion. The employee was able to complete the form prior to the auditors leaving the facility. Otherwise, the employee files contained the required documentation, the auditors requested for review.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings and observations with program director and PREA coordinator. The auditors shared that several staff members who were interviewed appeared to need retraining on the mandatory reporting laws for a mandated reporter. Specifically, staff needed retraining on the reporting procedure to Adult Protective Services and their requirements as a mandated reporter. The program director discussed his plan to provide a retraining to staff on the topic followed by a quiz and stated the documentation would be forwarded to the auditors. The facility was informed of the process that would follow the on-site visit including the responsibility of the agency to post the final report on the agency website. It was apparent that the facility and administration work hard to provide well-rounded services with safety and security in mind for the residents. Additionally, the agency strives to continually improve upon service delivery to residents in order to assist them in their successful transition home. The Florence staff and administration were thanked for their preparation and organization for the audit and for their

responsiveness to the auditors' numerous requests during the on-site visit.

Post-Audit Phase

During the post-audit period the Auditor was provided with clarifying documentation/information from the PREA coordinator and PREA Compliance Manager. There were additional phone calls with the PREA coordinator and completed phone interviews with community agencies. On 12/3/19, the auditor spoke with BOP's Residential Re-Entry Manager (RRM) James Billingsley and Contract Oversight Specialist (COS) Elizabeth Paultre to discuss and verify the process for investigations. The RRM and COS stated that for criminal matters, it is BSS's responsibility to notify local law enforcement and for administrative matters BOP will investigate. If during the investigative process they find that a crime was committed, the investigation will be immediately referred to local law enforcement. BOP investigators receive yearly training on PREA including specialized training. Lastly, there were no sexual misconducts involving residents reported in the last year.

On 11/26/19, auditors received e-mail verification from Program Director Brue verifying the re-training of staff on the requirements of a mandated reporter. In addition to the signed training roster, he forwarded copies of tests given to staff which included their test scores. The questions related to the subject matter and the staff responses clearly showed staff's understanding of the reporting requirements. During this time the Auditor spoke again with the program director and the Agency PREA coordinator. The steps described were consistent with the agency's policy and the responses provided by staff.

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.

Facility Characteristics

The Florence Residential Re-Entry Center 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 facilities in California and three residential facilities in Arizona. A non-residential day reporting center and a non-residential drinking driver programs are other services offered by BSS. The Florence RRC is under contract with the BOP and the facility is accredited by the American Corrections Association (ACA) every three years.

The purpose of the RRC is to transition residents into their communities prior to their release from incarceration. These residents 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 can participate in school and work outside of the facility and utilize resources within the community. BSS casework staff assist the residents seeking employment and or educational opportunities and with community-based resources as needed. The average length of stay at the RRC is about four months and includes a home detention component.

The Florence RRC was opened in 2001 and is in Pinal County, one of the oldest cities in the County. The facility is in a rural location surrounded by numerous prisons, correctional facilities and a jail and home to many Indian tribes. The Florence RRC provides residential services for both male and female residents with a total of 72 beds. New residents must complete two-weeks of transitional skills classes prior to seeking school and/or work in the community. Each resident is assigned a casework staff who assist them in completing employment applications, obtaining their identification cards, medical and dental services or any other services needed in the community. Since 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 obtain employment in the labor, landscape or restaurant service trades.

The Florence RRC physical plant consists of a single-story rectangular building divided into five separate units each with a door on the front of the building and at the rear of the building. Facing the facility on the left in the female housing unit and on the opposite side of the building are the two male housing units. The two other units consist of the kitchen, laundry room, the dining/multipurpose room, the conference room administration offices, the security office and the front building lobby area. The administrative lobby area, where the security offices are located is where new residents and residents departing or returning to the facility are processed.

Male and female residents are not allowed to sit at the same tables while in the dining room. Cameras are located in the dining room to enhance staff supervision of the residents. The conference room is

utilized for staff/resident meetings or trainings. There are three computers located in the conference room that residents can use with staff supervision. The laundry facilities are utilized by male or female residents separately and during scheduled times. There is also a camera located in the laundry room. Residents are not allowed to enter the kitchen and the door is kept secured. Resident receive their meals through a window in the kitchen area. Two dormitories house the male residents and one dormitory house the female residents. Each housing unit is essentially set up the same, a rectangular-shaped room with twelve sets of bunk beds, lockers for resident's personal belongings, and a bathroom. Each living unit has a rear exit door equipped with an alarm to alert staff when the door has been opened.

Contractual requirements require one female and one male staff to be on duty at all times. Each security staff member carries a hand-held radio for communication during their shift. The radio is also equipped with a man-down button, in the event of a critical incident. Security staff working in the front office are required to monitor the cameras during the course of their duties. The program director is responsible for reviewing the video footage. There were no upgrades to the camera/video system since the last PREA audit in 2017. There are four fifteen-passenger vans equipped with cameras with audio capability to aid in staff supervision of the residents. Should there be allegations of an incident reported to have occurred in one of the vehicles, the program director would be able to go back and review the video footage.

Currently, the facility has a total of fifteen (15) staff and one contracted staff (psychiatrist). There are eight security staff, one employment specialist, two case managers, two cooks, one administrative staff, and the program director.

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 by providing comprehensive reintegration services to the ex-offender population in residential and non-residential settings. The services provided focus 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.

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0

The on-site visit of the Florence facility was conducted on November 11-12, 2019. During the audit, the auditors determined the facility was in full compliance with the PREA Standards. The Florence RRC facility was the first of six (6) BSS facilities. The auditors carefully reviewed all aspects of the facility's operations and found that the Florence RRC facility had no deficiencies. Overall, the audit found that the staff and residents were very familiar with the PREA Standards, their rights to be free from sexual abuse and sexual harassment, how to report an incident, and where to find series if needed.

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

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: PREA Pre-Audit Questionnaire Federal Operations Manual (FOM) System of Work (SOW) PREA Posters and Resources Employee Handbook Organizational Chart</p> <p>Interviews: PREA Coordinator PREA Compliance Manager/Program Director Specialized and Random Staff Random and Targeted Residents</p> <p>The agency's Federal Operations Manual (FOM), mandates zero-tolerance towards all forms of sexual abuse and sexual harassment for all BSS facilities (pages 242-249). The policy 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. In addition, this information is provided to the staff upon hiring per the agency's Employee Handbook (pages 74-76). All employees are required to read this information and sign and date that they have read and understand what they have read. PREA Zero Tolerance posters and information regarding sexual abuse and sexual harassment were clearly visual and accessible to residents and visitors throughout the facility as observed during the on-site audit tour. BSS is also mandated by the Bureau of Prisons (BOP) to adhere to the PREA Standards and the Zero Tolerance policy as found in the BOP's Statement of Work (SOW) (pages 23, 44) contract.</p> <p>The agency's organizational chart, which can be found in the Employee Handbook (page 3), was uploaded to the Pre-Audit Questionnaire, 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 facilities PREA philosophy during the on-site audit, revealed she has the time and authority to perform her PREA duties. Additionally, the PREA coordinator's name and contact information is listed on the agency's public website.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of an Agency PREA Coordinator.</p>

115.212	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW)</p> <p>Interviews: PREA Coordinator Program Director</p> <p>BSS does not contract with outside agencies for the confinement of residents as indicated on page 23 of the SOW. BSS is contracted by the BOP and all residents who are ordered into confinement at a BSS facility are placed there by the BOP. This includes residents from the United States Probation Office (Public Law) placements. This contract (SOW) states that the BSS agency cannot subcontract with other agencies for the confinement of residents.</p> <p>When reviewing the PAQ, the agency inadvertently reported that BSS contracts with other agencies for the confinement of BSS residents. BSS does not contract with other agencies to house BSS' residents. BSS interpreted the question to read that BSS contracts with BOP to house residents. When in fact, the question asks if BSS contracts with other agencies to house BSS residents; which they do not as stipulated in the SOW (page 23). When interviewed, the PREA Coordinator and the Program Director clearly articulated BSS' contract with BOP and that the contract does not allow BSS to contract with other agencies for the placement of residents.</p> <p>Based upon the review and analysis of the documentation and interviews with the PREA Coordinator and Program Director, the Auditor has determined the facility does not contract with other agencies for the confinement of its residents and is therefore in compliance with this standard.</p>
---------	--

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:
Federal Operations Manual (FOM)
Statement of Work (SOW)
Staffing Plan
Monthly Schedule
Daily Log Book
Resident Daily Rosters
Pre-Audit Questionnaire (PAQ)
Training logs

Interviews:
Program Director
PREA Coordinator
Random and Specialized Staff

The staffing plan is based upon the facility’s capacity of 72 residents. The program director is 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 BSS Florence facility is a co-ed facility and therefore must maintain both male and female staff on duty at all times. Should staff call off for a shift, a staff will stay over four (4) hours and a staff from the next shift will be called in to work four (4) hours early. When interviewed, the program director stated staff are always willing to accept overtime shifts and therefore they have not had any difficulties filling a position. BSS facilities have always maintained a higher staffing standard than what is set by PREA or the BOP. When resident population drops the number of staff does not drop. Additionally, 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.

The Florence RRC facility staffing plan is reviewed by the program 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 (page 12-14 of the SOW and pages 29-36 and 256 of the FOM). The staffing plan outlines the minimum number of staff required for the program during all three shifts, seven days per week. It further indicates the frequency of headcounts and rounds. 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 (FOM page 29). According to the FOM, staffing levels are determined by the average monthly population (AMP) which is 25% of the government’s original estimate. “If the AMP exceeds the original estimate by twenty-five (25%) for three consecutive months, the facility must add staff consistent with the original staff-to-resident ratio. 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 (FOM page 29)". 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 as indicated on a review of the facilities staffing scheduled and resident population. Whenever a staff calls off on their shift, the program director is immediately notified and will ensure the shift is appropriately covered. 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, auditors observed all employees who were working, had signed in for the day and further noted changes in the staffing schedule. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse are considered when determining the adequate staffing level. The SOW (page 13) states in the event that the staffing plan is unable to be maintained during exigent circumstances, the deviation must be documented. A review of the facility's staffing plan documents indicated there were no deviations to the staffing plan during this reporting period.

Video monitoring technology assists the staff to monitor resident and the facility daily activities. The facility has cameras carefully mounted in all areas of the facility. A review of the camera placements found there were no blind spots that were not monitored by a video camera. This was verified by the auditor by reviewing the facility diagram/map with camera locations and visually reviewing the cameras physical location during the facility tour. Camera locations were then verified by the auditors by observing the camera monitors located in the director's office and the by the front desk. Every area of the facility can be viewed by the staff and program director through the video monitoring system.

Facility policy provides that the camera system is monitored constantly (SOW page 68) and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through interviews with the program director, PREA coordinator and staff, and review of staffing plan and observations.

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. Any such deviations from the staffing plan would be documented and reviewed by the program 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 are considered when determining the adequate staffing level.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding supervision and monitoring.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Federal Operations Manual (FOM) Pre-Audit Questionnaire (PAQ) Training Curriculum Training Acknowledgement Statement Training Sign-in Roster Resident grievances Incident Reports</p> <p>Interviews: Random Staff Random and Targeted Residents</p> <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 the search must be conducted by law enforcement or 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 38 residents comprising of 13 females and 25 males. The facility has both male and female staff during each shift as required by their contract with the BOP (FOM page 119). When conducting pat down searches, there must be two security monitors present during the search (FOM page 119). All staff are trained in conducting searches of both male and female residents as reviewed in the facilities 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 pages 26 and 29). The staff also have the option of using the "wand" which is a metal detection device that the staff are trained to utilize for searches. 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 a no time have they ever been denied programming because there was not a female available to conduct a search. All female residents who were interviewed by the auditors 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 process back into the facility by the male staff using a "wand" to search them. There was no cross-gender pat down searches conducted since the inception of the BSS PREA Audits in 2014. Should an incident arise that warranted such a search, BSS is prepared to record and document the occurrence.</p>

The BSS Florence RRC facility is a co-ed facility with separate living areas for females. As observed during the on-site audit, the female living quarters have a private bathroom with several shower stalls with privacy screens, toilets with private stalls, and several sinks. Residents are required to change their clothes prior to stepping out of the bathroom. There were no transgender or intersex residents during this reporting period. When interviewed, both male and female residents stated that they have privacy to use the showers and restroom facilities. Facility cameras are not located in the resident bathrooms or in their living units.

For residents who are transgender or intersex, the Florence RRC facility is notified of the resident's gender, sexual preference, and genital anatomy in writing by BOP prior to entering the facility (documentation of the resident's gender by the BOP's intake packet was reviewed in the resident files during the on-site audit). 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. 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 (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 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. Resident grievances and incident reports were also reviewed by the auditors during the on-site audit and auditor found no concerns. 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.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with this standard regarding limits to cross-gender viewing and searches.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:
Federal Operations Manual (FOM)
Pre-Audit Questionnaire (PAQ)
PREA Posting
Employee Handbook

Interviews:
Random Staff
Case Managers
Program Director
PREA Coordinator
Random and Targeted Residents

According to the Employee Handbook (Page 77) “BSS will ensure that any offender with disabilities (ex: such as deaf, hard-of-hearing, sight-impaired, mobility-impaired, cognitively-impaired) and those with limited English proficiency will have equal opportunity to participate in and benefit from all aspects of BSS’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” The Florence RRC provides PREA information in six other languages; including, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information, which was posted in the PAQ and reviewed in resident files, was reviewed during the on-site audit by the auditors. Facility staff, some who are able to translate for some of these languages, ensure a full understanding of the resident’s rights to be free from sexual abuse, and sexual harassment, and how to report a PREA incident (FOM page 89). Should an offender be visually-impaired and unable to read the material provided, staff will read the literature to the resident as they do with the intake paperwork (Employee Handbook page 77). Additionally, casework staff stated during their interview that they are required to meet with new residents within 24-hours of intake. They are responsible for ensuring the resident receives and understands the PREA information during the intake process (FOM page 89).

The facility provides outside interpreter services through LanguageLine Solutions who provide services 24-hours a day 365 days a year. This was verified by the auditor contacting LanguageLine Solutions and verifying available services. These services are provided in any language over the telephone. All staff can access the translation service if needed and are authorized to call the service at any time when needed. For the deaf or hard of hearing resident LanguageLine also provides the InSight Video Interpreting service through 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 (information is posted on the BSS website). 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 displayed throughout the facility. The evidence shows the facility 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.

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

Based upon the review, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Residents with disabilities and who are limited English proficient are provided 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.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Federal Operations Manual (FOM) PREA Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook</p> <p>Interviews:</p> <p>Program Director PREA Coordinator Residential Re-entry Manager (RRM)</p> <p>The BOP provides guidelines and mandates to the BSS agency regarding hiring and promotion decisions of employees. When BSS has determined that person is appropriate for employment, the person's information will be sent to BOP for background clearances (FOM page 35-36, SOW page 39). The RRM, program director and PREA coordinator confirmed this information when interviewed and records were located in the employee files that confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's 5-year contract renewal (SOW page 39). Employees may not begin working until all background clearances have been complete and the RRM has sent notice of approval to BSS. Background checks include a review of the:</p> <ul style="list-style-type: none"> • Civil Application System (CAS) • National Crime Information Center (NCIC) • Local law enforcement • Checks and prior employment and personal references <p>BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct (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 ten staff files and interviews with the program director and PREA coordinator. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct in past employment or while employed at a BSS facility, as listed in the Employee Handbook pages 73-79. During a review of the staff files, auditors were able to confirm 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 on page 39.</p> <p>When interviewed, the PREA coordinator stated that BSS does not have the same legal standing as law enforcement or correction where an employee can sign a waiver for information. BSS is only permitted to provide dates of employment and position. However, if</p>

law enforcement or corrections provides a signed waiver from the past employee, then the records would be released.

The Florence RRC facility did not have any volunteers during this reporting period. All volunteers and contractors are subject to the same background checks as employees. This was verified by the program director and PREA coordinator when interviewed and can be found on the FOM page 37. 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 and background clearance 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.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with the provisions of the standard regarding hiring and promotion decisions.

115.218	Upgrades to facilities and technology
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 813 448">Documents Reviewed Pre-Audit Questionnaire (PAQ) Facility diagram/map with camera locations</p> <p data-bbox="252 492 502 660">Interviews PREA Coordinator Program Director Lead Security Staff</p> <p data-bbox="252 705 1484 1512">The Florence RRC has not undergone any substantial expansion or modification of existing facilities as stated per the PREA coordinator and the program director; however two cameras were added since the last PREA audit. During the on-site tour of the facility, the 18 cameras locations (facility interior and exterior) were compared with the facility map. There were no cameras located in any of the living areas or restrooms. The monitors are located in the security office and the program director's office. Security staff present in the security office were observed periodically watching activity on the monitors in the course of their duties. All 18 cameras and monitors were functioning with no issues. Per the program director and the lead security staff, there is always at least one security staff in the security office monitoring the cameras at all times. The program director and the lead security staff are responsible for reviewing the video/audio footage. If there were an allegation of a PREA incident or any other incident, they would be able to go back and review the footage. The 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. In September 2018, the facility added two additional cameras to the security office. Residents check in and out of the security office prior to departing or when returning to the facility, and at other times when needed. Additionally, new intakes are processed through the security office. The installation of the two additional cameras assists in the supervision of residents, which helps to ensure their safety.</p> <p data-bbox="252 1556 1468 2027">To further insure safety for the residents and staff, the facility has cameras in all of the facility vehicles. 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. If there were allegations of a PREA-incident or any other incident in one of the vehicles, facility managers would be able to review the video/audio footage. The agency has taken 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.</p> <p data-bbox="252 2072 1452 2150">Based upon the review and analysis of the available documentation and the installation of cameras in the transportation vehicles, the Auditor has determined the facility has exceeded</p>

this standard requiring Upgrades to facilities and technology.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: System of Work (SOW) Employee Handbook PRE-Audit Questionnaire (PAQ)</p> <p>Interviews: Staff Program Director PREA Coordinator San Tan Valley Advocacy Against Abuse</p> <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 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 the Florence Sheriff's Department will be contacted in addition to notification to the BOP. In the last 12 months there have been no criminal investigations conducted regarding allegations of sexual misconduct of resident-on-resident or staff-on-resident sexual misconduct. Interviews with the PREA coordinator and program director confirmed the investigation procedure and it can also be found in the SOW pages 45, 51, 71 and 75.</p> <p>All staff are required to cooperate with any investigation. For administrative investigations, the BOP will be notified immediately and will conduct the investigation. Criminal investigations will be conducted by local law enforcement. Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome by the BOP for administrative investigations and by BSS for criminal investigations. 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 or the BOP will conduct these investigations. Although the Florence facility does not conduct investigation, they do have a uniformed policy that provides for actions that must be taken if an incidence of sexual abuse occurs. Facility policy provides for protocols be deployed to address evidence collection; victim services; notifications; and follow up to the prosecution of sexual assault cases. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. This information can also be located in the SOW on pages 78 and 79.</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 for medical service who offer SAFE and SANE certified forensic medical care. For immediate sexual abuse assistance,</p>

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. Documentation and interviews with an employee at FastMed confirmed forensic medical examinations are performed by SAFE and/or SANE medical personnel. FastMed also has an MOU with the Florence facility to receive allegations of sexual abuse and sexual harassment. FastMed was contacted during the PREA audit by the auditor to determine the scope of services provided. A live person responded to the call and indicated no calls had been received regarding the residents at the Florence facility. Contact with an employee at Against Abuse and a review of their website confirmed confidential, free services and advocacy for individuals who may be the victim of sexual abuse. The Florence facility also utilizes San Tan Valley Family Advocacy to provide free services. Although Florence RRC has not had any instances of sexual abuse during this reporting period, when interviewed staff were able to articulate the process and procedure for making a referral to Against Abuse and San Tan Valley Family Advocacy for the services they offered.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: System of Work (SOW) Employee Handbook Pre-Audit Questionnaire (PAQ) Federal Operations Manual (FOM) Staff Training Records BSS Website</p> <p>Interviews: Staff Program Director PREA Coordinator</p> <p>According to interviews with the program director and the PREA coordinator the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct. Florence RRC does not conduct any type of investigation, including a PREA incident, per their contract with BOP (FOM page 41). BSS policy states any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP) and/or local law enforcement (Florence Sheriff's Department) to conduct an internal/administrative and/or criminal investigation (SOW page 75). Interviewed staff stated they had been trained to report every incident for investigations, including verbal reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports. This information was confirmed during a review of the staff training records during the on-site audit.</p> <p>The agency's website provides information and related policies for reporting allegations of sexual abuse. Third-party reporting information is also on the website. Reporting information is also posted in various areas of the facility including but not limited to living units, the multipurpose room and the front lobby. The posted information is accessible to residents, staff, contractors and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Sexual abuse allegations that are criminal in nature are investigated by the Florence Sherriff's Department.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <p>Employee Personnel Files</p> <p>Master PREA Training Calendar</p> <p>PREA PowerPoint Training</p> <p>PREA Training Acknowledgement</p> <p>PREA Quiz and Answer Sheet</p> <p>BSS Employee Standards of Conduct</p> <p>BSS Zero Tolerance Policy</p> <p>BOP Program Statement</p> <p>Federal Operations Manual (FOM)</p> <p>Staff Training Attendance Logs (Sign-in Sheets)</p> <p>Interviews</p> <p>Specialized and random staff interviews</p> <p>Program Director</p> <p>A thorough review of documentation contained in staff training records, training outlines and materials, staff meeting minutes, employee files, agency policy, and BOP policy and also through staff interviews confirmed that staff receive training covering each of the ten elements of substandard .231 (a), as follows:</p> <ul style="list-style-type: none"> • The agency’s Zero Tolerance policy • How to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse • Residents right to be free from sexual abuse • Residents right to be free from retaliation for reporting sexual abuse • The dynamics of sexual abuse in confinement • The common reactions of sexual abuse victims • How to detect and responds to signs of threatened and actual sexual abuse • How to avoid inappropriate relationships with residents • How to communicate effectively and professionally with all inmates including LGBTI inmates • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p>During interviews with twelve (12) staff, all staff were able to clearly describe how they would prevent, detect, and respond to an incident of sexual abuse, should an incident occur at the facility and should they need to act as a first responder. Newly hired staff were also interviewed and stated they received the PREA information, and the PREA policies and procedures during their pre-employment orientation. All staff interviewed stated PREA training is on-going and a PREA topic is discussed at monthly staff meetings.</p> <p>Ten (10) employee personnel files were reviewed and each contained the following signed documents as verification of staff receiving and understanding the PREA training; the PREA Acknowledgement, the BSS Zero Tolerance Policy, the Expectation policy, the BSS Employee Standards of Conduct, the BSS Employee Handbook, and the PREA quizzes. Additionally,</p>

while on-site, auditors reviewed the facility's staff training binder containing the PREA training sign-in sheets for the last year. Auditors also reviewed the yearly PREA staff training roster dated January 10, 2019 and the PREA PowerPoint which were uploaded to the OAS. The eighteen (18) slide PowerPoint presentation covers the ten (10) elements of substandard (a) as listed above.

During staff interviews, some staff members appeared to need retraining on the mandatory reporting laws for a mandated reporter. Specifically, some staff needed retraining on the reporting process to Arizona Adult Protective Services and their requirements as a mandated reporter. Prior to the writing of this report, the Program Director conducted a facility-wide staff-refresher training and provided the auditor proof of the training. On 11/26/19, auditors received through email, the staff training sign-in sheet with seventeen (17) staff signatures and copies of the nineteen (19) question quiz covering the agency's PREA policies and procedures including the mandatory reporting to Adult Protective Services. Seven (7) quizzes were reviewed and staff responses clearly showed staff's understanding of the reporting requirements and the agency's PREA policies and procedures.

BSS provides comprehensive PREA training to all staff at hire and during refresher training yearly. Additionally, PREA topics are covered at monthly staff meetings. All training is documented in multiple ways which includes the attendance rosters, quizzes, and staff signed acknowledgements constituting their understanding of the materials. The facility has not had volunteers during this reporting period; however, volunteers and contractors would receive the same training per the facility director when interviewed.

Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Employee Training.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed Employee Handbook Pre-Audit Questionnaire (PAQ) Staff Training Records Specialized Staff Training Records</p> <p>Interviews Facility Director</p> <p>BSS Employee Handbook states on page 45, "Volunteers and paraprofessionals are included at the in-service training programs when staffing permits. Their training and orientation should be the same regarding access to policies and procedures." Pages 74 through 76 of the Employee Handbook states that all volunteers and contractors who have contact with offenders will receive sexual abuse and sexual harassment training during their first week of working with offenders. This training includes immediately reporting any incident to their immediate supervisor upon discovery. Refresher training is also provided to volunteers and contractors annually thereafter. The facility maintains documentation of volunteer contractor training as they would of an employee.</p> <p>According to the PAQ, the agency inadvertently stated they did not have any contractors or volunteers. However, they do have a contracted psychiatrist who has an office at the facility. The doctor provides mental health services through a program called Community Treatment Services (CTS) to the residents living at the facility and to paroles on home released supervision. The doctor was not available for an interview during the audit. The doctor's file at the facility were reviewed by the auditors and contained the same PREA training that all employees receive in addition to Behavioral Health Care for Sexual Assault Victims in a Confinement Setting through National Institute of Corrections (NIC).</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Employee Training.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed</p> <p>PREA Education & Screening Logs</p> <p>BSS PREA Brochure</p> <p>Resident PREA Quizzes</p> <p>Acknowledgement Statements</p> <p>Resident PREA Handouts</p> <p>PREA Boards</p> <p>Transitional Skills class rosters (PREA training)</p> <p>Interviews:</p> <p>Random Residents</p> <p>Intake Staff</p> <p>Case Managers</p> <p>All residents receive PREA information at time of intake. This information is covered in the Resident Handout and on brochures, and posters readily available throughout the facility. This information includes the agency's Zero Tolerance policy against sexual abuse and sexual harassment, how to report an incident of abuse, their rights to be free from sexual abuse and harassment, their rights to be free from retaliation for reporting incidents and the agency's policies in response to an incident. In addition, the facility provides each resident with business size cards that they can carry on their person for quick access on how to report an incident and contact information for services. The residents also receive a pamphlet with the more detailed information regarding their rights to be free from sexual abuse and sexual harassment, how to report an incident, resources and contact information should they need assistance. Per the interviews conducted with both residents and staff, caseworkers meet with new residents within the first twenty-four (24) hours of intake and provide them with PREA information. Residents are provided with this information verbally and in writing. Staff explain the documents as they go over them to ensure the residents' understanding of the materials and residents are required to sign/date the document. The Resident Handout is available in six (6) different languages; including English, Spanish, Korean, Vietnamese, Hebrew, Russian, and Armenian. Per staff interviews, if a resident was not able to read the document and/or were vision-impaired, they would read the document to them. Residents are provided with copies of the PREA documents they signed and can keep the documents in their housing unit to refer to if needed.</p> <p>During the resident interviews, they were asked by auditors where they could report an incident of abuse outside of the facility. Although, the residents could not specifically state the name of the advocacy center or telephone number, they all stated they would look on their paperwork or look on the PREA Board in their living unit or in the multipurpose room. All residents knew where they could find the information if they needed it. Residents are also provided with a copy of the PREA Reporting Methods which clearly describes where and how they can file a complaint. During the facility tour, auditors observed PREA information posted throughout the facility; including the three housing units, the multipurpose room and in the</p>

front lobby of the administration building. There are dedicated bulletin boards, aka the “PREA board,” which contains; the Zero-Tolerance policy, contact numbers for the Third-Party Notification (TASC), the PREA Coordinator and victim advocacy, PREA brochures, and the resident handout in various languages.

Based upon the review and analysis of the information provided, the Auditor has determined the facility has exceeded this standard regarding Resident Education.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Statement of Work (SOW)</p> <p>Interviews: Staff Program Director PREA Coordinator Residential Re-entry Manager (RRM)</p> <p>Florence RRC does not conduct investigations per the SOW page 21. All incidents of sexual abuse or sexual harassment would be referred to local law enforcement and/or the BOP. All staff were able to articulate the investigation procedure during their interviews with the auditors. The program director and the PREA coordinator were very specific when articulating that administrative investigations are completed by the RRM at the BOP and criminal investigations are completed by local law enforcement. The RRM at BOP was also contacted and confirmed this information.</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Specialized Training: Investigations.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Employee Handbook Pre-Audit Questionnaire (PAQ) Staff Training Records Specialized Staff Training Records</p> <p>Interviews: Program Director</p> <p>As reported in standard 115.232, According to the PAQ, the agency inadvertently stated they did not have any contractors or volunteers. However, they do have one contracted psychiatrist who has an office at the facility. The doctor provides mental health services through a program called Community Treatment Services (CTS) to the residents living at the facility and to paroles on home released supervision. The doctor was not available for an interview during the audit. The doctor's files at the facility were reviewed by the auditors and contained the same PREA training that all employees receive in addition to Behavioral Health Care for Sexual Assault Victims in a Confinement Setting through the National Institute of Corrections (NIC). The doctor is provided the same training as that of all employees regarding the agencies zero tolerance policy during staff orientation, annual training and monthly refresher training.</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Employee Training.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Employee Handbook Sample of Assessments: Sexual Victimization Assessment, Sexual Abuse Assessment and Medical Intake form Assessment Scoring Sheet PREA Education & Screening Log</p> <p>Interviews: PREA Coordinator Program Director Case Managers Random and targeted residents</p> <p>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 (15) confirmed that residents receive such screening within 72-hours of intake.</p> <p>A sampling of 15 resident files revealed that all residents were provided the assessments regarding sexual victimization and sexual abuse upon intake. These assessment tools, Sexual Victimization Assessment, Sexual Abusiveness Assessment and the Medical Intake form provide the agency with information to help assist and determine appropriate housing and special needs (vision-impaired, hard-of-hearing, prior history of sexual abuse or harassment, LGBT status, disabilities, limited English proficient, etc.). Should a history of sexual predation be noted, staff will immediately notify the facility director who will determine the offenders' suitability for placement at the Florence RRC facility. Auditors reviewed the assessment tools in the resident files during the on-site audit. The date and resident's signature were reviewed on the assessment forms which further stated they understood the information they had received. In addition, staff and resident interviews confirmed that these assessments were provided upon intake.</p> <p>The risk assessment tools consider, at a minimum, the following criteria:</p> <ol style="list-style-type: none"> 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 any concerns there may be 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. This protocol is documented on the assessment tool. During interviews with the case managers, they explained the process to the auditors and confirmation of this process was reviewed in the resident's files.

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 with the residents to conduct the reassessment. This information was also confirmed during interviews with the case managers, residents, program director and verified on the assessment forms in the resident's files.

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. The assessment tool reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the residents' criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The resident's own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes.

A review of all resident files (15) indicated that reassessments were conducted within 30-days of intake. When interviewed, all residents were able to articulate that they were provided the initial assessment and again with the case manager within two-weeks of intake. The Auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents as described above.

The Policy provides for appropriate controls be taken to ensure that sensitive information is protected and not exploited (SOW 62-63). Interviews with the facility director and PREA coordinator revealed the information is only available to the intake staff and the mental health

staff. The documents are kept in the resident's file in a locked file cabinet in a locked office when unoccupied by the intake staff. The auditor observed the files to be maintained in a secure manner.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: PREA Pre-Audit Questionnaire Employee Handbook Statement of Work (SOW) Sample of Assessments: Sexual Victimization Assessment, sexual Abuse Assessment and Medical Intake form Assessment Scoring Sheet PREA Education & Screening Log</p> <p>Interviews: Superintendent PREA Coordinator Program Director Staff responsible for Risk Screening/Intake Staff Security Staff Random residents</p> <p>BSS precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds, or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (SOW page 76). The case management staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms and the initial Sexual Abuse and Sexual Victimization Assessment forms to determine placement and risk level.</p> <p>The facility does consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Staff interviews also indicated if they were to have a transgender or intersex resident, the resident's views concerning his safety would be given serious consideration. The SOW page 77 states all residents, including transgender and intersex residents are able shower separately from other residents. During the on-site audit there were no targeted residents. However, if a resident was unable to be placed at the Florence facility, they would be moved to another facility that could better address their needs and the safety and security of the facility.</p> <p>Florence RRC uses information obtained by the BOP prior to the resident's 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 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</p>

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. This information was articulated during interviews with the case managers, program director and PREA coordinator in addition to reviewing the assessment tools in each of the resident's files (15).

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 a resident for failing to answer any questions during the assessment as confirmed in the resident files and by the case managers when interviewed. 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.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding use of screening information. The facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The facility prohibits placing LGBTI residents in particular housing, bed, or other assignments solely based on such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. The facility is prepared to provide a safe and secure environment and is following all provisions of this standard.

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) PREA posters and resources Rules and Procedures Booklet (for residents)</p> <p>Interviews: Program Director PREA Coordinator Random Staff Random Residents</p> <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 (SOW pages 77-78). 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, FastMed Urgent Care, and Against Abuse. This information is provided during the intake process and was verified in the resident files. While touring the entire facility, PREA resource postings were observed in the living areas, the multipurpose room and the front office. FastMed 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 (SOW 75-77). Staff were clearly able to articulate this information during interviews with the auditors. The victim advocate information postings were also available in these areas.</p> <p>Reporting procedures are provided to residents through the Resident/PREA Orientation, brochure, and Rules and Procedures Booklet (for residents). Staff and resident interviews along with the orientation and supporting documentation verified compliance with this standard 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 and PREA resources.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways for residents to privately report. Reports can be made verbally, in writing,</p>

anonymously, and from third parties. Verbal reports would be documented immediately. Staff can privately report sexual abuse and sexual harassment of residents.

115.252	Exhaustion of administrative remedies
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 654 481">Documentation Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Grievance forms</p> <p data-bbox="252 537 494 739">Interviews: Program Director PREA Coordinator Random Staff Residents</p> <p data-bbox="252 795 1476 1299">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 their 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. If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to program director who will contact the BOP for investigation. Thus, ending the grievance process and beginning the PREA investigation process. This information was located in the SOW pages 78-79. In addition, staff and residents were able to articulate the grievance procedure during interviews with the auditors.</p> <p data-bbox="252 1355 1484 1556">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 is 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 data-bbox="252 1612 1484 1937">According to interviews, 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 permitted to file requests on behalf of a resident. If a third-party file a request on behalf of a resident, the facility will require, as a condition of processing, the request that the alleged victim agrees 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="252 1993 1484 2150">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 begin the BOP investigation process. A BP-9</p>

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, 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. It is at the discretion of the BOP to determine if a resident may be disciplined for filing a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were able to clearly articulate this process. A review of all grievance submitted, there were no grievances of any nature submitted during this reporting period.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding exhaustion of administrative remedies.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Resident Handout PREA Posting</p> <p>Interviews: Program Director PREA Coordinator Random Staff Random Residents</p> <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 (SOW page 78). This information is posted throughout the facility, on the PREA bulletin boards, 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. 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 need.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident's access to outside confidential support services and legal representation.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: PREA Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Facility Postings MOU with FastMed BSS website</p> <p>Interviews: Program Director PREA Coordinator Random Staff Random Residents</p> <p>Florence RRC has an established Memorandum of Understanding (MOU) with FastMed Urgent Care as a third-party reporting agency, to report to the Florence program director if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. A copy of this memorandum was provided in the PAQ. The auditors also contacted the agency and spoke to a live person who confirmed the MOU agreement. 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 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. During the on-site audit, Auditors observed information regarding third-party reporting throughout the facility and visible to all residents, staff, family members, visitors and contractors.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident access to outside confidential support services and third-party reporting.</p>

115.261 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed
PREA Pre-Audit Questionnaire
Statement of Work (SOW)
Federal Operations Manual (FOM)
Resident Handout

Interviews:
Program Director
PREA Coordinator
Random Staff

The FOB (beginning on page 242), SOW (pages 21-22) and Employee Handbook (pages 75-76 and 79) collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of Arizona. Administrative complaints are handled by the BOP and criminal complaints are handled by the Florence Sheriff's Department. Arizona State Mandated Reporting Laws also require notification of an incident of sexual abuse. Residents will be advised of the staff's requirements to report and confidentiality limitations. BSS requires all staff to report incidents of retaliation and will monitor all suspected allegation of retaliation by staff or residents (Employee Handbook page 79).

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. Should a report of this kind occur, the program director or designee will immediately notify BOP and the PREA coordinator. The program director will also complete a Serious Incident Report and contact local law enforcement. The staff interviews were aligned with the requirements of the policies and standard.

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 facility director and the 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 program director; however, staff reported during the on-site interviews with the auditor that they would document the report and notify the program 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.

The interviews with staff, program director and the PREA coordinator revealed their awareness of the requirements regarding the reporting duties. All staff are mandated reporters and a written report must immediately follow reported allegations or incidents. The random staff interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The staff are also required by policy to report allegations that were 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 information provided, the Auditor has determined the facility is in compliance with this standard regarding Staff and Agency Reporting Duties.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed PREA Pre-Audit Questionnaire Statement of Work (SOW) Resident Handout</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>BSS requires staff to protect the inmates through implementing protective measures. Administration of the Sexual Victimization and Sexual Abuse assessments provides information that assists and guide staff in keeping inmates safe through housing and program assignments. Interviews with staff and the program director revealed protective measures include but are not limited to:</p> <ul style="list-style-type: none"> • Alerting supervisors and management staff • Keeping the resident in the security • Moving the resident to a room closer to the security office • Monitoring the resident more closely • Doing additional ground checks and head counts • Monitoring the cameras more frequently • Transferring the resident or the perpetrator for the safety of all residents <p>The program director and staff indicated the expectation is that any action to protect an inmate would be taken immediately.</p> <p>The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of the Sexual Victimization and Sexual Abuse assessments supports the information provided by resident. The program director and PREA coordinator report during the past 12 months, no residents reported or were identified as being subject to substantial risk of imminent sexual abuse.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard and the provisions regarding agency protection duties.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW)</p> <p>Interviews: Facility Director PREA Coordinator Random Staff Residential Re-Entry Manager (RRM) Contract Oversight Specialist (COS)</p> <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 (SOW page 3, 21, 22, 81).</p> <p>BOP has employees trained in investigating sexual abuse allegations. This was confirmed during an interview the BOP RRM and COS. 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 or sexual 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 program director and PREA coordinator.</p> <p>Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p>

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Training records</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>All staff interviewed were well-versed in the duties of a first responder and could clearly describe the actions they would take if they needed to respond to an incident of sexual abuse or sexual assault. Per BSS policy (SOW page 78) first responders will take the following actions:</p> <ul style="list-style-type: none"> • Immediately notify the on-duty supervisor • Remain on scene until relieved by responding personnel • On-duty supervisor will contact will notify the RRM Duty Phone after hours • If you come upon a sexual assault, yell STOP in your attempt to separate the victim and abuser. If the assault continues, yell for assistance from other staff • Call 9-1-1 • Preserve and protect the crime scene until appropriate authorities can collect any evidence • The facility should be placed on lock-down • Make every attempt to ensure that the alleged victim and/or abuser do not take any action that could destroy physical evidence including washing/; showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating. You cannot use force to contain anyone • Remain with the alleged victim until help arrives • Aside from reporting the alleged incident to designated supervisors and documenting the incident on an SIR, employees shall not reveal any information related to the incident to anyone other than to persons involved with investigating the alleged incident. <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 they were very 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. Training records were also reviewed by the auditor which indicated all employees were trained as first responders and participate in on-going training during monthly staff meetings.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Training records</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>Florence RRC has a written institutional plan to coordinate actions among first responders, medical and mental health care practitioners, investigators, and facility leadership in the event of a sexual abuse incident. The plan outlines the actions of the identified staff members such as; the first responder, supervisors, security personnel, case managers, and management. All staff are trained to act in the capacity as first responders as observed by the auditor when reviewing the facility's training curriculum. The facility does not employ medical or mental health practitioners. Therefore, staff will request that local law enforcement take the victim to a medical facility with SANE/SAFE certified staff and ensure the victim receives medical and 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> <p>Based on the interviews and evidence provided, the Auditor found that the facility is in compliance with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Training records</p> <p>Interviews: Program Director PREA Coordinator</p> <p>BSS does not participate in any collective bargaining 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. The agency is an "at will" employer. As indicated in the Employee Handbook page 39, 53, 55, and 57, an employee who violates a resident's rights to be free from sexual abuse or sexual harassment will be subject to termination from employment. This information was clearly articulated by the PREA coordinator and the program director when interviewed.</p> <p>Based on interviews and documentation reviewed, the Auditor has determined that the facility is in compliance with this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>PREA Pre-Audit Questionnaire Statement of Work (SOW) Training records Fast Med Website Against Abuse Website</p> <p>Interviews:</p> <p>Program Director PREA Coordinator Random Staff FastMed employee Against Abuse employee</p> <p>The Florence RRC Employee Handbook (pages 74, 78-79) 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:</p> <ul style="list-style-type: none"> • 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. <p>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. During interviews with the program director and the PREA coordinator, they were able to clearly articulate this procedure. 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. These two agencies were contacted and confirmed their service to victims of sexual abuse. Information regarding their services was also found on their website. 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</p>

handouts during the intake process.

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 SOW (pages 6, 74, 77-79). 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.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed
PREA Pre-Audit Questionnaire
Statement of Work (SOW)
Federal Operations Manual (FOM)

Interviews:
Program Director
PREA Coordinator
Residential Re-entry Manager
Random Staff

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. A review of the FOM on page 42 clearly states, "BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involves offenders, staff, volunteers and/or a 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". 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 they are trained for sexual abuse investigations on a yearly basis. 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. No administrative investigations involving residents were alleged during this reporting period.

When law enforcement is contacted for criminal matters, they are responsible for all aspects of the investigation and for gathering evidence to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators as determined by staff interviews. Notices to victims in criminal investigations would receive information regarding the outcome of the case by BSS per the auditor's interview with the RRM. No criminal investigations involving residents were alleged during this reporting period.

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

Based upon the review and analysis of the available evidence, the Auditor has determined the

facility is compliant with this standard regarding criminal and administrative agency investigations.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Pre-Audit Questionnaire Statement of Work (SOW) Federal Operations Manual (FOM) Resident Handout Resident files</p> <p>Interviews: Program Director PREA Coordinator Random Staff Random and targeted residents</p> <p>The BOP investigates administrative allegations and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the program director indicated that he may conduct fact finding investigations at the direction of the BOP but does not make conclusions following their investigations. BOP would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>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. When residents are transferred to Florence RRC, they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. This was verified through interview with residents and a review of the resident files.</p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.</p>

115.273	Reporting to residents
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 703 450"> PREA Pre-Audit Questionnaire Statement of Work (SOW) Federal Operations Manual (FOM) </p> <p data-bbox="252 499 491 622"> Interviews: Program Director PREA Coordinator </p> <p data-bbox="252 669 1477 831"> Although Florence RRC does not conduct investigations, interviews with the program director and PREA Coordinator concluded that they will remain in communication with the investigating agency until the end of the investigation and will ensure the resident is provided with information regarding the outcome of the investigation. </p> <p data-bbox="252 842 1437 958"> Policy requires that following a resident’s allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever: </p> <ul data-bbox="252 969 1469 1133" style="list-style-type: none"> • The staff member is no longer assigned within the resident’s housing unit • The staff member is no longer employed at the facility • The staff member has been indicted on a charge related to sexual abuse within BOP • The staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="252 1182 1477 1261"> 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 data-bbox="252 1272 1198 1350" style="list-style-type: none"> • The alleged abuser is criminally charged related to the sexual abuse • The alleged abuser is adjudicated on a charge related to sexual abuse. <p data-bbox="252 1400 1485 1816"> Florence RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented. There has been no reported investigation of alleged resident on resident or resident and staff inappropriate sexual behavior that occurred in this facility in the past 12 months. The program director and PREA Coordinator validated their technical knowledge of the reporting process during their interviews. </p> <p data-bbox="252 1865 1469 2074"> The interviews with the identified staff confirm the facility requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the auditor has determined the facility is compliant with this standard regarding reporting to residents. </p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 742 660"> Documents Reviewed Pre-Audit Questionnaire (PAQ) Employee Handbook Statement of Work (SOW) Federal Operations Manual (FOM) Employee Standards of Conduct Zero Tolerance Policy Equal Employment Opportunity Policy </p> <p data-bbox="252 705 494 828"> Interviews Program Director PREA Coordinator </p> <p data-bbox="252 884 1484 1344"> The Florence 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 to BOP for investigation. All administrative matters are reported to BOP for investigation. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or sexual harassment policies. If the employee engages in sexual abuse, the employee will be terminated. The misconduct policy as contained in the Employee Handbook (page 53) expressly states “Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.” The Employee Standards of Conduct further states that BSS will prohibit any employee who is suspected of violating the Standard of Conduct from contact with the offenders until a disposition is made by the BOP (Employee handbook page 35). </p> <p data-bbox="252 1400 1460 1769"> During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders from BOP, pending investigation of the allegation. Page 75 of the Employee Handbook clearly states, “should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.” During an interview with the PREA coordinator, auditors were informed that such an employee would be precluded by BOP from working with all federal offenders and their services would be discontinued. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued. </p> <p data-bbox="252 1825 1484 2150"> 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. 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 (page 59) will result in termination. Page 69 of the Employee Handbook describes prohibited conduct and states “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.” Florence RRC has not had any incidents of staff-on-resident sexual abuse or sexual harassment in the last </p>

12 months.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed Pre-Audit Questionnaire (PAQ) Employee Handbook Employee Standards of Conduct Zero Tolerance Policy Equal Employment Opportunity Policy</p> <p>Interviews Program Director PREA Coordinator</p> <p>BSS has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. The program director stated that if a volunteer or contractor violated the agency's zero-tolerance policy, an investigation would occur, and the volunteer would no longer be allowed access to the facility pending the outcome of the investigation. All contractors and volunteers are held to the same standards as employees. The agency Employee Handbook (page 74) states "should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued." The audited facility has not utilized volunteers or contractors during this reporting period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding corrective action for contractors and volunteers.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed Statement of Work (SOW) Florence RRC Rules and Procedures Federal Operations Manual (FOM) Bureau of Prison (BOP) Prohibited Acts</p> <p>Interviews Staff Residents</p> <p>The agency has a disciplinary process for when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Sexual Abuse is listed on the list of BOP Prohibited Acts §541.3, 114. The BOP handles all formal disciplinary matters for residents which is documented in the SOW page 81-82 and described in the FOM beginning on page 33. 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, they would receive. This was further confirmed 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. These rules and regulations are also posted and were observed in the front lobby of the facility.</p> <p>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/re-enters 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 a resident engage in a sexual act, BOP would remove the resident from the program. However, if the act was consensual, criminal charges would not be filed. Florence RRC prohibits all sexual acts between residents. 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</p>

determine sanctions based on the nature of the act.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding disciplinary sanctions for residents.

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed BSS Employee Handbook Federal Operations Manual (FOM) Statement of Work (SOW) PREA Training PowerPoint</p> <p>Interviews Staff Resident Program Director San Tan Family Advocacy Manager</p> <p>Per the FOM, page 261-263, "BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling by a clinical psychologist occurs within 24-hours of the incident. If a sexual assault victim is a resident, then BSS staff will ensure all medical, psychological, personal safety, and personal needs of the victim are immediately satisfied or arranged within 24-hours of the incident." All services provided to residents are determined by the medical and mental health practitioners according to their professional judgement. 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.</p> <p>All victims of sexual abuse are referred to a Rape Crisis Counseling agency in the community near the facility to receive crisis counseling, free of charge to the victim, as well as to other emotional support services. Victims of sexual abuse will be referred to the San Tan Valley Victim Advocacy Center where they will be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception and sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care. All services are determined by the medical and mental health practitioners according to their professional judgement and are provided regardless of whether the victim cooperated with any investigation arising out of the crime.</p> <p>Interviews with staff and residents confirm, residents who are victims of sexual abuse will be referred for these services to the San Tan Valley Victim Advocacy Center. Residents are provided with this information on handouts during the intake process and they are required to sign their acknowledgement and receipt of the information. The handouts were also observed on the PREA Boards and include telephone numbers to local rape crisis clinics/centers including the San Tan Valley Victim Advocacy Center which provide medical and mental health services in the community. A review of the San Tan Valley Victim Advocacy Center website confirms the services provided to the sexual assault victim. An email from the manager confirms medical examinations and victim advocacy are provided at no cost to the victim. Staff receive training on how to respond to an incident of sexual assault and their duties as a first responder which is also contained in the BSS PREA Training PowerPoint. Auditors</p>

communicated with a staff member from San Tan Family Advocacy Manager and she verified the services provided through the San Tan Victim Advocacy Center and that the services were free.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding access to emergency medical and mental health services.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed
Employee Handbook
Statement of Work (SOW)
Resident Handout

Interviews
Staff
Residents
San Tan Valley Resource Center

All medical and mental health services are coordinated through the BOP per the SOW (page 90). Medical and mental health services will be provided in the community and by clinics/centers whose specialty is related to sexual assault and abuse. Per agency policy, and as contained in the BSS Employee Handbook (page 80), any offender who has been a victim of sexual assault or sexual abuse will have unimpeded access to medical and mental health care. This care is free of charge to the victim and includes, but not limited to forensic collection of evidence, treatment, and ongoing treatment and services.

If during the intake process, a resident reports prior victimization or scores as a potential abuser, staff would immediately notify the program director to determine next steps. This action is taken to determine the offender's suitability for placement, and to ensure the safety of all offenders and staff (Employee Handbook page 78). If the resident reports prior victimization, the resident is referred for mental health services to an outside agency. Of the 12 residents interviewed, 2 of the residents reported prior victimization during the risk screening and reported during interviews they were offered counseling services during their meetings with case managers. Additionally, they were provided with this information in the resident handbook which was provided during intake process. A review of the resident files who were interviewed during the on-site audit, indicated they scored a medium for victimization. Due to the resident's classification score and prior victimization, their cases were referred to the program director and discussed during case a conference with the program director, case manager and supervising security monitor, to discuss potential issues. Case managers who were interviewed confirmed they would refer residents to initial or continued counseling services if they disclosed previous abuse.

All victims and perpetrators of sexual abuse are referred to services within the community at San Tan Family Resource Center. This resource center provides free services to both victims and perpetrators of sexual abuse free of charge. Free testing for sexually transmitted diseases is also available. Female sexual abuse victims are offered free pregnancy tests. All services are offered to the victim immediately and within 24 hours of abuse.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.



115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW)</p> <p>Interviews: Program Director PREA Coordinator</p> <p>BSS will conduct a sexual abuse incident review at the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. As such, a sexual abuse incident review will be conducted well within 30-days of the conclusion of the administrative or criminal sexual abuse investigation. Per agency policy (Employee Handbook, page 79) the Critical Incident Review Team (CRIT) will consist of the agency-wide PREA coordinator, the program director, security monitor supervisor, case manager and the BOP.</p> <p>The PREA coordinator was interviewed and stated if a sexual abuse incident occurred, the CRIT would meet and discuss the circumstances surrounding the incident as described in the PREA Standards. Policy changes and practices are reviewed based on whether the allegation or investigation indicates a need to change policy to better detect, prevent or respond to sexual abuse. Per the PREA coordinator, should any of these factors need to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action. The CRIT will ensure the following is considered/discussed during an incident review:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual harassment/abuse; • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, transgender or intersex (LGBTI) identification status or perceived status, gang affiliation, or whether the incident was motivated or otherwise caused by other group dynamics at the institution; • Examine where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the incident; • Assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; • Assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff; and, • Document the review process. <p>• The committee shall document its findings, including, but not limited to, determinations made pursuant to the above and any recommendations for improvement. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>There were no sexual abuse incidents involving residents during the reported during the last twelve (12) months; therefore, the agency has not had any sexual abuse incidents reviews</p>

during the reporting period. However, the facility did report an incident of a staff-on-staff sexual harassment which was reported to the BOP for investigation. The BOP terminated the staff's employment and the staff is precluded from working in a RRC in the future.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding agency protection against retaliation.

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed Employee Handbook (79-80) BSS Website (Annual PREA Report)</p> <p>Interviews PREA coordinator</p> <p>BSS utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report form SSV-IA regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form SSV-4 for an annual report. Definitions for “Sexual Abuse and Sexual Harassment” are listed on these forms. The Florence RRC does not conduct investigations; however, should an incident occur, Florence RRC would request the relevant information from the investigating agency and report this information on the SSV-IA and SSV-4 forms as required. An aggregated incident of sexual abuse report is provided on the BSS website under the tab newsletter listed as 2018 Annual PREA Report. The report covers the time frame January 1, 2018 to December 31, 2018 and includes data for all five residential facilities under BSS. BSS adheres to the following process as per the Employee Handbook, pages 79-80 as follows:</p> <ol style="list-style-type: none"> 1. The facility director will prepare a report of the findings from the incident review. This report will include, but not be limited to recommendations made or documentation of reasons for not implementing recommendations. This report will be forwarded to the PREA Coordinator for review. 2. All BSS facilities will collect PREA data and will complete an annual compilation of said data. The data collected will be adequate to answer all questions from Department of Justice Survey of Sexual Violence Report. 3. Should there be a substantiated incident of sexual victimization, the facility will fill out and submit an SSV-IA form, as well. 4. BSS will aggregate the incident-based sexual abuse data, at least annually. 5. BSS will maintain, review and collect data as needed from all available incident-based documents, including reports, and sexual abuse incident reviews. BSS does not conduct investigations; therefore, investigative reports will be unavailable for inclusion. 6. BSS reviews collected data and aggregates pursuant to section 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. <p>BSS does not contract with other agencies for the confinement of residents. Therefore, the annual reports are based on the BSS facilities alone.</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined</p>

the facility is in compliance with this standard regarding Data Collection.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed BSS Website BSS Employee Handbook</p> <p>Interviews PREA Coordinator</p> <p>Based on the interview with the PREA Coordinator, agency policy, the agency’s website, and the 2018 Annual PREA report, BSS collects and reviews data and aggregates it annually in order to assess and improve prevention, detection, and response policies, procedures, practices and training. The report includes a comparison of the current year’s data with those from prior year’s data and corrective actions taken to reduce the incidents of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency’s progress in addressing sexual abuse. The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency’s President/Chief Operating Officer (COO). The report is then uploaded to the agency’s website. All personal identifiers are redacted prior to posting on the agency’s website. For the year 2018, there were no allegations or incidents of resident-on-resident sexual abuse or staff-on-resident sexual abuse.</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Data Review for Corrective Action.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed Employee Handbook 2018 Annual PREA Report Website</p> <p>Interviews PREA Coordinator</p> <p>BSS will prepare an annual report regarding PREA compliance and ensure a copy is provided to the Residential Re-entry Management Office. The annual report provides aggregated data of the facility's sexual abuse and sexual harassment allegations and an assessment of BSS's progress in addressing sexual abuse and sexual harassment. The annual reports are available on the agency's website at www.behavioralsystemssouthwest.com on an annual basis. All personal identifiers are removed from the report prior to posting. BSS will ensure that incident based and aggregate data are security stored in the Executive Vice President/PREA Coordinator's office. BSS will retain all sexual abuse data collected for at least 10 years after the data of initial collection (Employee Handbook page 80).</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Date Storage, Publication, and Destruction.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is the third PREA audit for the Florence RRC. The last PREA Audit was in November 2017. This facility is the first audit for the agency in the new audit cycle which places BSS in compliance with the three-year audit requirement. During the on-site portion of the Florence audit, all areas of the facility were accessible to the auditors. During the audit tour, auditors were permitted to observe all areas of the facility interior and exterior. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and case manager files were readily accessible to the auditors. Facility staff and the program director were accommodating when the auditors 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. Additional documentation or copies were provided on-site at the auditors' request.</p> <p>Auditors were provided with separate private areas in which to conduct private and confidential interviews and with staff and residents. The PREA Audit Notice, in both English and Spanish, were posted throughout the facility on September 23, 2019. This notice contained auditor contact information including email and mailing addresses. Prior to the on-site visit, there were no confidential communications received via email or regular mail from any residents at the facility. During resident interviews, residents stated they were aware of the audit and that they could send confidential communication to the auditors prior to or during the on-site visit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed BSS Website Pre-Audit Questionnaire PREA Coordinator Interview</p> <p>A review was completed of the agency website. The last tab under Newsletters contains the PREA Policy, Annual PREA Reports and the PREA Audit Reports for each facility in 2014 and 2017, including the Florence facility. Per the PREA coordinator, once completed, finalized and received by the auditor, the Final PREA Audit Report (2019) for the Florence facility will be uploaded to the BSS Website under the same tab upon receipt of the report. In addition, the facility maintains a hard copy of the final report for residents and visitors who do not have access to a computer.</p> <p>Based on a review of the standard requirements, evidence reviewed, and the availability for residents and visitors to review the final audit on a hard copy if they do not have access to a computer, the Auditor has determined the facility has exceeded this standard.</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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

115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing 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

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	yes

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, 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

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with	yes

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
--	--	-----

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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.)	yes
	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.)	yes
	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.)	yes

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

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	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

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: 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

115.241 (e) Screening for risk of victimization and abusiveness		
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f) Screening for risk of victimization and abusiveness		
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h) Screening for risk of victimization and abusiveness		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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

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

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial 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

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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