

PREA Facility Audit Report: Final

Name of Facility: Orion Transitional Housing Program and Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/12/2020

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: 03/12/2020

AUDITOR INFORMATION	
Auditor name:	Brister, Teri
Address:	
Email:	blynnt12@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	02/10/2020
End Date of On-Site Audit:	02/11/2020

FACILITY INFORMATION	
Facility name:	Orion Transitional Housing Program and Residential Reentry Center
Facility physical address:	8141 Orion Avenue, Van Nuys, California - 91406
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Bari Caine-Lomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	818-780-5139

Facility Director	
Name:	Sandi Loper
Email Address:	sloper@behavioralsystemssouthwest.com
Telephone Number:	818-780-5139

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

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	85
Average daily population for the past 12 months:	88
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:	18-80
Facility security levels/resident custody levels:	low
Number of staff currently employed at the facility who may have contact with residents:	28
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:	5

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 Orion Residential Re-Entry Center (RRC) in Van Nuys, California was conducted on February 10-11, 2020. The Orion RRC (facility) operates under the Behavioral Systems Southwest (BSS) agency. The facility houses male and female residents under the custody of the Federal Bureau of Prisons (BOP) and male residents under supervision of the California Department of Corrections, Division of Adult Parole Operation (DAPO). The agency also 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 Orion RRC must go through the BOP or CDCR 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 Orion facility. The PREA audit was initiated in the On-line Audit System (OAS) by Auditor Teri Brister and a formal contract was developed and entered into between BSS and Audit Solutions, LLC, for all of the agency's six facilities in September 2019.

Prior to the on-site audit, BSS's website was reviewed for facility and program description as well as 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, CDCR and/or local law enforcement. Lastly, previous PREA Audit reports are posted for each of the agency's six community confinement facilities and the Annual PREA reports per 115.287 and 115.288. The most recent Annual PREA report covering the year 2019, is included on the website and was reviewed prior to the on-site visit. PREA reports for previous years for each facility were also posted on the website.

The Pre-Audit phase consisted of direct and 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 English and Spanish, was sent to the PREA coordinator on December 26, 2019 by e-mail. The PREA coordinator acknowledged receipt of the documents and on December 27, 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. Per the PAQ, and discussion with the PREA Coordinator the facility does not provide on-site medical or mental health services. Additionally, all investigations are conducted by the BOP, CDCR, and local law enforcement.

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
- Facility diagram/map with camera locations
- Resident training/education outline

- Staff training logs
- Risk of victimization/abusiveness screening tool
- Resident Intake packet
- 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

On-Site Audit Phase

An entrance meeting was conducted on the first day of the on-site visit on February 10, 2020 at 8:00 a.m., with Executive Vice President/PREA Coordinator Bari Caine-Lomberto and Program Director/PREA Compliance Manager Sandi Loper. The auditors were provided with the requested documentation including; the current staff work schedule, employee information listing their position, a roster of the residents currently residing at the facility with their housing location, the facility map/diagram detailing the housing units, resident common areas, staff offices, and the camera locations. During the entrance meeting, the auditors provided an overview and logistics of the on-site audit visit and the process used to determine compliance with the PREA standards which includes; a review of observations made during the facility tour and while on-site, the staff and resident interviews, the review of policies, procedures and practices, and the review of the additional documentation requested for review during the on-site visit. It was further shared that on-going communication would continue after the on-site visit, during the post-audit phase and that additional information/documents may be requested at that time. The auditors were informed there were no facility renovations or camera/video monitoring technology upgrades completed at either site within the last twelve (12) months.

The current population on the first day of the on-site visit was eighty-two (82) residents. The population breakdown was as follows: BOP- 50 (45 males and 5 females), and CDCR-32 (Males). The rated capacity of the facility is 112. The average daily population is 88. The average length of stay is four (4) months. The auditors provided the program director with a list of staff and residents who were randomly selected for interviews during the on-site visit. The auditors were each provided with office space in which to work and to conduct private interviews with staff and residents.

The facility tour began at approximately 9:15 a.m. and ended at about 10:50 a.m. This extensive tour was led by the program director and access to all areas of the two-story facility was provided. The tour consisted of all interior and exterior areas of the facility, seven dormitories, restrooms, kitchen and dining room, recreation room, the multipurpose/classroom, staff and director's offices, front lobby area, interior and exterior laundry areas, and the Case Services offices located on the second floor of the building. During the tour, the PREA Audit Notices with auditor contact information in English and Spanish were observed in the each of the dormitories, the front lobby, and on the PREA board in the multipurpose room/classroom. Additionally, signs were posted in each of the dormitories and restrooms regarding the requirement for staff of the opposite sex to knock and announce their presence before entering. The two male restrooms each have private toilet stalls and showers with curtains and allowing for privacy. The female restroom is located in the female housing unit and also has private toilet stalls and showers with curtains.

Large bulletin boards with PREA-related information were prominently displayed in dining room, and the multipurpose room. This information is readily accessible and available for residents and includes 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 and telephone

numbers, contact information to the National Sexual Abuse Hotline, the PREA coordinator, the third-party notification, and the Sexual Assault Nurse Examiner (SANE) location. Additionally, at the front entrance to the facility is a large sign with reporting telephone numbers and the mailing address to the Office of Internal Affairs at CDCR.

Several storage closets were observed during the tour on the first and second floor and per the program director; doors are always kept locked. A total of (24) cameras which were observed throughout the facility interior and exterior; however, no cameras are in any of the dormitories or restrooms. Security mirrors were observed and are strategically placed to assist security staff in the supervision of residents and to eliminate blind spots when conducting rounds. The video monitors are in the Director's office, the staff office, and at the front desk in the lobby. The video monitoring system has video recording capability. All cameras and monitors were observed to be functioning at the time of the on-site audit. Seven (7) pay phones were observed in the lobby. BOP policies now allow residents to possess and use personal 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, therefore allowing them freedom to make phone calls at any time.

Throughout the two-day visit, staff were observed conducting rounds with clipboard in hand and knocking and announcing their presence prior to entering a dormitory. Security staff also were observed checking in residents departing or returning to the facility or assisting them with other needs. The daily logbook was reviewed. The 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, maintenance issues, and any unusual incidents. The logbook is kept at the front desk and staff were observed writing in the book. Staff are required to review and initial the logbook upon returning to work ensuring they are aware of resident activity, unusual incidents, and staffing and facility issues. A visitor's sign-in log is maintained at the front desk in the lobby area and all visitors are required to sign upon entering and departing the facility. A grievance box, grievance forms, and the agency's grievance policy is in the front lobby accessible for the residents.

The facility has door alarms on all exterior doors so that staff are alerted when a door has opened 24/7. Additionally, the exterior doors, including the seven dormitories are kept locked from the outside. Laundry facilities for the male residents are located to the rear of the facility. The female residents have access to a washer and dryer in the restroom which is in their housing unit. Several residents were informally questioned during the tour and stated the security staff do announce their presence prior to entering their dormitory in a polite and respectful manner. 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 Auditors were unable to observe a resident intake, risk screening, and classification as there were no intakes during the on-site audit.

A total of twelve (12) staff interviews were conducted, including the program director. 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. All staff were able to clearly describe the steps they would take to prevent, detect and respond to an incident of abuse. 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 additionally used for staff who perform screening for risk of victimization and abusiveness, intake staff,

staff on the incident review team, and the designated staff member charged with monitoring retaliation. All staff reported if allegations of sexual assault were to occur and appeared to be criminal, local law enforcement would investigate, and the BOP and CDCR would be notified. The BOP and CDCR 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/Random Staff (5)
- Graveyard Security staff (2)
- Staff who Perform Screening for Risk of Victimization and Abusiveness (2)
- Program Director/PREA Compliance Manager (1)
- PREA Coordinator (1)
- Volunteer (1)

Total staff interviews completed (12)

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. The employee files contained the required documentation, the auditors requested for review.

The auditors conducted a total of sixteen (16) interviews of residents randomly selected from each housing unit. Eight (8) of these residents were specifically selected with the special designations as follows:

- Residents with a cognitive disability (3)
- Residents who are limited English Proficient (1)
- Residents who reported sexual victimization during risk screening (2)
- Residents who identify as LGBTQ (2)
- Random Residents (8)

Total resident interviews completed (16)

All residents reported being screened during the intake process and receiving a subsequent screening a short time later. All residents reported receiving PREA education and being provided with copies of PREA information. Overall, residents stated if they had to make a report, they would look at their paperwork or the PREA board for more information and phone numbers or they would report directly to staff. Lastly, residents reported feeling safe in the facility and that it is their right to be free from sexual abuse and sexual harassment while in confinement.

The auditors reviewed a total of sixteen (16) resident files. Each file contained the initial risk screening for sexual victimization/abusiveness and the reassessment risk screening for sexual victimization/abusiveness which were noted as completed within the required time frames. Additionally, each file reviewed contained documentation that the residents received PREA education and training which includes the agency's zero-tolerance policy against sexual abuse and harassment, the methods in which to make a report in the facility and outside the facility, and services available to victims of abuse. Overall, the resident files were well organized and contained all the required documentation to verify compliance with the screenings and education requirements.

At the conclusion of the on-site audit, an exit meeting was held to discuss preliminary audit findings and

observations. The PREA Coordinator, program director, assistant program directors and the security supervisor were in attendance. The auditors provided feedback on the positive interviews with residents and staff. Both residents and staff were able to clearly describe the process to report incidents of sexual abuse or sexual harassment if needed. It was apparent at the end of the two-day visit, that the agency and staff have fully embedded PREA into their program and practices. The administration 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. The Orion staff and administration were thanked for their preparation, organization, and for their responsiveness to the auditors' numerous requests during the on-site portion of the PREA Audit.

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 February 7, 2020, the auditor spoke with BOP's Residential Re-Entry Manager (RRM) and Contract Oversight Specialist (COS) 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.

The following is a list of additional documentation and information received and reviewed during the Pre-Audit, On-site Audit and Post-Audit Phases:

Staff Roster and consolidated work Schedule

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

Facility diagram/map with camera locations

Resident training/education outline

List of contractors and volunteers who have contact with residents

Staff Personnel files

Resident files

Master PREA Training Calendar

Staff Training Attendance Logs (Sign-in Sheets)

PREA Training materials including PREA PowerPoint

LGBT Training Terminology

BOP Statement of Work (SOW)

Federal Operations Manual

Employee Handbook

PREA Quiz and Answer Sheet

Zero Tolerance Notices (multiple languages)

Resident PREA Handout (multiple languages)

Annual Staffing Pattern Review

Male/Female staff knock announce notice

State of California Mandated Reporting Information and Reporting Form

Employee Standards of Conduct

Staff and Resident PREA Training Acknowledgement

BSS website

New Resident Training packet

Risk Screening Assessments for Victimization/Abusiveness

Third Party notification notice and Third-Party MOU

BOP Administrative Remedy policy

BOP Inmate Discipline Policy (SOW)

BOP Prohibited Acts

Language Line Translation Service website

The auditors based the decision of the facility's compliance of all of the PREA standards on: the review of documentation; observations during the facility tour; interviews with staff, volunteers, and residents; file review of staff, volunteers and residents; and the facility's policies, procedures and observed practices.

AUDIT FINDINGS

Facility Characteristics:

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

The Orion Residential Re-Entry Center (RRC) is located in Van Nuys, California and is operated by Behavioral Systems Southwest (BSS). BSS is a private for-profit corporation with headquarters in San Clemente, California. The agency provides residential re-entry services for the Federal Bureau of Prisons (BOP) and residential Transitional Housing Programs for the California Department of Corrections and Rehabilitation (CDCR). The agency operates three residential facilities in California and three residential facilities in Arizona, that require PREA Audits per federal regulations. The Orion RRC facility is under contract with the BOP and CDCR. The agency's six residential re-entry centers were last audited in 2017. This is Orion's third PREA audit.

All six RRC locations are based on a social service model designed to address the criminogenic needs of the ex-offender population by introducing evidence-based, cognitive behavioral intervention. The mission is to help problematic people change their lifestyle, with emphasis placed on showing individuals how to lead a more productive, self-supporting, drug-free life, thus breaking the criminal cycle. The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Residents can participate in work and school activities outside of the facility and utilize community-based resources. BSS conducts programming in the following areas using Cognitive Behavioral Change curricula and counseling techniques:

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

Each RRC operated by BSS is audited by BOP, the American Correctional Association (ACA) and by the California Department of Corrections and Rehabilitation (CDCR) at the Orion facility. Additionally, each RRC operated by BSS is accredited through ACA. The agency began operating this facility as a work furlough program for CDCR in 1988 after the agency made substantial modification to the building for use as a community confinement facility. BSS purchased the property in 2009 and has operated the property as an RRC since 2013. The Orion RRC facility houses both male and female residents. The total population capacity is 112 beds with fourteen of those beds specifically for females. On the day of the on-site audit, the population count was five (5) females and seventy-seven (77) males for a total of eight-two (82) inmates.

The Orion RRC facility consists of one large two-story building with seven dormitory-style rooms and bathroom facilities for the residents, all located on the first floor except for one bathroom on the second floor. Two of the housing units are for male offenders placed through CDCR. Five housing units are for male residents placed through the BOP and one Housing unit is for female offenders through the BOP. Each housing unit contains multiple sets of bunk beds and lockers for residents to store their personal belongings. The dining room, kitchen, classroom/multipurpose room, storage areas, maintenance room, recreation/exercise room, staff office, facility director's office, front control desk, and entrance and lobby area with pay phones are on the first floor. There is a back patio to the rear of the facility with laundry machines for the male residents. One housing unit is specifically for female residents and is located off the lobby closest to the staff office. The female housing unit is fully self-contained with a restroom and

laundry facilities.

The entrance to the facility is situated near the front desk/control area and monitored by security staff. There are cameras at the facility exterior and entrance so security staff can monitor and control who enters the facility. The door is always locked, and staff remotely open the door allowing entrance to the facility. Visitors and residents returning to the facility must check in at the front desk. Visitors must present identification and sign in/out of a log. Additionally, visitor's items, such as a backpack or purse, are subject to a search. Residents departing the facility must have approval to leave and sign out in a binder. Upon returning, they receive a pat-down search or staff will use a security metal detector (wand) and must sign back into the log. Some residents may be required to submit to urinalysis testing and all residents must submit to breathalyzer tests upon every return to the facility.

The Case Services Department is located on the second floor and consists of one large office space, with four separate offices. There is a restroom and laundry facilities for the male residents and additional storage space. Two separate staircases access the second floor. The first staircase is at the front of the facility, closest to the entrance, while the second staircase is located to the rear of the facility and is regularly accessed by the male residents who use the restroom and laundry room. Cameras and security mirrors located in this area assist in the supervision of the residents. The North and West exterior sides of the building are fenced with cameras capturing the perimeters of the building. The parking lot is located to the South of the building with additional parking by the front entrance on the East side. In total, there are twenty-four cameras strategically located throughout the facility to aid staff in supervision of the residents. The video monitors are in three locations: the front control area, the program director's office and in the staff office. Security staff are located at the front control area and are usually in the staff office. Monitoring of the cameras is an expectation of all staff but a primary duty of the Security Staff.

The facility is staffed 24/7 and security staff are scheduled for one of the following shifts: 6:30 am to 2:30 pm, 7:00 am to 3:00 pm, 2:00 pm to 10:00 pm, 2:30 pm to 10:30 pm, 3:00 pm to 11:00 pm, 10:30 pm to 6:30 am, or 11:00 pm to 7:00 am. During all shifts, there is always both male and female staff scheduled to work. The case managers vary their schedules so there is a case manager available seven days per week from 2:00 pm to 10:00 pm in order to be most accessible to the residents. The director and assistant program directors and other administrative staff work Mondays through Fridays.

In addition to conducting regular supervision rounds of verifying the headcount, staff also conduct hourly wellness checks. The wellness checks are specifically to check on the health and welfare of the resident. Two security staff per shift are required to wear a "Go Bag," which is a fanny pack with a Velcro belt that staff can rip away when needed. The Go Bag contains a flashlight, gloves, a disposable apron, a respirator and one dose of Narcan. This new procedure was implemented to prevent a drug overdose if needed. During a wellness check, staff are required to make sure the resident is not in distress. Wellness checks are documented in the logbook.

The Orion RRC does not provide medical or mental health services on-site; residents receive those services in the community. The kitchen staff prepare and provide meals daily to the residents in the dining room. There is exercise equipment for the residents' use in the recreation room; however, males and females have separate times to use the room. While at the RRC, residents are required to be working or actively searching for a job. Case Managers provide residents with assistance to secure referrals to resources, educational and employment opportunities.

AUDIT FINDINGS

Summary of Audit Findings:
 The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	36
Number of standards not met:	0
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	4

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

Number of Standards Exceeded: 2

Number of Standards Met: 39

Number of Standards Not Met: 0

Number of Standards Not Applicable: 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: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Federal Operations Manual (FOM) PREA Posters and resources Employee Handbook Organizational Chart</p> <p>Interviews: PREA Coordinator Program Director Specialized and Random Staff Random and Targeted Residents</p> <p>The agency’s policies are located in the BOP FOM and State Operations Manual which 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. This information is provided to the staff upon hiring in 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. Interviews with Specialized and Random Staff indicated they received this information upon hire. PREA Zero Tolerance posters and information regarding sexual abuse and sexual harassment were clearly visual and accessible to residents and visitors throughout the facility during the on-site audit. When interviewed, residents were able to clearly articulate where the posters and resource information were located throughout the facility. BSS is also mandated by the BOP to adhere to the PREA Standards and a Zero Tolerance policy as found in the SOW contract with the BOP (pages 23 and 44).</p> <p>The agency’s organizational chart, which can be found in the Employee Handbook page 3 and uploaded to the PAQ, indicates the Executive Vice President/Agency Wide PREA Coordinator is upper-level personnel who reports directly to the Agency President/Chief Operations Officer. The interview with the PREA coordinator and observations of the facility’s PREA philosophy during the on-site audit, revealed she has the time and authority to perform her PREA duties. The PREA coordinator has demonstrated she has sufficient time and authority to accomplish PREA-related responsibilities. Additionally, the PREA coordinator’s name and contact information is listed on the agency’s public website.</p> <p>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	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<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's contracts with the BOP and CDCR that all residents who are ordered to confinement at a BSS facility are placed there by the BOP and voluntarily placed by CDCR. The SOW page 23 further states that the BSS agency cannot subcontract with other agencies for the confinement of residents. When interviewed, the PREA coordinator and the program director clearly articulated BSS's contract with BOP and CDCR contracts do not allow them 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
Annual Review
Monthly Schedule
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 Orion’s Re-entry Center’s capacity of 112 residents. The facility’s directors are required to report to BSS executive vice president immediately if there are any deviations to the staffing plan. Deviations must be documented on the staff schedule, the daily log book and entered into the facility’s computerized timesheet. The Orion facility is a co-ed facility and therefore must maintain both male and female staff on duty at all times. Should staff call off, a staff will stay over four hours and a staff from the next shift will be called in to work four hours early. 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, CDRC or the BOP. When the resident population drops the number of staff does not drop. Additionally, casework and administrative staff are cross-trained to assist with supervision if needed. A review of the staff training logs during the on-site audit indicated that all staff were cross trained as security monitors.

The Orion RRC facility’s 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 the Orion 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 ratios. If the AMP is twenty-five percent (25%) less than the original estimate for three (3) consecutive months, the facility

may reduce staff consistent with the original staff-to-resident ratio as long as adequate supervision is maintained in the judgment of the Residential Re-entry Manager (RRM)” (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 is 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 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, the staff office and at the front desk. Every area of the facility with the exception of the living units and restrooms 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, staff, review of staffing plan and observations. The cameras have recording capability and videos can be saved for 14-days and downloaded if needed for later review. Further, the security supervisor conducts a random review of the video recordings, which is documented.

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:</p> <ul style="list-style-type: none"> Federal Operations Manual (FOM) Pre-Audit Questionnaire (PAQ) Training Curriculum Training Acknowledgement Statement Training Sign-in Roster Resident grievances Incident Reports Prior Audit Reports Gender Announcements <p>Interviews:</p> <ul style="list-style-type: none"> Random Staff Random and Targeted Residents <p>BSS's contract with BOP and CDCR 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 CDCR and 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 50 BOP residents and 32 CDCR residents comprising of 77 males and 5 females. The facility has both with 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 facility's training logs during the on-site audit. It is written in the BOP and CDCR 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" (an electronic search tool) that the staff are trained to utilize in lieu of a pat-down search. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search. When interviewed, staff and residents confirmed that the staff do not perform gross gender pat down searches and a "wand" is used if needed. Residents further confirmed that a no time have they ever been denied programming because there was no female staff available to conduct the 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 processed back into the facility by the male staff using the "wand" to search them. There have been no cross-gender pat-down searches conducted since the inception of the PREA Audits in 2014 according to</p>

prior audit reports. Should an incident arise that warrants such a search, BSS is prepared to record and document the occurrence.

The BSS Orion RRC facility is a co-ed facility with separate living areas for females. As observed during the on-site audit, the female resident's living quarters have a private bathroom with a shower, toilet, and sink. The males share two large community bathrooms. Both bathrooms have stalls with doors for the toilets, urinals and shower curtains that provide privacy while showering. The bathrooms are handicap accessible. Residents are required to dress prior to stepping out of the bathroom. There were no transgender or intersex residents at the time of the audit. When interviewed, both male and female residents stated that they have privacy to use the showers and restroom facilities without being viewed by any other person. Facility cameras are not in the resident bathrooms.

In the case of a transgender or intersex resident, the Orion RRC facility is notified of the resident's gender, sexual preference and genital anatomy in writing by BOP prior to entering the facility (This information was reviewed in the resident's files by the auditors). Residents are also informed of BSS's rules and regulations regarding searches. Should a resident be uncomfortable with the agency's contract with BOP regarding searches, they may choose not to transfer to a BSS facility. When transgender and intersex residents arrive at the facility they are searched based upon their genital anatomy. Residents with male genitals will be searched by a male staff and residents with female genitals will be searched by a female staff. If there are ever any concerns, the resident will be searched 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 there were no reports of PREA incidents. 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)
PREA Pre-Audit Questionnaire (PAQ)
PREA Postings
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/or benefit from all aspects of BSS’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.” The Orion RRC provides PREA information in six other languages; including, English, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information was posted to the OAS and reviewed in residents’ files during the on-site audit by the auditors. Facility staff who are able to translate for some of these languages ensure full understanding of the resident’s rights to be free from sexual abuse and sexual harassment and how to report a PREA incident (FOM page 89). Should an offender be visually impaired and unable to read the material provided, staff will read the literature to the offender as they do with the intake paperwork (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 agency provides outside interpreter services for the facility through LanguageLine Solutions which 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 and are authorized to call the service if needed. For the deaf or hard of hearing resident LanguageLine Solutions also provides the InSight Video Interpreting service with the use of computer, tablet, or smartphone. Per the PREA coordinator, they allow and assist the deaf or hard of hearing residents in the use of the Telecommunications Device for the Deaf (TDD) system to communicate with anyone outside of the facility (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. The evidence shows the agency ensures access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide

interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations. Interviews with staff indicated that they will document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Information provided on the PAQ, for this auditing period indicates there have been no instances where residents were used for this purpose. 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 a review of this standard, the Auditor has determined the agency 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
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents Reviewed:

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

Interviews:

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

The BOP provides guidelines and mandates to BSS regarding hiring and promotion decisions of employees. When BSS has determined that a person is appropriate for employment, the person's information will be sent to CDCR for the state residents and to BOP for federal residents to receive background clearances (Employee Handbook pages 73-79 and the SOW pages 16-17). The RRM, program director and PREA coordinator confirmed this information when interviewed and records were located in the employee files that also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's 10-year contract renewal (SOW pages 16-17) and 5 years into the 10 year contract. Employees may not begin working until all background clearances have been completed and the RRM and CDCR has sent notice of approval to BSS. Background checks consist of a review of the:

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

BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct (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 ten staff files, auditors reviewed this information. The employee then signs and dates the affirmation. Any omissions or false information provided during the pre-employment process would bar the person from employment. If there are any omissions or false information provided during a promotional background check/recurring background check, the employee may be subject to immediate termination. This information was confirmed during interviews with the program director and the PREA coordinator and is also listed in the SOW on pages 16-17.

When interviewed, the PREA coordinator stated BSS does not have the same legal standing as law enforcement or detention facilities where an employee can sign a waiver for information. BSS is only permitted to provide dates of employment and position. However, if law enforcement or corrections provides a signed waiver from the past employee, then the

records would be released.

The Orion RRC facility currently has 5 student intern volunteers from a local collage and one volunteer intern was interviewed during the on-site visit. When interviewed, the student intern was able to articulate her duties to respond and report all forms of sexual abuse and sexual harassment. All volunteers and contractors are subject to the same PREA education, background and security clearances as employees. This was verified during interviews with the student intern, program director and PREA coordinator, volunteer files, and can be found on page 37 of the FOM. A review of staff and volunteer 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Facility diagram/map with camera locations</p> <p>Interviews: PREA Coordinator Program Director Assistant Program Director (APD) Security Staff</p> <p>The Orion RRC has not undergone any substantial expansion or modification of existing facilities as stated per the program director. During the on-site tour of the facility, the 24 cameras locations (facility interior and exterior) were compared with the facility diagram/map of the Orion facility. There were no cameras located in any of the living units or restrooms. Monitors are located in the security office, the front desk and two in the program director's office. Security staff in the staff office and at the front desk were observed watching activity on the monitors (which have recording capabilities) while engaged in the course of their duties. All 24 cameras and monitors were functioning and appeared to have no issues. Per the program director and the security supervisor, there is always at least one security staff in the security office monitoring the cameras at all times. The program director and the security supervisor are responsible for reviewing the video 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.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility has met this standard.</p>

115.221	Evidence protocol and forensic medical examinations
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents Reviewed:

Statement of Work (SOW)

Employee Handbook

PRE-Audit Questionnaire (PAQ)

Interviews:

Program Director

PREA Coordinator

BOP Residential Re-Entry Manager (RRM)

Random Staff

Center for Assault Treatment Services (C.A.T.S.)

BSS facilities, to include the Orion facility, does not conduct administrative or criminal investigations. Per their contract (SOW) with the Board of Prisons (BOP) and CDCR, if an allegation of sexual harassment occurs, the BOP/CDCR shall be notified immediately. Criminal matters will be handled by local law enforcement and administrative matters will be investigated by BOP/CDCR. This information was clearly articulated during interviews with staff, residents, program director and the PREA coordinator. The BOP RRM was contacted by telephone and confirmed this information. This information can also be located in the Employee Handbook on page 78 and in the SOW pages 16-21.

Although the Orion RRC does not conduct sexual abuse allegations, they would request that the victim be transported to Northridge Hospital who has SAFE and SANE personnel who would conduct the forensic examination. This information was obtained during interviews with staff, residents, the program director and PREA Coordinator. Auditors contacted the Northridge Hospital who confirm this information and transferred the auditor to a program within the Hospital known as the Center for Assault Treatment Services (C.A.T.S.). C.A.T.S. provides a multitude of services for victims of sexual abuse. C.A.T.S. is available 24-hours a day, seven-days a week and is located within the Northridge Hospital. All services at C.A.T.S. are free. They have certified advanced-trained Forensic Nurse Examiners who provide forensic medical evidentiary examinations and interviews in a safe and supportive environment. There are always certified forensic nurses on duty to assist those who may have been assaulted and. C.A.T.S. follows the national protocols for sexual assault examinations. They also have a Los Angeles Police Detective who is specifically assigned to C.A.T.S. who is trained in conducting sexual abuse investigations and interviews. The Orion RRC has not had any sexual abuse allegations during this audit cycle.

Within the C.A.T.S. program is Strength United which provides advocates, counseling, and resources for victims of sexual abuse. These certified sexual abuse advocates would provide the victims with companionship and support throughout the medical examinations and criminal proceeding. Strength United also provides an array of resources to assist the victim.

Based upon the review and analysis of the available documentation and interviews, the Auditor has determined the facility has met this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Statement of Work (SOW) Employee Handbook Pre-Audit Questionnaire (PAQ) BSS Website</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>BSS and the Orion RRC have policies and procedures in place to ensure that all allegations of sexual abuse are reported to the appropriate authority. BOP would investigate administrative allegations of sexual abuse and sexual harassment and local law enforcement would be responsible for all criminal investigations. The BOP RRM will always be notified. When interviewed, the staff, PREA Coordinator and Program Director were able to articulate the policies and protocols regarding this requirement. All allegations would be documented. This information was provided in the PAQ and also reviewed in the SOW pages 20-22 and in the Employee Handbook on pages 73-79. There were no allegations of sexual abuse or sexual harassment within the past 12-months. A review of the agency's website indicated that BSS does not conduct criminal and administrative investigations. The website further states that such investigations would be conducted by BOP or local law enforcement as indicated by the BOP contract (SOW) on pages 3 and 21. All allegations of sexual abuse are documented. Upon hire, all employees receive and review the Employee Handbook. This handbook also provides information regarding the policies and protocols for allegations of sexual abuse and sexual harassment. This information was confirmed by the auditors when reviewing the Employee Handbook pages 73-78.</p> <p>Based upon the review and analysis of the available documentation and interviews, the Auditor has determined the facility has met this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Employee Personnel Files Master PREA Training Calendar PREA PowerPoint Training PREA Training Acknowledgement PREA Quiz and Answer Sheet BSS Employee Standards of Conduct BSS Zero Tolerance Policy BOP Program Statement Federal Operations Manual (FOM) Staff Training Attendance Logs (Sign-in Sheets)</p> <p>Interviews:</p> <p>Program Director Specialized and random staff</p> <p>Upon hire, all employees, receive a training on:</p> <ul style="list-style-type: none"> • Its zero-tolerance policy for sexual abuse and sexual harassment; • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; • Residents’ right to be free from sexual abuse and sexual harassment; • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in juvenile facilities; • The common reactions of juvenile victims of sexual abuse and sexual harassment; • How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; • How to avoid inappropriate relationships with residents; • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>This training curriculum includes testing after the training to ensure the staff understand the training they received. Copies of the graded quizzes are maintained in the employees file. In addition to the employees training upon hire, the employees receive an employee handbook which provides the PREA information they received during their new hire PREA training. The employees go over the Employee Handbook in detail and sign that they have receive the training and understand what they have learned. This handbook describes all of the criteria listed above, the expectations of the new hire, the PREA-related policies and procedures, and repercussions should an employee violate any of the PREA policies. This information was verified during interviews with the staff, program director, and review of the training logs, staff files, training logs and training curriculum.</p>

All training is tailored to the resident make-up. Employees receive refresher training every month during staff meetings. Each refresher training goes over a least one of the training topics listed above. In addition, the facility has quarterly training which includes a more in-depth training on the PREA standards. A review of the staff meeting minutes and sign in rosters, confirmed the training was being conducted and included the training curriculum. When interview, all staff were able to articulate their monthly PREA trainings and the curriculum's information.

Based upon the review and analysis of the available documentation and interviews, the facility meets the PREA training standards and tailors training based on the make up of the resident clientele. The Auditor has determined the facility has meet this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Training Log Volunteer Files</p> <p>Interviews: Program Director PREA Coordinator Student Interns</p> <p>There were five (5) student intern volunteers at the Orion facility during this auditing period. All volunteers and contractors who have contact with residents are subject to the same training as described in standard 115.231. All volunteers and contractors sign that they have received the training and that they understand what they have learned. Contractors and Volunteers are not allowed on the facility grounds until they complete all new hire training which includes PREA, pass their background checks and the BOP and CDCR have notified Orion, RRC of their clearances. Applications also include questions relating to prior administrative discipline, allegations, or criminal charges of sexual abuse or harassment. The facility provided the auditors with all training documents and curriculum which was verified through interviews with the program director, the PREA coordinator and volunteer interviews.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> PREA Education & Screening Logs BSS PREA Brochure Resident PREA Quizzes Acknowledgement Statements Resident PREA Handouts Resident Handbook PREA Boards Transitional Skills class rosters (PREA training) <p>Interviews:</p> <ul style="list-style-type: none"> Random and Targeted Residents Intake Staff Case Managers <p>Upon intake, residents receive information verbally and in writing regarding the facility's zero tolerance policy toward sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. When residents arrive at the Orion facility, they are greeted by a security monitor who will go over various information about the program which includes all PREA information and a resident handbook which also includes PREA information. Within 24-hours of arrival, the resident will meet with their case manager and the PREA information will again be reviewed with them to ensure they understand their rights and responsibilities regarding how to report and response to a PREA incident and the agencies rules if they violate such rules. Whenever a resident is transferred from another facility or returns to the facility after having exited the program, they will be provided this same information and training as that of a new resident. During this auditing period, there were no residents who had transferred from another facility. in addition to training and information provided during intake, PREA training is provided once a month during the resident's house meeting. All interviews with residents confirmed that staff were providing the residents with PREA information and education upon and within 24-hours of arrival.</p> <p>BSS and the Orion facility provides PREA information in six (6) different languages. Contracted interpreters would be contacted if the resident needed further assistance. For residents who are vision-impaired or who have limited reading skills, security staff or casework staff would read them the information. For residents who are hearing impaired, BSS employs a staff who is proficient in American Sign Language (ASL). The staff would assist with the PREA education and training to ensure resident's comprehension. Once they have completed the training, residents must sign and date the document stating they understand what they have learned. While conducting the facility walk-through, auditors observed four large PREA bulletin boards located in the dining room, case manager's office, the main lobby and the classroom/multipurpose room. The PREA boards were labeled as such and contained</p>

information regarding resources such as third-party reporting, the PREA coordinator's phone number, rape crisis hotline and additional resources for victims of sexual abuse and sexual harassment. All information provided local and toll-free numbers. During interviews with the resident, they were able to clearly articulate the PREA information they received upon entry and with their case managers. They also were able to identify where the PREA boards were located and what kind of information was posted.

When interviewing targeted residents, they were able to articulate where the PREA boards were located and what information was contained on the boards. During interviews, they stated that if they did not understand any of the PREA training the staff and case counselors would speak to them in a manner that they could understand.

Based upon the review and analysis of the available documentation and interviews, the Auditor has determined the facility has exceeded this standard based on the multiple avenues the resident have been trained regarding their rights to be free from sexual abuse and access to resources for medical and mental health services.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed: Statement of Work (SOW) BSS Website</p> <p>Interviews: Staff Program Director PREA Coordinator Residential Re-entry Manager (RRM)</p> <p>Orion RRC does not conduct investigations per the SOW page 21. All incidents of sexual abuse or sexual harassment would be referred to local law enforcement and/or the BOP and CDCR. All staff were able to articulate the investigation procedure during their interviews with the auditors. The facility director and the PREA coordinator were very specific when articulating that administrative investigations are completed by the RRM at the BOP or the Parole Agent for CDCR residents. All criminal investigation and completed by local law enforcement. The RRM at BOP was also contacted and confirmed this information.</p> <p>Based upon the review 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	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents reviewed: PREA boards and postings Northridge Hospital, C.A.T.S. program website</p> <p>Interviews: Program Director PREA Coordinator Northridge Hospital, C.A.T.S. program</p> <p>The Orion RRC does not employ or contract with medical or mental health care practitioners at the facility. As such, residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment counseling. All forensic exams would take place at Northridge Hospital's C.A.T.S. program where certified SAFE/SANE staff would assist the residents. Residents would receive advocacy and counseling services at the Strength United which is an extension on the C.A.T.S. program. The PREA coordinator and the program director stated during interviews that all residents who need mental health care or medical services receive these services in the community. The contact information is listed throughout the facility and accessible to residents and visitors. A review of the Northridge Hospital website and telephone conversations with employees of C.A.T.S. and Strength United confirmed the services provided. When interviewed, the residents were able to articulate where this information was located in the facility and the steps they would take to receive services if needed.</p> <p>Based on the information and evidence to support the provisions of this standard, the Auditor found that the facility is in compliance with this standard.</p>
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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</p> <p>Sample of Assessments: Sexual Victimization Assessment, Sexual Abuse Assessment Medical Intake form Assessment Scoring Sheet</p> <p>Interviews: PREA Coordinator Program Director Case Managers Residents</p> <p>The agency has a policy for screening residents for risk of sexual abuse victimization and sexual abusiveness toward other residents upon admission to a facility or transfer to another facility. Prior to a resident entering the program, they receive information regarding the resident's background from the referring agency (BOP or CDCR) which provides additional information for the risk assessments. When residents enter the program and they meet with a security monitor who provides them with an intake packet and they fill out the risk assessments with the resident to ensure residents are afforded safe housing, bed, work, education, and program assignments. Regardless if the resident was being transferred from another BSS facility or a federal prison, they would be screened for risk of sexual abusiveness or sexual victimization every time they transfer into a BSS facility. Within 24-hours, the resident will meet with their case worker who will again go over the intake packet and the risk assessments. This information was verified during interviews with the residents, security monitors and case managers in addition to confirmation of the assessments within the resident's files. A review of the resident's files indicated the facility was using an objective screening tool for their risk assessments. The objective screening tools considers the:</p> <ul style="list-style-type: none"> • Mental, physical and developmental disabilities • The age of the resident • The physical build of the resident • Whether the resident has previously been incarcerated • If the resident's criminal history is exclusively nonviolent • Prior convictions for sexual offenses • Where the resident is or perceived to be LGBTQ, intersex or gender non-conforming • Prior sexual victimization • The resident's own perception of vulnerability • Prior acts of sexual abuse • Prior convictions for violent offenses • Prior institutional violence or sexual abuse

Between 10 and 30-days, the resident is reassessed for risk of victimization and abusiveness. Should information regarding the risk assessment change such as, an incident of sexual abuse, a referral or request or any information that may change the risk assessment, the resident will be reassessed. Should the resident be assessed to have a high probability of becoming a victim of sexual abuse, staff will immediately contact the BOP or CDCR and facilitate an immediate transfer request. The agency's primary goal is to separate residents who are at a high-risk of being sexual victimized from residents at high-risk of being sexually abusive. A medium-risk score requires security staff to place the resident in housing, but discuss the potential issues and concerns with the facility director prior to doing so and during the program review team meeting. Residents are never punished for refusing to answer questions for the risk assessment. Only those who have a need to know the information contained in the assessment will have access to these documents. This information was verified during interviews with the residents and staff and reviewed in the PAQ and the resident's files. The Employee Handbook on pages 73-79 further articulates the assessments and how and when they will be administered.

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

Documentation Reviewed:
Pre-Audit Questionnaire (PAQ)
Employee Handbook
Sample of Assessments:
Sexual Victimization Assessment,
Sexual Abuse Assessment
Medical Intake form
Assessment Scoring Sheet

Interviews:
PREA Coordinator
Program Director
Random Residents
Staff Responsible for Risk Screening/Intake Staff
Security Staff

The Employee Handbook (pages 76-77) provides guidance to staff regarding the use of the information obtained from the Vulnerability Assessment: Risk for Sexual Victimization and Sexual Abusiveness. The staff interviews, and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of the resident intake packet, the risk screening tools in the resident files, the medical intake form and interviews with staff and residents.

The Employee Handbook (page 77) provides lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. The Employee Handbook (page 77) further prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. Staff are not allowed to consider the identification as an indicator that these residents may be more likely to be sexually abusive. The resident’s own views will be given consideration when making facility and housing placement decisions and programming assignments. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex residents. The restroom/showers were observed and were configured for a reasonable amount of privacy. Transgender and intersex residents would be allowed to shower separately from other residents. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

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 §115.241 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 on the basis of such identification or status and does not consider such identification or status as an indicator of likelihood of being sexually abusive. The facility is providing a safe and secure environment and follow all provisions of this standard.

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.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) 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>Orion RRC provides multiple methods for residents to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, and neglect. This information is described in the Employee Handbook pages 73-78 and includes: a verbal report, in writing, anonymous report, third-party reporting, request forms, grievance forms, submitting a written report to the BOP, CDCR, PREA Coordinator, reporting directly to a family member or friend, and to a staff or someone they feel comfortable with. Reports submitted on-site to staff are documented in writing immediately and forwarded to the PREA Coordinator and the BOP and CDCR. This information was reviewed in the SOW page 9 and in the Employee Handbook pages 73-79, resident training logs, resident handbook, and postings throughout the facility.</p> <p>The auditors interviewed 16 targeted and randomly selected residents that clearly articulate knowledge of this process. Residents were all able to describe where the PREA boards were that contained this information should they need it. Staff also have the same reporting resources for reporting an incident of sexual abuse and sexual harassment of residents.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is fully compliant with this standard regarding resident reporting.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Grievance forms Resident Handbook PREA Posters with reporting information</p> <p>Interviews: Program Director (PD) Assistant Program Director (APD) PREA Coordinator Residents</p> <p>All residents are able to file a grievance to the BOP or CDCR 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 or CDCR without going through the facility mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations. If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to Facility Director who will contact the BOP or CDCR for investigation. This information was located in the SOW pages 78-79. When interviewed staff and residents were able to articulate the grievance procedure. BOP and CDCR will issue a final decision of a grievance alleging sexual abuse within 90-days. An extension of time to respond, can be requested for up to 70-days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. 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 files a request on behalf of a resident, the facility will require, as a condition of processing, the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility documents the resident's decision.</p> <p>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 or CDCR investigation process. A grievance form shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Orion RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken.</p>

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 or CDCR decision, the facility would take steps to protect the resident. It is at the discretion of the BOP or CDCR to determine if a resident may be disciplined for filing a grievance in bad faith. BOP or CDCR will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were able to clearly articulate this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this 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
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documentation Reviewed:

Pre-Audit Questionnaire (PAQ)

Statement of Work (SOW)

Resident Handout

PREA Posting

CATS Website

Strength United Website

Interviews:

Program Director

PREA Coordinator

Random Staff

Random Residents

Strength United

Center for Assault Treatment Services (C.A.T.S.)

Northridge Hospital

As reported in the PAQ, the facility provides residents with access to outside victim advocacy for emotional support and resource services with CATS and Strength United. Both are affiliated with Northridge Hospital where residents would see a SANE nurse for forensic exams related to sexual assault. Residents are able to access these agencies by using their cell phones, the payphones within the Orion facility, or by writing a letter. All calls are free and confidential. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case managers. Residents are able to call these agencies 24-hours a day, 7-days a week. In addition to local services, residents are able to contact the Rape Crisis hotline which is a toll-free number for additional resources. The information for all of these resources are listed on the PREA boards throughout the facility. This information is also listed in the resident's handbook as viewed by the auditors. Orion staff do not monitor calls made to these agencies. When interviewed, the residents were familiar with these resources and where to access the information on the PREA boards. Calls to these agencies by the auditors further confirmed the services provided. These services are free and accessible to all residents living in the community. Therefore, MOUs are not necessary.

Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Documentation with resident signatures verifying they received such information was contained 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.

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.

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Facility Postings Detection Treatment Resources (DTR)</p> <p>Interviews: Assistant Program Director Program Director PREA Coordinator Random Staff Random Residents Detection Treatment Resources (DTR)</p> <p>Orion RRC has an established Memorandum of Understanding with Detection Treatment Resources (DTR) to report to CDCR or BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The agency has posted on its website, the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information and then file a complaint on behalf of the resident. Additionally, family members, friends or other persons associated with the resident, can make a third-party report directly to the PREA Coordinator and can find her number listed on the agency's website. This information was reviewed and confirmed by the auditors during interviews with residents, staff and DTR. In addition, this information is posted on the PREA boards throughout the facility and provided in the resident and employee handbooks.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding third party reporting.</p>
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115.261	Staff and agency reporting duties
	<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="252 324 654 571"> Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook Resident Handout PREA posters </p> <p data-bbox="252 627 494 784"> Interviews: Program Director PREA Coordinator Random Staff </p> <p data-bbox="252 840 1468 996"> As reported in the Pre-Audit Questionnaire, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment and retaliation that occurred in the facility, whether or not it is part of the agency. </p> <p data-bbox="252 1052 1484 1512"> Information related to allegations/incidents of sexual misconduct is confidential and will only be disclosed when necessary for related treatment, investigations and other security and management decisions. As reviewed by the auditors and written in the SOW page 22 and in the employee, handbook pages 73-78, staff must immediately report any knowledge, suspicion, or information received, including anonymous and third-party reports, regarding an allegation or incident of sexual misconduct occurring in any BSS facility. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Residents are informed of the requirements of mandatory reporting at upon intake. Staff also participate in monthly trainings that review the staff's responsibility for reporting sexual abuse and sexual harassment. This information was verified by the auditors during a review of the staff training records, the SOW and the employee handbook. </p> <p data-bbox="252 1568 1484 2116"> BSS requires all staff, to include employees, contractors, and volunteers, to immediately report incidents and allegations as identified in the standard. Staff, contractors and volunteers are required to report to their immediate supervisor or the program director who will in turn report to the BOP and CDCR as identified in in the SOW on page 22. Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. Administrative complaints are handled by the BOP and criminal complaints are handled by local law enforcement. California Mandated Reporting Laws also require notification of an incident of sexual abuse. Residents are advised of the staff's requirements to report confidentiality limitations and the information is provided in the resident handbook. 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). </p>

As defined in the Employee Handbook on pages 73-77, any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the facility director and the PREA coordinator. Staff will accept reports of any sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Should a staff receive a verbal report, staff must document the verbal report within 24-hours and provide the report to the PREA coordinator and facility director. However, staff reported during the on-site interviews with the auditor that they would document the report and notify the facility director immediately. Staff and residents may report an incident verbally or by a sealed note/letter to the facility confidentially. Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, in order to make treatment, investigation or other safety and security decisions.

All third-party reports will be reported to the facility director or designee who will immediately notify BOP or CDCR and the PREA coordinator. The facility director will also complete a Serious Incident Report and contact local law enforcement if a crime has been reported. When interviewed, the staff were able to clearly articulate the details of third-party reporting.

The interviews with staff, facility director and the PREA coordinator provided confirmation that they were knowledgeable in their requirements regarding reporting duties. All staff are mandated reporters and a written report must immediately follow reported allegations or incidents. Staff interviews further confirmed their understanding of their expectations to document all verbal reports immediately. The staff are also required by policy (Employee handbook page 73-78) to report allegations made anonymously or by a third-party. During this audit period, there were no allegations of sexual abuse.

Based upon the review and analysis of the 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: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Resident Handout</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>Orion staff are required to protect the residents through implementing protective measures. Administration of the sexual vulnerability and sexual abusiveness assessment provides information that assists and guide staff in keeping residents safe through housing and program assignments. The interviews of the random staff, program director and PREA coordinator revealed protective measures include, but are not limited to, alerting supervisors and management staff and separating the residents including moving to a different housing unit, another BSS facility or remanded back to prison. The program director and staff indicated the expectation is that any action to protect a resident 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 resident’s vulnerability and assessments risk tools contained in the resident’s file supports the information provided by residents. The program director and PREA coordinator report during the past 12-months, no residents 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: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW)</p> <p>Interviews: Program Director PREA Coordinator Staff Residential Re-Entry Manager (RRM) Contract Oversight Specialist (COS)</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the program director or designee will notify the BOP or CDCR who will oversee the investigation at the reported facility. Residents assigned to the Orion facility are under the jurisdiction of the BOP and CDCR. All investigations under BOP will be handled by the RRM. This information was verified by contact with the RRM and the COS. Notification will be made immediately, yet no longer than 72-hours after receiving the information. 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 contracting staff would be notified and staff would never be allowed to work at any federal or state confinement facility again. When interviewed, there was a report of sexual abuse reported at another BOP facility. However, this incident occurred and was reported to the BOP prior to the resident arriving at the Orion facility. Case managers at the Orion facility provide assistance to the resident when needed to ensure they are able to communicate with the BOP regarding their ongoing case. The resident was also provided resources upon arrival for services regarding emotional support and guidance. Other than this incident, there were no cases at the Orion facility alleging sexual abuse or sexual harassment while confined at another BSS or CDCR facility.</p> <p>BOP and CDCR has employees trained in investigating sexual abuse allegations. The Orion facility director would be responsible for ensuring that all allegations of sexual abuse are documented and request that investigation comply with the PREA standards. There were no cases at the Orion facility alleging sexual abuse/harassment while confined at another BSS or a CDCR or BOP facility. All information was confirmed by reviewing staff and resident files, and interviews with staff and residents.</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
	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>The Orion Employee Handbook page 77, clearly defines the staff's responsibility in the event of being the first responder of a sexual abuse incident. As written, the first responder is required to:</p> <ul style="list-style-type: none"> • Secure the victim (Separate from abuser if abuser is still on grounds). • Clear the area • Call 9-1-1 • Preserve the scene by disallowing any person access to the area • Assign another staff to stay with the victim until paramedics and law enforcement arrive on the scene. • Request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating (same for the abuser). • Request medical responders to transport the victim to a SAFE or SANE medical facility and document the findings. • Notify the Program Director and the PREA Coordinator and write their initial report. <p>All BSS facilities, to include the Orion facility, has a First Responder Checklist to ensure proper protocols are followed. All Orion RRC staff are trained as first responders. Additionally, the Orion RRC maintains a Safety Incident Program (SIP) binder which contains First Responder Checklist for staff to quickly retrieve in the case of an incident. When interviewed, staff were able to recite their responsibilities as a first responder. This information was also reviewed by the auditors as listed in the SOW and staff training records.</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 Employee Handbook Training Records Safety Incident Program Binder (SIP)</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>The facility has developed a coordinated response which is aligned with the detailed information in the Employee Handbook pages 73-78 regarding the response to an allegation or incident of sexual abuse. The random staff interviewed was familiar with the roles regarding the response to an allegation of sexual abuse. The program director discussed the coordinated actions in response to an incident of sexual abuse which was parallel to information contained in the Employee Handbook. Staff members are directed to follow the steps outlined and to utilize the checklist in addressing the situation.</p> <p>Forensic medical examinations will be provided free of charge to the victim at Northridge Hospital by a Sexual Assault Nurse Examiner (SANE). The Hospital has 24/7 access to a SANE provider. A qualified medical professional shall perform a forensic medical examination if there is no SANE available. The victim will be provided unimpeded access to crisis intervention and medical services through C.A.T.S. and Strength United. This information was confirmed through an interview with staff at Northridge Hospital, C.A.T.S. and Strength United. No allegations of sexual abuse have been reported during this audit period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.</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 Employee Handbook</p> <p>Interviews: Program Director PREA Coordinator</p> <p>BSS facilities do not participate in any collective bargaining agreements which includes the Orion facility. Therefore, there are no collective bargaining related limitations of the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent of discipline is warranted. Should BSS enter into a bargaining agreement restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination. Interviews with the PREA coordinator and facility director confirmed this statement.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding preservation of ability to protect residents from contract with abusers.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire Statement of Work (SOW) Training records Employee Handbook Resident Handbook</p> <p>Interviews: Program Director PREA Coordinator Staff Residents</p> <p>The agency has established a policy to protect all residents and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation as described in SOW page 21 and the Employee Handbook pages 73-78. All staff are provided training on the agency's policy against retaliation upon hire. A review of the staff files and training records confirmed the staff had received training upon intake and during staff meetings. This training includes the following:</p> <ul style="list-style-type: none"> • Monitoring disciplinary action against staff or residents (is one staff writing more incident reports on a particular resident than other staff). • Observing body language of staff and offenders. • Following up on any reports of retaliation. • Review video monitors more closely. • Be aware of staff or residents who complain about a person to try and get them written up. • Provide them with easy access to someone they feel conformable within the agency or an outside resource. • Talk to the person more often. <p>When interviewed the PREA coordinator and the program director stated that the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Resident retaliation will be monitored by the supervising security monitor and overseen by the program manager and staff retaliation would monitor by the program director. The PREA coordinator will oversee all retaliation monitoring.</p> <ul style="list-style-type: none"> • Any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline. • Staff that require retaliation monitoring due to report of sexual abuse or sexual harassment, or because of an expressed fear of retaliation due to cooperation with an investigation of inmate sexual abuse or sexual harassment will be monitored by the program director and

reviewed by the PREA coordinator.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance evaluations, disciplinary actions, unannounced lock-downs, denial of privileges, grievances, and the residents are provided with materials to assist the communication process. However, the program director will work with the BOP and CDCR who will have the final decision on which action to take.

The Employee handbook and the resident handbook clearly define methods for reporting retaliation. When interviewed, staff and residents were able to clearly articulate the training they had received about retaliation for reporting and incident of sexual abuse and they also knew that the information was located on the PREA Boards and in the paperwork they received upon intake.

To ensure residents are not subjected to acts of retaliation, the facility would monitor disciplinary reports to make sure there are no increased write ups, inappropriate housing changes, 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 performance evaluations, change in facility job assignments, or behavioral changes. Monitoring of staff would continue over 90-days until there is no concern or suspicion of possible retaliation. When interviewed, staff and residents stated they feel safe in the facility.

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

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

The BOP and CDCR conducts all administrative investigations and local law enforcement conducts all criminal investigations. The Orion RRC does not conduct investigations of sexual abuse allegations, including any misconduct allegation or from anonymous/third-party reports. Orion staff will not question 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 involved offenders, staff, volunteers and/or a community member. The incident 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." The PREA Coordinator stated during her interview that investigations will be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment through the BOP, CDCR and/or law enforcement. If administrative allegations are sustained, BOP or CDCR will determine and impose the appropriate sanctions. BOP and CDCR 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 utilized polygraphs as a condition for proceeding with an investigation. There were no administrative investigations involving residents 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. As far as notifications to victims in criminal investigations, they would receive information regarding the outcome of the case by BSS per the auditor's interview with the RRM. Per the program director, if law enforcement conducted the investigation, they would report directly to the victim.

No criminal investigations involving residents were alleged during this reporting period. Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy and interviews with the program director and the PREA coordinator provide support that the departure of the alleged abuser or victim from

employment or control of BOP shall not provide a basis for terminating an investigation, which was also supported during the staff interviews. The Employee Handbook page 78 states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. There have not been any allegations of sexual abuse during this audit period.

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>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook</p> <p>Interviews: Program Director PREA Coordinator</p> <p>The BOP and CDCR investigate administrative allegations and indicate a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with the program director and the PREA Coordinator indicate that they may conduct fact-finding investigations at the direction of the BOP or CDCR but would not make conclusions following the investigations. BOP and CDCR would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>Based upon the review and analysis of the available 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>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Federal Operations Manual (FOM) Employee Handbook</p> <p>Interviews: Program Director PREA Coordinator</p> <p>The Orion RRC does not conduct investigations criminal or administrative investigations. The program director and PREA coordinator stated during interviews, they will remain in communication with the investigating agency until the end of the investigation and would ensure the resident is provided with information regarding the outcome of the investigation. Policy as contained in the Employee Handbook on page-78 that following a resident's allegation that a staff member committed sexual abuse against the them, the resident would be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ul 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/CDCR The staff member has been convicted on a charge related to sexual abuse within the facility <p>Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP/CDCR whenever:</p> <ul 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>The Orion RRC reported no allegations of sexual abuse or sexual harassment during the past 12-months. In the case of a staff on resident sexual abuse incident, the resident would be informed of the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The Orion RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data (Employee Handbook page 78), in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. The program director and the PREA coordinator's interviews supported their knowledge of the reporting process reporting to a resident regarding the outcomes of an allegation of sexual abuse.</p> <p>Based 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> 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>Interviews:</p> <ul style="list-style-type: none"> Program Director PREA Coordinator <p>The Employee Handbook (page 53) specifically states, "Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination." 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 further 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." 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." The policy further indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse.</p> <p>The Federal Operations Manual (FOM) states sexual misconduct by BSS staff against an offender shall be prohibited by policy. Sexual misconduct, as it relates to offenders, is a sexual advance, welcome or not, by an offender, staff member, agent or volunteer of BSS, department or private organization. It is illegal and a violation of federal law.</p> <p>The Orion RRC will notify and collaborate with BOP and CDCR for allegations of staff violation of the agency's sexual abuse or sexual harassment policies. All criminal matters are reported to local law enforcement, BOP and CDCR for investigation. All administrative matters are reported to BOP and CDCR for investigation. Staff shall be subject to disciplinary sanctions up to, and including, termination for violating agency resident sexual abuse and/or sexual harassment policies. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension pending the outcome of the investigation. Per the PREA Coordinator, if the employee engages in sexual abuse, the employee will be terminated. Auditors were informed that if the allegations were substantiated, the employee would be precluded by BOP from working with all federal and state offenders. Additionally, should an allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued. The policy further indicates that termination is the presumptive disciplinary sanction for a staff</p>

member who has been found to have engaged in sexual abuse.

The Orion RRC has not had any incidents of staff-involved sexual abuse or sexual harassment in the last 12-months. Based upon review and analysis of the available evidence, including interviews with the PREA Coordinator and PREA Compliance Manager and review of policies/procedures, the Orion RRC is in compliance with all of the provisions of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) Statement of Work +(SOW) Federal Operations Manual (FOM) Employee Standards of Conduct Zero Tolerance Policy Equal Employment Opportunity Policy <p>Interviews:</p> <ul style="list-style-type: none"> Program Director PREA Coordinator <p>All contractors and volunteers are held to the same standards as employees. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. The program director stated that if a volunteer or contractor violated the agency’s zero tolerance policy, an investigation would occur, and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation. BSS policy as stated in the Employee Handbook on page 74-75, addresses the corrective action for volunteers and contractors who violate any provision of the PREA policy. The policy states “should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services would be discontinued. Per the PAQ and the program director, BSS has not disciplined any volunteers or contractors within the last 12-months for a violation of these policies.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the Orion RRC is in compliance with all the provisions of this standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Inmate Discipline BOP Prohibited Acts Employee Handbook Statement of Work (SOW)</p> <p>Interviews: Program Director Assistant Program Director</p> <p>Any resident who is found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions, as stated in the Employee Handbook on page 74. The SOW pages 78-79 further addresses the disciplinary process for violation of any of BOPs Prohibited Acts. Since BSS does not conduct any investigation, an allegation of sexual abuse or sexual harassment would be referred to BOP, CDCR and local law enforcement. Only the BOP, CDCR or local law enforcement would provide disciplinary sanctions based on the nature of the offense. These sanctions are directly related to the seriousness of the behavior. The BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which were reviewed by the auditor. Any type of sexual abuse or sexual harassments violations, unless they were unfounded, by staff or resident would be grounds for termination of the program; hence, zero tolerance. Interviews with the program director and assistant program director and documentation review confirmed this process.</p> <p>There have been no reported administrative or criminal findings for resident-on-resident sexual abuse at the Orion facility per the PAQ and the program director. Therefore, there were no disciplinary records to review when analyzing this provision. The agency does have policies and procedures in place if an incident were to occur.</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the Orion RRC is in compliance with all the provisions of this standard.</p>

115.282	Access to emergency medical and mental health services
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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Documents Reviewed:

Employee Handbook
Federal Operations Manual (FOM)
Statement of Works (SOW)
PREA Training PowerPoint

Interviews Conducted:

Specialized and Random Staff
Residents
Program Director

Per the Federal Operations Manual (pg. 261-263) "BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling with a clinical psychologist occurs within 24-hours of a sexual abuse incident. BSS does not provide on-site medical or mental health services at the facility. Residents receive these services from community based agencies. Residents who need medical or mental health services due to a sexual assault, would be referred to The Center for Assault Treatment Services (C.A.T.S.), located at Northridge Medical Center which provides services 24/7. BSS staff would assist in the coordination of services. In the event of a sexual assault and emergency medical care is required, staff would ensure immediate medical and mental health treatment is coordinated through C.A.T.S.. During the staff interviews, staff were knowledgeable in their roles as first responders and the referral process to medical services and continued on-going medical and mental health services. Most staff indicated that 911 would be immediately contacted to transport the resident to the emergency room for services. Resident victims would be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception, treatment for sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care. Staff training materials verify that all staff receive this training upon hire and during refresher training.

All services provided to residents are determined by the medical and mental health practitioners according to their professional judgment. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with the program director and a review of the PAQ confirmed there were no allegations of sexual misconduct in the last 12-months. All staff are trained in First Responder duties, should an incident of sexual abuse occur. Interviews with staff reveal staff are well-trained in how they would respond to an incident of abuse and the steps they would take to ensure emergency medical treatment and follow-up medical and mental health care.

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

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
- PREA Bulletin Board Postings
- Intake Paperwork
- Center for Assault Treatment Services (C.A.T.S)
- Strength United
- Rape Treatment Center at UCLA.

Interviews:

- Program Director
- Case Workers
- Security Supervisor
- Center for Assault Treatment Services (C.A.T.S)
- Strength United

The Orion facility does not offer on-site medical or mental health care; however, these services are provided by community-based resources. Casework staff will assist in the coordination of services and referrals to clinics/centers whose specialty is related to sexual assault and abuse. Upon intake, staff will complete a Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting an assessment to determine risk of victimization or abusiveness. Further, should a history of sexual victimization or abusiveness be noted, staff will immediately notify the Program Director. This action is taken to determine the offender's suitability for placement, to ensure the safety of all offenders, staff and to facilitate mental health evaluation and treatment in the community. Evaluation will include all follow-up services, treatment plans and referrals for continued care following release from custody. These services are consistent with the community's level of care. Interviews with the case workers, security supervisor and program director supported that evaluation and treatment services are available and offered to the resident when needed. These services are offered through the Center for Assault Treatment Services (C.A.T.S), Strength United and the Rape Treatment Center at UCLA. This information is contained on the PREA bulletin board at the facility and is also provided to all residents during the intake process.

Per staff interviews and information contained in the Employee Handbook pages 73-78, in the event a resident suffers sexual abuse, follow-up services and treatment are available including tests for sexually transmitted diseases, pregnancy tests and timely and comprehensive information about access to pregnancy-related services. The resident will have unimpeded access to services and these services are provided without cost to the victim regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. There was one resident who reported previous sexual victimization during the initial risk screening and two residents with a history of victimization per the Pre-Sentence Report (PSR). Per a

review of the residents' files, they were provided with referrals for counseling services in the community.

Per the program director, BOP residents who are identified as an abuser, must go through Community Treatment Services (CTS) for mental health treatment. If a CDCR resident is identified as an abuser, they will be referred to individual or group counseling services through Detection Treatment Resource (DTR).

In the past 12-months, there were no inmates who required ongoing medical or mental health treatment due to sexual abuse. Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding on-going medical and mental health care for sexual abuse victims and abusers.

115.286	Sexual abuse incident reviews
	<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="252 327 654 450">Documents Reviewed: Pre-Audit Questionnaire (PAQ) Employee Handbook</p> <p data-bbox="252 499 491 573">Interviews: PREA Coordinator</p> <p data-bbox="252 629 1481 1178">The Employee Handbook on pages 73-78 articulates the facility’s policy regarding the sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30-days of the conclusion of the investigation. This process was confirmed by the program manager and PREA coordinator during interviews. The incident review team consists of the following: PREA coordinator, program manager, security supervisor, and the team receives input from line staff and case managers. During the incident review team meeting, the team will review if the incident consists of policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and residents, appropriate supervision, notifications, and operational considerations. Should any of these factors need changes to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.</p> <p data-bbox="252 1227 1481 1518">The Orion facility did not have any allegations of sexual abuse during this reporting period. In the event an incident should occur, the review team will meet to review the critical incident. Based on their findings, the facility will implement or consider implementing recommendations for improvement. If for any reason, the recommendations are not implemented; the facility will document its reasons for not doing so. An interview with the PREA Coordinator, indicated that incident-based and aggregated data were securely retained. Annual data can also be found on the BSS agency website.</p> <p data-bbox="252 1570 1481 1648">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.</p>

115.287	Data collection
	<p data-bbox="252 1848 1005 1881">Auditor Overall Determination: Audited at Agency Level</p> <p data-bbox="252 1926 523 1960">Auditor Discussion</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is the third PREA audit for the Orion RRC since the first audit cycle. The last PREA Audit was in September 2017. All of BSS facilities will be audited during the first year of this cycle. This facility is the third 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 Orion RRC 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 and were permitted to speak with staff or residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and case manager files were readily accessible to the 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 on to the OAS. Additional documentation or copies were provided on-site at the auditors' request. Auditors were provided with separate private areas on the second floor of the facility in which to conduct private and confidential interviews and with both staff and residents who were randomly chosen by the auditors. The PREA Audit Notice, in both English and Spanish, was posted throughout the facility on December 26, 2019, six-weeks prior to the audit. This notice contained auditor contact information including email and mailing addresses and was observed posted during the audit tour. Prior to the on-site visit, and during the post-audit period 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. There was no confidential communication received from residents or staff during the audit period for the Orion facility.</p> <p>Based on the above information, the facility meets the requirements and is in compliance of standard 115.401, Frequency and Scope of Audits.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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

115.212 (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	
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	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes

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

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

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

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

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.)	na

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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

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

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

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?	yes

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

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

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

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

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

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

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

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

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

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

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

115.271 (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?	yes

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

115.401 (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