

PREA Facility Audit Report: Final

Name of Facility: Phoenix Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/29/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Teri Brister	Date of Signature: 12/29/2019

AUDITOR INFORMATION	
Auditor name:	Brister, Teri
Address:	
Email:	blynnt12@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	11/14/2019
End Date of On-Site Audit:	11/15/2019

FACILITY INFORMATION	
Facility name:	Phoenix Residential Reentry Center
Facility physical address:	2846 E. Roosevelt St., Phoenix, Arizona - 85008
Facility Phone	
Facility mailing address:	118 Avenida Victoria, San Clemente, California - 92672

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

Facility Director	
Name:	Danielle Koger
Email Address:	dkoger@behavioralsystemssouthwest.com
Telephone Number:	9494923574

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

Facility Characteristics	
Designed facility capacity:	102
Current population of facility:	89
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-75
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	39
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Audit of the Phoenix Residential Re-Entry Center (RRC) and the Roosevelt (RRC) was conducted on November 14-15, 2019, by Department of Justice (DOJ) Certified PREA Auditors Teri Brister and Christina Kampczyk. Teri Brister was the Lead Auditor. The facility consists of two sites located in Phoenix, Arizona and is operated under the agency Behavioral Systems Southwest (BSS). Both sites are within walking distance of each other on the same street and share the same policies, procedures, programming, and staff/management oversight. Therefore, one audit was conducted for both sites. The Phoenix site houses adult male and adult female residents and the Roosevelt site houses adult male residents who are under the custody of the Federal Bureau of Prisons (BOP) and provides home detention services for the BOP. Some residents are under the supervision of the United States Probation Office (Public Law) and are sanctioned by the Court to a residential placement for failing to comply with court-ordered conditions of supervised release. The PREA Audit was initiated in the On-line Audit System (OAS) by Auditor Brister and a formal contract was developed and entered into between BSS and Audit Solutions in September 2019. This was the third PREA audit for the Phoenix/Roosevelt RRC facility.

Pre-Audit Phase

The Pre-Audit phase consisted of direct on-going communication (e-mail and phone calls) with the agency's PREA Coordinator Bari Caine-Lomberto. The Auditors explained the audit process, requested documentation and provided a tentative audit schedule. Additionally, the PREA Coordinator was provided with the Audit Process Map and the Checklist of Requested Documentation required for the audit. The PREA Audit Notice, in both English and Spanish, was sent to the PREA Coordinator on September 22, 2019 by e-mail. The PREA Coordinator acknowledged receipt of the documents on September 23, 2019 and on September 24, 2019, photos were emailed to the auditors verifying that the notices were posted throughout the facility. The notices were again verified and observed during the on-site portion of the audit. The Pre-Audit Questionnaire (PAQ) was uploaded to the On-line Audit System (OAS) by the PREA Coordinator, which was reviewed, along with the included documentation, by both auditors. Specifically, BSS PREA policies and procedures were reviewed along with information on the agency's contract requirements with the BOP and per the Statement of Work (SOW). Prior to the on-site visit, during or post-audit, there was no confidential communications received from any residents or BSS staff. Per the PAQ, the facility does not provide on-site medical or mental health services. Additionally, all investigations are conducted by the BOP and local law enforcement.

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

posted for each of the agency's five community confinement facilities and the Annual PREA reports per 115.287 and 115.288.

Onsite Phase

An entrance meeting was conducted on the first day of the on-site visit on November 14, 2019 at 8:30 a.m., with Executive Vice President/PREA Coordinator Bari Caine-Lomberto and Program Director/PREA Compliance Manager Danielle Koger. The auditors were provided with the requested documentation including; the current staff work schedule, staff contact roster, the names of the residents currently residing at the facility and their housing location and site, the facility floor plan detailing the housing units, resident common areas, staff offices, and the camera locations for each site. During the entrance meeting, the auditors discussed changes within the facility since the last PREA Audit, changes within BOP and facility oversight, and logistics for the two-day visit. The specific on-site and post-onsite process was discussed, which included the facility tour, randomly chosen resident and staff interviews, the staff and resident file reviews, and document review. The auditors were informed there were no facility renovations in the last twelve (12) months; however, the camera/video monitoring technology was upgraded.

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

- Staff Roster and consolidated work Schedule
- Resident rosters (Phoenix and Roosevelt site)
- List of residents with special designations
- All grievances/allegations made in the last 12 months prior to the on-site audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months prior to the on-site audit
- 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)
- Staff training logs
- PREA Training materials including PREA PowerPoint
- LGBT Training Terminology
- BOP Statement of Work (SOW)
- Federal Operations Manual (Phoenix)
- 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 Arizona 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
- Statement of work (SOW)
- BOP Prohibited Acts
- Phoenix/Roosevelt RRC Rules and Regulations
- Arizona Statute regarding free forensic exams
- LanguageLine Translation Service website

Note, the list above was also used as evidence relied upon in making the compliance determination for each standard.

The facility tour began at the Phoenix site at approximately 9:45a.m. and concluded at the Roosevelt site at about 12:15 p.m. The tour of the Phoenix site was led by Program Director Danielle Koger and included all interior and exterior areas of the site. The Roosevelt site tour was led by Assistant Program Director Wesley Mayhew and access to all areas of the site was provided. The printed notice of the PREA Audit with auditor contact information in English and Spanish was observed posted in the following areas; the dayroom/multipurpose room, each living unit/resident room, the conference room and the lobby/administration office at both sites. A large bulletin board, aka "the PREA board," was observed prominently displayed and readily available to residents at each site's dayroom/multipurpose room with the agency's Zero Tolerance policy against sexual abuse and sexual harassment in English and Spanish, PREA posters, BSS PREA reporting methods, the PREA Coordinator contact information, the agency's grievance policy, PREA Brochures, BSS PREA reporting methods, contact information for the National Sexual Abuse Hotline, the third-party notification, and the Sexual Assault Nurse Examiner (SANE) location and telephone number. Signs were observed and clearly posted in each of the residents' rooms regarding the requirement for staff of the opposite sex to knock and announce their presence before entering the dorm as well as the notice of the PREA Audit with auditor contact information in English and Spanish.

During the tour of both sites, interior and exterior camera locations were noted and compared with each site's facility diagram/map. The cameras are monitored by security staff 24 hours a day, seven days a week and have recording capability. The program directors, assistant program directors and lead security staff have the responsibility of viewing video footage. Additionally, should there be a reported incident, the video footage could be reviewed to assist in an investigation. The monitors were observed at each site in the security office at the phoenix site, the assistant program director's office at the Roosevelt site and the security office for both sites. The camera views do not include the restrooms or residents' rooms at either site; therefore, ensuring the residents' right to privacy from staff viewing when showering, using the restroom, and changing clothing. The auditor was provided with and allowed unimpeded access to all areas of the facility interior and exterior. Additionally, the auditor was able to speak informally with four residents during the tour. During the informal conversations, residents stated they were aware of the PREA audit, where they could find PREA information and that staff of the opposite sex adhere to the knock and announce policy prior to entering their rooms. Auditors also were able to speak informally with staff regarding various processes to include searching residents, the intake process and the supervision and monitoring duties of residents. During the tour, staff were observed conducting supervision rounds with a clipboard in hand. Staff were also observed engaged with or otherwise assisting residents with their needs and assisting new residents during the intake process. Staff appeared to be helpful and polite with residents during the interactions observed by the auditors.

Additional observations noted/discussed during the audit tour of both sites:

- Staff and resident files are kept secured in a locked file cabinet.
- There are grievance boxes at both sites accessible by residents and checked by the program

director/assistant program directors regularly.

- The facility has no segregation/isolation or holding rooms.
- There are no youthful inmates.
- Pay phones are located at both sites.
- Initial risk screenings of residents are completed and in privacy in the case managers' offices.
- No blind spots were observed at either site.
- Outdoor sheds are secured with chain-linked fences and gates around them which are locked in addition to the camera surveillance of these areas.
- Security mirrors are positioned in various areas to address potential blind spots

The current population was eighty-five (85) which included ten (10) females, per the resident rosters provided during the entrance meeting on November 14, 2019. The rated capacity is one hundred two (102) total for both sites. The program director was provided with a list of staff and residents who auditors randomly selected for interviews during the on-site visit. The auditors were provided with private locations to work and to conduct the staff and resident interviews.

Residents and staff were interviewed using the PREA Compliance Audit Instrument Interview Guides in order to ascertain their knowledge of the agency's zero tolerance policy, reporting procedures for residents to report sexual abuse or sexual harassment. Security staff were questioned about how they would respond to an incident when a resident alleges sexual abuse including the duties of a first responder. The auditors conducted a total of seventeen (17) interviews with residents, including six (6) residents with special designations as follows:

The following interviews were conducted with residents at the Phoenix/Roosevelt RRC sites:

- Random Residents: 11
- Residents who identify as lesbian, bisexual or transgender: 1
- Residents who are limited English: 5
- Residents with a physical disability: 1 (declined to be interviewed)
- Residents who reported sexual victimization during risk screening: 1 (declined to be interviewed)

Total completed resident interviews: 17

A total of thirteen (13) staff interviews were conducted which includes Program Director Danielle Koger and two assistant program directors. The random staff protocol was used for each of the interviews, except for the program director, who was interviewed using the facility director protocol. Additionally, the specialized staff interview protocols were also used for staff who perform screening for risk of victimization and abusiveness, intake staff, administrative and human resources staff, first responders, staff on the incident review team, and the designated staff member charged with monitoring retaliation. The PREA coordinator was interviewed by telephone during the post-audit period via conference call with both auditors. This interview was not included in the count of interviews conducted at the Phoenix/Roosevelt RRC. The facility does not employ contractors or medical/mental health staff, and they do not currently have any volunteers. Therefore, those interviews were not needed in this area. Additionally, the facility does not conduct investigations at any time. If allegations of sexual assault were to occur and appeared to be criminal, local law enforcement would investigate, and the BOP would be notified. The BOP would be responsible for administrative investigations of sexual abuse and sexual harassment. During the last twelve (12) months there were no reports or allegations of sexual abuse or sexual harassment involving any residents at the facility.

The following interviews were completed with staff at the Phoenix/Roosevelt RRC sites:

- Random staff: (Total) 5
- Specialized Staff: (Total) 8

Total Staff Interviewed: 13

The auditors reviewed a total of seventeen (17) resident files to assess the facility's compliance with the PREA education provided to residents, the initial risk screenings and reassessments, and that residents received PREA-related information at intake and during follow-up meetings with their case managers. The files reviewed include the targeted residents who were interviewed. Overall, the resident files were well organized and contained all the required documentation to verify compliance with the screenings and PREA education requirements.

Twelve (12) staff files were reviewed by the auditors. These files were well organized under labeled sections and contained staff signatures on the agency's PREA policies, the Employee Handbook and PREA trainings. Background (criminal history) checks were completed for all staff by the BOP. It was noted during the file review that one staff who was promoted within the last year was missing background information form which contains the self-declaration and duty to disclose sexual abuse and sexual harassment. Per BSS policy (page # 74) staff are to sign and date the self-declaration and duty to disclose sexual abuse and sexual harassment at time of hire or promotion. Otherwise, the employee files contained the required documentation, the auditors requested for review.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings and observations with program director, two assistant program directors and the PREA coordinator. The auditors discussed the one staff who was missing the self-declaration and duty to disclose sexual abuse and sexual harassment upon promotion.

The Phoenix/Roosevelt RRC is required to be PREA compliant per their contract with the Bureau of Prisons (BOP). During interviews with staff, it was apparent they were aware and trained on their responsibilities and duties should an incident of sexual abuse or sexual harassment occur at the facility and could clearly describe the steps they would take to protect the victim. Overall, resident interviews were able to articulate where they could find information on reporting allegations to organizations outside the facility should they need to make a report on behalf of themselves or someone else. Additionally, residents reported feeling safe in the program and are well-educated on the numerous ways in which to report an incident of sexual abuse or harassment inside the facility. The facility was informed of the process that would follow the on-site visit including the responsibility of the agency to post the final report on the agency website. The Phoenix RRC staff and administration were thanked for their preparation and organization for the audit and for their responsiveness to the auditors' numerous requests during the on-site visit.

Post-Onsite Phase

During the post-audit period the Auditor was provided with clarifying documentation and information through phone calls and emails with the PREA Coordinator and Program Director. Additionally, phone interviews were completed with community agencies. On 12/3/19, the auditor spoke with BOP's Residential Re-Entry Manager (RRM) and the 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 for the Phoenix/Roosevelt RRC sites in the last year. On November 20, 2019, Program Director Koger

provided verification regarding the self-disclosure form that was missing during the staff file review.

Auditors utilized the PREA Auditor Compliance tool during the final review of information gathered during the audit process and to ensure that all aspects of each standard were in compliance. This included, the triangulation of staff and resident interviews, the documents reviewed; such as policies and procedures, facility file review and other documentation and observations by auditors during the audit tour and the on-site visit. It was through this review that the auditors have determined the facility is in compliance with all of the PREA standards.

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 Phoenix and Roosevelt Residential Re-Entry Centers (RRC) are located in Phoenix, Arizona and are operated by Behavioral Systems Southwest (BSS), a private for-profit corporation headquartered in San Clemente, California. The Phoenix/Roosevelt RRC consists of two (2) sites and operates under the same Federal contract with the Federal Bureau of Prisons (BOP) and operate as one program. Currently, BSS provides community correctional services to the BOP, residential parolee service centers for the California Department of Corrections and Rehabilitation (CDCR) with three facilities in California and two facilities in Arizona. Some residents are under the United States Probation Office (Public Law) and are sanctioned by the court to the RRC for placement for failing to comply with the court-ordered requirements for supervised release. The agency also operates a non-residential day reporting center, a non-residential drinking driver program, and several transitional housing programs both in California and Arizona. The Phoenix/Roosevelt RRC provides community-based resources to the residents and thereby assisting federal inmates to become productive citizens in the community. Both the Roosevelt and Phoenix sites are two story apartments which were converted in 1979 to a community corrections center.

At the time of the on-site audit, there was a total population of eighty-five (85) residents which includes ten (10) females residing at the Phoenix/Roosevelt RRC sites. The total capacity for the Phoenix site is 102 beds. The Phoenix site provides services for male and female residents and also operates the Mother Infant Nurturing Together (MINT) program. This program promotes parenting skills and infant bonding for female residents who are pregnant or who have given birth. MINT residents receive classes on childbirth, parenting, coping skills, sexual abuse counseling, budgeting classes and vocational/educational programs. The Phoenix site consists of three U-shaped buildings interconnected by a second-story walkway.

There are sixteen (16) apartment-style living units each with private bathrooms. Four (4) living units are designated for females and eleven (11) living units are designated for males. Eleven living units are located on the second story with four living units located on the first floor. One of the downstairs living units was converted into a urinalysis testing room for probation and parole officer use. Each living unit has separate bedrooms and can accommodate four to seven residents except for the MINT rooms. The MINT rooms are also equipped with kitchenettes. The staff offices, the security office, the kitchen the conference room, the dayroom, and case management offices are all located on the first floor. There is a fenced-in swimming pool adjacent to the buildings, a weight-lifting area and an outdoor recreational area with picnic tables for the residents' use. Three pay phones are located outside of the buildings in separate locations. The maintenance room and laundry room are located to the rear of the facility. Separate laundry room hours are required for male and female residents use. The parking lot and three separate locked storage buildings are also located to the rear of the facility. Cameras are utilized in various areas of the facility exterior which includes the parking lot to the rear of the facility.

The camera locations were observed and noted throughout the tour of the Phoenix site. The positioning of cameras assist staff in the supervision of the residents and capture potential blind spot areas. There

were 32 cameras. The camera monitors are located in two locations; the security office, and the program director's office. The placement of cameras excludes resident living quarters, restrooms and some staff office areas. Security staff monitor residents' activities continually throughout their shift via the camera monitoring system as well as during their regular facility rounds and by direct supervision. Staff reported that if there were problems with any of the cameras/monitors prohibiting them from observing a particular area of the facility, they would report it immediately to their superior, initiate a maintenance request and document it in the logbook.

The Roosevelt site is L-shaped and consists of thirty-two (32)-beds with a population of twenty-five (25) residents at the time of the on-site audit. This site provides services for male sex-offenders, with four separate apartment-style living units, staff offices, a security office, a day room and laundry room all located in the one two-story building. Three living units are on the second story and one living unit is on the first floor. Each room has a private bathroom and houses up to eight residents. Two upstairs living units each have back doors with staircases leading to the rear of the site that are not to be utilized by residents and are for emergency purposes only. These doors are not equipped with alarms; however, four cameras are mounted on the facility's exterior to capture any activity and to assist in staff supervision.

The exterior of the Roosevelt site consists of a parking lot, a picnic table area, pay phones, weight lifting equipment and a basketball court. There is no kitchen on site and thus food is prepared at the Phoenix site and delivered to the Roosevelt site at mealtimes. Residents of the Roosevelt site walk to the Phoenix site to participate in some services not provided at Roosevelt. These residents are allowed to use the swimming pool at the Phoenix site, but not at the same time as female residents. There is a total of sixteen cameras located on the facility interior and the facility exterior except for the living units and restrooms. The two video monitors are in the security manager's office as well as the front security staff office where staff are always required to be posted. The cameras are positioned to capture blind spot areas and to assist in staff supervision of the residents. Cameras are monitored 24/7 by security staff.

During the tour of both sites, PREA-related information was observed in each of the living units and in various areas accessible to staff, residents and visitors. This PREA information includes; the notice of the PREA audit with auditor contact information, contact information for the PREA Coordinator and third-party reporting agencies, the zero-tolerance policy, and the knock/announce notice was posted in each living unit for staff of the opposite gender. PREA information in multiple languages was also included on the PREA bulletin board located in the day room. This PREA bulletin board contains comprehensive education materials, posters, resources, third party information for the residents all related to the agency's commitment to the PREA standards. Each site was noted to be in orderly and well-maintained condition throughout the tour of each site.

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

Currently the Phoenix/Roosevelt RRC has forty-one (41) staff and no contracted staff or volunteers.

There is a program director/PREA compliance manager, and two assistant program directors. Seven (7) case managers, a social services coordinator, a MINT coordinator and GED specialist provide case-assistance to the residents. There are twenty-two (22) security staff; including the security supervisor, assistant security supervisors and lead security staff who are responsible for supervision of the residents. The kitchen and facility maintenance staff are also employed staff at the facility but have no direct supervision responsibilities of the residents; however, they receive the mandated PREA training. The agency's mission is to help problematic people change their lifestyle with emphasis placed on showing individuals how to lead a more productive, self-supporting, drug-free life, thus breaking the criminal cycle. According to their website; "the agency is dedicated to helping the ex-offender population break the criminal cycle and improve the quality of their lives through the use of cognitive behavioral change methodology. They accomplish this goal by providing comprehensive reintegration services to the ex-offender population in residential and non-residential settings. The services provided focus on individual skill building, accomplished through individual and/or group activities, all the while focusing on staff development and professional growth in order to provide effective services to those they serve. BSS seeks to empower individuals by providing them with the knowledge and training necessary to address existing behavior issues, identify solutions to future problems, and live a productive, self-supporting, clean and sober, crime-free life."

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	35
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 on-site visit of the Phoenix/Rubidoux RRC was conducted November 14-15, 2019. During the audit, the auditors determined the facility was in full compliance with all of the PREA Standards. The Phoenix/Roosevelt RRC facilities were the first of the six BSS facilities to be audited during this audit cycle. The auditors carefully reviewed all aspects of the facility's operations and found that the Phoenix/Rubidoux RRC facilities had no deficiencies. Overall, the audit found that the staff and resident were very familiar with the PREA Standards, their rights to be free from sexual abuse and harassment, how to report an incident, and where to find services if needed. There were three areas in which the Phoenix/Roosevelt RRC exceeded the standards:

115.218

Based upon the review and analysis of the available documentation, the Auditor has determined the Phoenix/Roosevelt RRC has exceeded this standard as they have continued to find ways to enhance supervision by installing additional cameras ensure a safe environment for both staff and residents.

115.233

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

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

Number of Standards Exceeded: 2

Number of Standards Met: 35

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
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 655 573">Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) PREA Posters and resources Employee Handbook Organizational Chart</p> <p data-bbox="252 629 687 831">Interviews: PREA Coordinator Program director Specialized and Random Staff Random and Targeted Residents</p> <p data-bbox="252 887 1481 1391">The agency's policies are located in their FOM which mandates zero-tolerance towards all form 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 addition to the agency's Employee Handbook (pages 74-76). All employees are required to read this information and sign and date that they have read and understand what they have read. PREA Zero Tolerance posters and information regarding sexual abuse and sexual harassment were clearly visual and accessible to residents and visitors throughout the facility during the on-site audit. BSS is also mandated by the BOP to adhere to the PREA Standards and a Zero Tolerance policy as found in the SOW (pages 23 and 44) contract.</p> <p data-bbox="252 1447 1481 1771">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 and Agency Wide PREA Coordinator is upper-level personnel who reports directly to the Agency President and Chief Operations Officer. The interview with the PREA coordinator and observations of the facilities PREA philosophy during the on-site audit, revealed she has the time and authority to perform her PREA duties. The PREA coordinator has demonstrated she has sufficient time and authority to accomplish PREA related responsibilities. Additionally, the PREA coordinator's name and contact information is listed on the agency's public website.</p> <p data-bbox="252 1827 1481 1939">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
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW)</p> <p>Interview: PREA Coordinator Program Director</p> <p>BSS does not contract with outside agencies for the confinement of residents as indicated on page 23 of the SOW. BSS is contracted by the BOP and all residents who are ordered to confinement at a BSS facility are placed there by the BOP. This includes residents from the United States Probation Office (Public Law) placements. 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' contract with BOP and that the contract does 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
Monthly Schedule
Log Book
Resident Daily Rosters
PREA Pre-Audit Questionnaire (PAQ)
Training logs

Interviews:
Program Director
PREA Coordinator
Random and Specialized Staff

The staffing plan is based upon the Roosevelt Residential Re-entry Center’s capacity of 32 residents and the Phoenix Re-entry Center facility’s capacity of 70 residents for a total of 102 resident capacity. The facilities director is required to report to BSS executive vice president immediately if there are any deviations to the staffing plan. Deviations must be documented on the staff schedule, the daily log book and entered into the facility’s computerized timesheet. The Phoenix 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 or the BOP. When resident population drops the number of staff does not drop. Additionally, casework and administrative staff are cross-trained to assist with supervision if needed. A review of the staff training logs during the on-site audit indicated that all staff were cross trained as security monitors.

The Phoenix/Roosevelt RRC facilities’ 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 Phoenix/Roosevelt 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 ration. 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 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 and the by the front desk. Every area of the facility can be viewed by the staff and program director through the video monitoring system.

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

The program director is responsible for ensuring the staffing plan is in adherence. Staff are required to sign in and out of the logbook for each shift, which is verified by the program director. Any such deviations from the staffing plan would be documented and reviewed by the program director. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse are considered when determining the adequate staffing level.

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

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</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 prohibits staff from performing cross-gender strip searches or body cavity searches regardless of any situation (SOW page 76). The BSS facilities do not have medical personnel on site. All medical needs are completed at an off-site community medical facility. If a strip search or cavity search needs to be done, BSS staff must receive authorization from the BOP and must be conducted 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 85 residents comprising of 10 females and 75 males. 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 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 leu 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 programing because there was not a female available. All female residents who were interviewed by the auditors stated there was always a female staff on duty. However, if they return to the facility and a female staff is not readily available, they are immediately process back into the facility by the male staff using a "wand" to search them. There has been no cross-gender pat down searches conducted since the inception of the PREA Audits in 2014 according to prior audit reports. Should an incident arise that warrants such a search, BSS is</p>

prepared to record and document the occurrence.

The BSS Phoenix/Roosevelt RRC facility is a co-ed facility with separate living areas for females. As observed during the on-site audit, all of the resident's living quarters have a private bathroom with a shower, toilet, and sink. Residents are required to dress prior to stepping out of the bathroom. There was one transgender resident during this reporting period who confirmed the facility did adhere to the PREA Standards regarding her rights to privacy and searches. 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 Phoenix/Roosevelt 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' 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 Posting
Employee Handbook

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

According to the Employee Handbook (Page 77) “BSS will ensure that any offender with disabilities (ex: such as deaf, hard of hearing, sight impaired, mobility impaired, cognitively impaired) and those with limited English proficiency will have equal opportunity to participate in and/or benefit from all aspects of BSS’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.” The Phoenix/Roosevelt RRC provides PREA information in six other languages; including, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. This information, which was posted to the OAS and reviewed in resident files, were reviewed 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 if needed 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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed: Federal Operations Manual (FOM) PREA Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook</p> <p>Interviews: Program Director PREA Coordinator Residential Re-entry Manager (RRM)</p> <p>The BOP provides guidelines and mandates to the BSS agency regarding hiring and promotion decisions of employees. When BSS has determined that person is appropriate for employment, the person's information will be sent to BOP for background clearances (FOM page 35-36, SOW page 39). The RRM, program director and PREA coordinator confirmed this information when interviewed and records were located in the employee files that confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's 5-year contract renewal (SOW page 39). Employees may not begin working until all background clearances have been complete and the RRM has sent notice of approval to BSS. Background checks consist of a review of the:</p> <ul style="list-style-type: none"> • Civil Application System (CAS) • National Crime Information Center (NCIC) • Local law enforcement • Checks and prior employment and personal references. <p>BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct (SOW page 39). BSS requires all applicants to report previous sexual misconduct, to include civil or administrative adjudication, on a supplemental form which is submitted with their application. This information was verified during a review of ten staff files and interviews with the program director and PREA coordinator. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct in past employment or while employed at a BSS facility, as listed in the Employee Handbook pages 73-79. During a review of the 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 page 39.</p> <p>When interviewed, the PREA coordinator stated that BSS does not have the same legal standing as law enforcement or correction where an employee can sign a waiver for</p>

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 Phoenix/Roosevelt RRC facility did not have any volunteers or contractors during this reporting period. All volunteers and contractors are subject to the same background checks as employees. This was verified by the program director and PREA coordinator when interviewed and can be found on the FOM page 37. All contractors and volunteers are subject to the same background checks and security clearances as employees. A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the 5-year requirement.

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

115.218	Upgrades to facilities and technology
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 813 448">Documents Reviewed: Pre-Audit Questionnaire (PAQ) Facility diagram/map with camera locations</p> <p data-bbox="252 492 606 705">Interviews: PREA Coordinator Program Director Assistant Program Director Security Staff</p> <p data-bbox="252 750 1476 1601">The Phoenix/Roosevelt RRC has not undergone any substantial expansion or modification of existing facilities as stated per the program director; however, the camera/video monitoring system was upgraded at the Phoenix site in March of 2018. Sixteen additional cameras were added to exterior locations of the two-story site, a new hard drive, and two additional monitors were added with one in the program director's office and one in the security office. During the on-site tour of the facility, the (32) cameras locations (facility interior and exterior) were compared with the facility diagram/map of the Phoenix site. There were no cameras located in any of the living areas or restrooms. Two monitors are located in the security office and two in the program director's office. Security staff present in the security office were observed periodically watching activity on the monitors while engaged in the course of their duties. The system has recording capability. All (32) cameras and monitors were functioning and appeared to have no issues. Per the program director and the lead security staff, there is always at least one security staff in the security office monitoring the cameras at all times. The program director and the lead security staff are responsible for reviewing the video/audio footage. If there were an allegation of a PREA incident or any other incident, they would be able to go back and review the footage. The program director and the PREA coordinator stated during interviews that they routinely consider how camera technology may enhance the agency's ability to protect residents from sexual abuse. Per the program director, the additional cameras were added to the Phoenix site to provide additional coverage and to enhance staff supervision of the residents in order to protect them from sexual abuse.</p> <p data-bbox="252 1646 1476 1937">The camera system was not upgraded at the Roosevelt site. During the audit tour, the auditors observed the sixteen (16) cameras of the site's interior and exterior. There were no cameras located in any of the living areas or restrooms. One monitor is located in the security office and one in the assistant program director's office. Staff were present in the security office at the Roosevelt site observing the activity on the monitor while in the course of their duties. Per the assistant program director, the camera placement is reviewed periodically to ensure the cameras capture the widest angle of coverage.</p> <p data-bbox="252 1982 1476 2150">Based upon the review and analysis of the available documentation, the Auditor has determined the facility has exceeded this standard as they have continued to find ways to enhance supervision by installing additional cameras ensure a safe environment for both staff and residents.</p>



115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Statement of Work (SOW) Employee Handbook PRE-Audit Questionnaire (PAQ)</p> <p>Interviews: Staff Program Director PREA Coordinator Treatment Assessment Screening Center (TASC) BOP Residential Re-Entry Manager (RRM)</p> <p>During interviews with the random staff, the PREA coordinator, the program director and the RRM, auditors confirmed, BSS does not conduct criminal or administrative investigations. The Employee Handbook, pages 73-79 and the SOW pages 16-21 clearly states that all allegations of sexual abuse or sexual harassment are reported to the BOP for investigations and BSS is not permitted to question any individuals who are subject of the investigation. If the incident is criminal in nature, then the local law enforcement will be contacted in addition to notification to the BOP. In the last twelve (12) months there have been no criminal investigations conducted regarding allegations of sexual misconduct of resident-on-resident or staff-on-resident sexual misconduct. Interviews with the PREA coordinator and program director confirmed the investigation procedure and it can also be found in the SOW pages 45, 51, 71 and 75. The Phoenix/Roosevelt RRC facility does not house residents under the age of eighteen (18).</p> <p>All staff are required to cooperate with any investigation. For administrative investigations, the BOP will be notified immediately and will conduct the investigation. Criminal investigations will be conducted by local law enforcement. Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome by the BOP for administrative investigations and by BSS for criminal investigations. BSS maintains records regarding the onset of the investigation to the completion of the investigation. When interviewed, staff were able to articulate that investigations were not conducted by the Phoenix/Roosevelt RRC staff and only by an outside agency or the BOP will conduct these investigations. Although the Phoenix/Roosevelt facility does not conduct investigation, they do have a uniformed policy that provides for actions that must be taken if an incidence of sexual abuse occurs. The facility policy provides for protocols be deployed to address evidence collection, victim services, notifications, and follow-up to the prosecution of sexual assault cases. Staff interviews confirmed an understanding of the protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the outside agencies responsible for conducting investigations. This information is also contained in the SOW on pages 78 and 79.</p> <p>Per the BSS training materials reviewed and interviews with staff, the following process would occur if a sexual assault incident occurred onsite: Staff would immediately call 911, separate</p>

the abuser from the victim and protect the scene/preserve the evidence. Staff would preserve the scene by not allowing anyone in the area in which the assault occur, assign a staff to stay with the victim until law enforcement/paramedics arrive, request the victim not take actions that would destroy the evidence such as brushing teeth, changing clothes, washing, drinking, bathing or using the restroom. Further, staff would ensure the facility that the resident is transported to provides SAFE/SANE forensic exams. Staff would ensure notification to the program director and ensure incident reports/documentation is completed.

The Phoenix/Roosevelt RRC does not have onsite access to forensic medical examinations. If a resident is in need of services, they are referred to the Valleywise Health Medical Center for medical services; including, SAFE and SANE certified forensic medical care. For immediate sexual abuse assistance, residents can contact TASC, where they will receive counseling and advocacy services. These services are available 24 hours a day, seven days a week. They work closely with investigators, nurses and the victims to provide critical support. In addition to victim advocacy, they provide crisis intervention, transportation and resource guidance and referrals. They are involved with the victim's investigations from the beginning and can also handle follow-up on cases involving victims in need of mental health services. If needed, the facility staff would provide a staff to accompany the victim to all services if needed.

Documentation and interviews with a staff at the Valleywise Health Medical Center confirmed forensic medical examinations are performed by SAFE and/or SANE qualified medical personnel. This information was observed at the Phoenix and Roosevelt sites on the PREA board and is continually accessible to residents. Additionally, residents receive this information as part of their intake paperwork.

TASC also has an MOU with the Phoenix/Roosevelt facility to receive third-party allegations of sexual abuse and sexual harassment. TASC was contacted during the PREA audit by the auditor to determine the scope of services provided. A live person responded to the call and indicated no calls had been received regarding the residents at the facility. Although the Phoenix/Roosevelt RRC has not had any instances of sexual abuse during this reporting period, facility staff were able to describe the process and procedure for making a referral to the advocacy center on behalf of a resident.

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

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

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>Employee Personnel Files 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>Specialized and random staff interviews Program Director</p> <p>A thorough review of documentation contained in staff training records, training outlines, PowerPoint, PREA quizzes, staff meeting minutes, employee files, agency policy, and BOP policy and also through staff interviews confirmed that staff receive training covering each of the ten elements of substandard .231 (a), as follows:</p> <ul style="list-style-type: none"> • The agency’s Zero Tolerance policy • How to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse • Residents right to be free from sexual abuse • Residents right to be free from retaliation for reporting sexual abuse • The dynamics of sexual abuse in confinement • The common reactions of sexual abuse victims • How to detect and responds to signs of threatened and actual sexual abuse • How to avoid inappropriate relationships with residents • How to communicate effective and professionally with all inmates including LGBTI inmates • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities <p>During interviews with thirteen (13) staff, all staff were able to clearly describe how they would prevent, detect, and respond to an incident of sexual abuse, should an incident occur at the facility and should they need to act as a first responder. Two (2) of the thirteen (13) staff are graveyard staff who reported that they had attended initial and on-going PREA training which occurs annually, but a PREA topic is also discussed during monthly staff meetings. Each staff member could articulate the elements above, when asked.</p> <p>While on-site, auditors reviewed the facility’s staff training binder containing the PREA training sign-in sheets for the last year. Twelve (12) employee personnel files were reviewed and each contained the following signed documents as verification of staff receiving and understanding</p>

the PREA training; the PREA Acknowledgement, the BSS Zero Tolerance Policy, the Expectation policy, the BSS Employee Standards of Conduct, the BSS Employee Handbook, and the PREA quizzes. Additionally, Auditors also reviewed the yearly PREA staff training roster dated January 10, 2019 and the PREA PowerPoint which were uploaded to the OAS. The eighteen (18) slide PowerPoint presentation covers the ten (10) elements of substandard (a) as listed above. PREA policies and procedures including the mandatory reporting to Adult Protective Services. Staff PREA quizzes were reviewed and staff responses clearly showed staff's understanding of the reporting requirements and the agency's PREA policies and procedures.

BSS provides comprehensive PREA training to all staff at hire and during refresher training yearly. Additionally, PREA topics are covered at monthly staff meetings. All training is documented in multiple ways which includes the attendance rosters, quizzes, and staff signed acknowledgements constituting their understanding of the materials. The facility has not had volunteers during this reporting period; however, volunteers and contractors would receive the same training per the program director when interviewed. Overall BSS staff appear to have a clear understanding of their responsibilities should an incident occur at the facility or be reported to them, in order to ensure the immediate safety and services to the victim.

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Employee Handbook Pre-Audit Questionnaire (PAQ)</p> <p>Interviews: Program Director PREA Coordinator</p> <p>The Phoenix/Roosevelt facility reported in the PAQ as having no volunteers or contractors since the last PREA Audit in 2017. However, during interviews with the program director and PREA coordinator, it was stated that volunteers or contractors would receive the same PREA training as staff and that such training would be documented through signatures on PREA training documents and in training logs. BSS Employee Handbook states on page 45, "Volunteers and paraprofessionals are included at the in-service training programs when staffing permits. Their training and orientation should be the same regarding access to policies and procedures." Pages 74 through 76 of the Employee Handbook specifically states that all volunteers and contractors who have contact with offenders will receive sexual abuse and sexual harassment training during their first week of working with offenders. This training includes immediately reporting any incident to their immediate supervisor upon discovery. Refresher training is also provided to volunteers and contractors annually thereafter. The facility would maintain documentation of volunteer contractor training as they would of an employee. Since there were no volunteers or contractors associated with the facility, and has not had one for several years, volunteer or contractor records could not be reviewed.</p> <p>Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Employee Training.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> PREA Education & Screening Logs BSS PREA Brochure Resident PREA Quizzes Acknowledgement Statements Resident PREA Handouts PREA Boards Transitional Skills class rosters (PREA training) <p>Interviews:</p> <ul style="list-style-type: none"> Random Residents Intake Staff Case Managers <p>As reported in the PAQ, all residents receive information at time of intake about the zero-tolerance policy and how to report incidents 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 agency policies and procedures for responding to such incidents. The facility provides residents who are transferred from a different community confinement facility with the same PREA information as any new intake. The Phoenix/Roosevelt RRC maintains documentation of resident participation in PREA education sessions per auditor review of the resident files reviewed. Residents are required to sign the Resident PREA Acknowledgement form, and the PREA brochure which is maintained in their file. Residents receive written PREA documents which includes how to report an incident during intake with their case manager. Residents are provided with this information verbally and in writing. Staff explain the documents as they go over them to ensure the residents' understanding of the materials and residents are required to sign/date the document. Per the interviews conducted with both residents and staff, caseworkers meet with new residents within the first twenty-four (24) hours of intake and provide them with PREA information. The Resident Handout is available in six (6) different languages; including English, Spanish, Korean, Vietnamese, Hebrew, Russian, and Armenian. Per staff interviews, if a resident was not able to read the document and/or were vision impaired, they would read the document to them. Residents are provided with copies of the PREA documents they signed and can keep the documents in their housing unit to refer to if needed.</p> <p>During interviews with casework staff who conduct intakes on new residents, it was confirmed residents are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, residents are instructed where they can find information on the PREA boards on how to report outside of the facility and how to receive services in the community. Residents also receive PREA education during the Transitional Skills classes. After residents receive the training, they are required to complete a PREA quiz which is maintained in their file. Auditors reviewed copies of quizzes during the resident file review.</p>

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

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

115.234	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents reviewed: Statement of Work (SOW) BSS Website</p> <p>Interviews: Staff Program Director PREA Coordinator Residential Re-entry Manager (RRM)</p> <p>The Phoenix/Roosevelt RRC does not conduct investigations of sexual abuse or sexual harassment per the SOW (page 21) and BOP requirements. All investigations are referred to the BOP and local law enforcement. During interviews, all staff stated BSS does not conduct any investigation and that investigations are conducted by law enforcement and by the BOP. This information is also contained on the BSS website on the last tab under Newsletters which specifically states “BSS does not conduct PREA investigations. Any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP/DOJ or CDCR) and/or local law enforcement to conduct an internal/administrative and/or criminal investigation. As contained in the SOW, page 18 states, the contractor will not conduct an investigation of any misconduct allegation without the COTRs approval. This includes questioning the subject of a misconduct allegation. The contractor will advise all employees that they are subject to government investigation if an allegation is made concerning any matter affecting the interests of the government. Said investigation conducted will follow all PREA guidelines as identified in the PREA standards.”</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>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed: PREA boards and postings</p> <p>Interviews: Program Director PREA Coordinator</p> <p>The Phoenix/Roosevelt 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 Valleywise Health Medical Center where certified SAFE/SANE staff would assist the residents. Residents would be referred receive services advocacy and counseling services at the Scottsdale Family Advocacy Center. The PREA coordinator and the program director stated during interviews that all residents who need mental health care or medical services receive these services in the community. The contact information is listed throughout the facility and accessible to residents and visitors. When interviewed, the residents were able to articulate where this information was located in the facility and where and how they would go 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>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Employee Handbook Sample of Assessments: Sexual Victimization Assessment, sexual Abuse Assessment and Medical Intake form Assessment Scoring Sheet PREA Education & Screening Log</p> <p>Interviews: PREA Coordinator Program Director Case Managers Random and targeted residents</p> <p>Residents are scored by a series of numbers for a total of High, Medium or Low for risk factors. BOP will be contacted for residents who receive a score of High to discuss if the resident is suitable for the Phoenix/Roosevelt RRC facility based on the physical plant layout of the facility, the resident make-up at the facility, and any concerns there may be for all resident's safety. A score of High could require that the resident be moved to another facility. A Medium score would require a discussion at the agency level with the Program Review Team (PRT) to address concerns of safety for all residents and any community resources available to address such concerns. This protocol is documented on the assessment tool. During interviews with the case managers, they explained the screening process to the auditors, including steps they would take if a resident scored a High or a Medium. Completed screening and assessment tools were reviewed during the audit of the residents' files.</p> <p>Residents are informed that there will be no disciplinary actions taken for refusing to answer or for not responding to questions regarding prior victimization, if they have a disability, their own perception of vulnerability or their sexual orientation. The assessment tool revealed that the Screening for Risk of Victimization and Abusiveness include the following:</p> <ul style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability; • The age of the resident; • The physical build of the resident; • Whether the resident has previously been incarcerated; • Whether the residents' criminal history is exclusively nonviolent; • Whether the resident has prior convictions for sex offenses against an adult or child; • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; • Whether the resident has previously experienced sexual victimization; • The resident's own perception of vulnerability; and • Whether the resident is detained solely for civil immigration purposes. <p>A review of all resident files (17) indicated that all reassessments were conducted within 30-</p>

days of intake. When interviewed, all residents recalled that they were provided the initial assessment during the intake process and again with the case manager within a few weeks of their arrival at the facility. The Auditor reviewed the Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument and determined all factors required by this provision of the standard are included. The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents as described above.

The policy provides for appropriate controls to be taken to ensure that sensitive information is protected and not exploited (SOW 62-63). Interviews with the program director and PREA coordinator revealed the information is only available to the intake staff and the mental health staff. The documents are kept in the resident's file in a locked file cabinet in a locked office when unoccupied by the intake staff. The auditor observed the files to be maintained in a secure manner.

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

115.242 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:
Pre-Audit Questionnaire (PAQ)
Employee Handbook
Statement of Work (SOW)
Sample of Assessments: Sexual Victimization Assessment, sexual Abuse Assessment and Medical Intake form
Assessment Scoring Sheet
PREA Education & Screening Log

Interviews:
PREA Coordinator
Program Director
Random residents
Staff responsible for Risk Screening/Intake Staff
Security Staff

BSS precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit, beds, or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine an resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (SOW page 76). The case management staff utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms and the initial Sexual Abuse and Sexual Victimization Assessment forms to determine placement and risk level.

The facility does consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Staff interviews also indicated if they were to have a transgender or intersex resident, the resident's views concerning his safety would be given serious consideration. The SOW page 77 states all residents, including transgender and intersex residents are able shower separately from other residents. In fact all residents are able to shower separately since each bathroom has private shower stalls with privacy curtains.

The Phoenix/Roosevelt RRC uses information obtained by the BOP prior to the resident's arrival at the facility and at the time of the intake screening to ensure residents are afforded safe housing, bed, work, education, and program assignments. Should the resident be assessed to have a high probability of becoming a victim of sexual abuse, staff will immediately contact the BOP and facilitate an immediate transfer request. The agency's primary goal is to separate 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 program director prior to doing so and during the program review team meeting. This information was articulated during interviews with the case managers, program director and PREA coordinator in addition to reviewing the assessment tools in each of the resident's files (15).

The Phoenix/Roosevelt RRC receives referral information from BOP well in advance of receiving the resident, which includes, the resident's gender based upon their physical anatomy. Transgender and intersex residents are placed in housing units based upon their physical anatomy; however, residents are informed of this policy while in prison and they have a choice to not enter the program. These concerns are documented in the resident's file. BSS will not, under any circumstances, discipline a resident for failing to answer any questions during the assessment as confirmed in the resident files and by the case managers when interviewed. All showers are located in private bathrooms in each dorm. Special shower curtains made that allow staff to view the resident's feet and head only. All residents have privacy during showers, while changing clothing or while using the toilet.

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

115.251	Resident reporting
	<p 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="252 327 839 528">Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) PREA posters and resources Rules and Procedures Booklet (for residents)</p> <p data-bbox="252 584 504 786">Interviews: Program Director PREA Coordinator Random Staff Random Residents</p> <p data-bbox="252 842 1474 1469">Phoenix/Roosevelt RRC provides multiple internal and external methods for a resident to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting and staff neglect or violation of responsibilities that may have contributed to the abuse (SOW pages 77-78). Residents are provided this information at time of intake, during subsequent meetings with their case manager, and during resident orientation classes. They can privately communicate with their case manager, a security monitor, or facility administration. If they do not want to report to anyone inside of the facility, they can report to any outside third party; including BOP, law enforcement, TASC, Valleywise Health Medical Center or Scottsdale Family Advocacy Center. This information is provided during the intake process and was verified in the resident files. While touring the facility, PREA resource postings were observed in the living areas, the multipurpose room and the front office. TASC is a third-party reporter and will immediately report to BSS that an incident occurred at the Phoenix/Roosevelt RRC, while allowing the resident to remain anonymous if they chose to do so. Reports can be made verbally, anonymously, and in writing. Residents are also encouraged to report to a friend or family member or anyone else they feel comfortable with.</p> <p data-bbox="252 1525 1453 1771">When interviewed, residents were able to identify internal ways a they could file a report of sexual abuse or sexual harassment such as completing a PREA/grievance form; talking to a trusted staff member; contacting the BOP or the PREA coordinator; or tell an outside person or family member. There are designated locked boxes and forms available for the residents for depositing the written grievance forms, which are checked by the program director on a regular basis.</p> <p data-bbox="252 1827 1469 2119">The resident receives a Resident Handbook which provides PREA related information, including how to report allegations of sexual abuse. Posters are located in the living units and other areas visible to residents, staff, contractors and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings.</p>

Residents are allowed to have their personal cell phones on them at all times except when they are being charged. There are also payphones available in the multipurpose room and all calls are toll free. Signs are posted explaining how to access resources and non-emergency numbers for agencies, including the Police Department. Allegations of sexual abuse have not been reported during this audit period.

Phoenix/Roosevelt RRC emphasizes the importance that residents tell someone. Staff are required to document all allegations of abuse immediately and to follow agency policy regarding notification and steps to ensure the residents safety (SOW 75-77). Staff were clearly able to articulate this information during interviews with the auditors. The victim advocate information postings were also available in these areas. Reporting procedures are provided to residents through the Resident/PREA Orientation, Resident Handbook, brochures, and Rules and Procedures Booklet (for residents). Staff and resident interviews along with the orientation and supporting documentation verified compliance with this standard Staff are able to make a private report directly to the PREA Coordinator, directory to BOP, and to law enforcement. Residents are also provided with a business-sized card they can keep with the toll-free third-party reporting information and PREA resources

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All residents interviewed revealed they are familiar with the provisions of the standard. The resident interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a grievance or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of personal cell or payphones; use of telephone in an office; third-party reporting; report by email to administrative staff; contact the PREA coordinator; and/or talk to supervisor in private.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident reporting. The residents have multiple internal ways for residents to privately report. Reports can be made verbally, in writing, anonymously, and from third parties. Verbal reports would be documented immediately. Staff can privately report sexual abuse and sexual harassment of residents.

115.252	Exhaustion of administrative remedies
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 654 573"> Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Grievance forms Resident Handbook PREA Posters and reporting </p> <p data-bbox="252 629 689 831"> Interviews: Program Director (PD) Assistant Program Director (APD) PREA Coordinator Residents </p> <p data-bbox="252 887 1481 1391"> All residents are encouraged to file a grievance to the BOP if they have any concerns. Grievance forms are located in a centralized location and are available to the residents at all times. The resident may send the grievance directly to the BOP Residential Re-Entry Manager without going through the facility mail. The purpose of the grievance is to allow the resident the ability to seek a formal review of any issue related to any aspect of their confinement. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations. If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to program director who will contact the BOP for investigation. Thus, ending the grievance process and beginning the PREA investigation process. This information was located in the SOW pages 78-79. In addition, staff and residents were able to articulate the grievance procedure during interviews with the auditors. </p> <p data-bbox="252 1447 1455 1648"> BOP will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The BOP may claim an extension of time to respond, up to 70 days, if it determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the BOP of the extension and the date by which a decision will be made. </p> <p data-bbox="252 1704 1481 2074"> According to interviews with the APD, PD and the PREA coordinator, 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 data-bbox="252 2130 1487 2163"> The facility has established procedures for filing emergency grievances alleging that a resident </p>

is subject to a substantial risk of imminent sexual abuse. According to staff interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately begin the BOP investigation process. A BP-9 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, Phoenix/Roosevelt RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken. An initial response will be provided within 48 hours and the agency will issue the final decision within five calendar days. This initial response and the final decision will document the determination whether the resident is in substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility would take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filing a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were able to clearly articulate this process. A review of all grievance submitted, there were no PREA related grievances submitted during this reporting period.

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

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Resident Handout PREA Posting</p> <p>Interviews: Program director PREA Coordinator Random Staff Random Residents</p> <p>Phoenix/Roosevelt RRC provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free hotline numbers where available), of local, State, and national victim advocacy or rape crisis organizations (SOW page 78). This information is posted throughout the facility, on the PREA bulletin boards, in the facility's PREA brochure, on the facility's PREA business cards and in the Resident Handout. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case managers. The facility allows communication between residents and these organizations, in as confidential a manner as possible. Residents can mail private letters, use the facility's pay phones, use their personal cell phone, or another phone while out in the community to access these support/advocacy services.</p> <p>Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Documentation with resident signatures verifying they received such information was contained their files as observed during the onsite visit. Interviews with the facility employees and with residents during the onsite audit confirmed that the residents were provided this information and understood how to obtain assistance if need.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the Phoenix/Roosevelt RRC facility is in compliance with the provisions of this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Facility Postings MOU with Treatment Assessment Screening Center (TASC)</p> <p>Interviews: Assistant Program Director Program director PREA Coordinator Random Staff Random Residents</p> <p>Phoenix/Roosevelt RRC has an established Memorandum of Understanding with TASC as a third-party reporting agency, to report to the Phoenix/Roosevelt RRC program director if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. A copy of this memorandum was provided in the PAQ. The auditors also contacted the agency and spoke to a live person who confirmed the MOUs agreement. The agency has posted on its website, the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information or at the facility and then file a complaint on behalf of the resident. Family members, friends or other persons associated with the resident, can make a third-party report directly to the PREA coordinator and can find her number listed on the agency's website and on the PREA boards at the facility. During the on-site audit, auditors observed information regarding third-party reporting throughout the facility and visible to all residents, staff, family members, visitors and contractors.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding resident access to outside confidential support services and third-party reporting.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Federal Operations Manual (FOM) Employee Handbook Resident Handout PREA posters PREA Brochure “End the Silence”</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>The FOM (beginning on page 242), SOW (pages 21-22) and Employee Handbook (pages 75-76 and 79) collectively address provisions of the standard including providing all staff immediately report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws of the State of Arizona. Administrative complaints are handled by the BOP and criminal complaints are handled by law enforcement. Arizona State Mandating Reporting Laws also require notification of an incident of sexual abuse. Residents will be advised of the staff’s requirements to report and confidentiality limitations. BSS requires all staff to report incidents of retaliation and will monitor all suspected allegations of retaliation by staff or residents (Employee Handbook page 79).</p> <p>Phoenix/Roosevelt RRC requires all employees to report immediately to the program director any knowledge of suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation for reporting against a staff or resident that occurred at their facility, or any other facility, which includes reports from third parties. Should a report of this kind occur, the program director or designee will immediately notify BOP and the PREA coordinator. The program director will also complete a Serious Incident Report and contact local law enforcement. The staff interviews were aligned with the requirements of the policies and standard.</p> <p>As defined in the Employee Handbook on pages 73-77, any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the program director and the PREA coordinator. Staff will accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously, and from third parties. Should a staff receive a verbal report, staff must document the verbal report within 24-hours and provide the report to the PREA coordinator and/or program director; however, staff reported during the on-site interviews with the auditor that they would document the report and notify the program director immediately. Staff and residents may report an incident verbally or by a sealed note/letter to the facility confidentially. Staff will not reveal any</p>

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.

PREA posters observed throughout both sites as observed during the audit tour, visible to staff and residents, and as provided in the PAQ, state "Report any assaults or victimizations that are sexual in nature to a staff member in writing to the Residential Re-entry Manager (RRM) or any person you feel comfortable talking to. Any reports will be kept as confidential, as the circumstance allow."

All staff are mandated reporters and a written report must immediately follow reported allegations or incidents. During random and specialized interviews with staff, thirteen (13) staff members responded that the agency requires all staff to report any knowledge, suspicion or information regarding any incident of sexual abuse or harassment, retaliation or staff neglect. The random staff interviewed provided the reporting requirements and that staff is expected to document receipt of verbal reports immediately. The staff are also required by policy to report allegations that were made anonymously or by a third-party. During this audit period, there were no allegations of sexual abuse.

Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance with this standard regarding Staff and Agency Reporting Duties.

115.262	Agency protection duties
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 655 488">Documents Reviewed Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Resident Handout</p> <p data-bbox="252 544 491 701">Interviews: Program Director PREA Coordinator Random Staff</p> <p data-bbox="252 757 1469 958">BSS requires staff to protect the inmates through implementing protective measures. Administration of the Sexual Victimization and Sexual Abuse assessments provides information that assists and guide staff in keeping inmates safe through housing and program assignments. Interviews with staff and the program director revealed protective measures include but are not limited to:</p> <ul data-bbox="252 969 1214 1261" style="list-style-type: none"> • Alerting supervisors and management staff • Keeping the resident in the security • Moving the resident to a room closer to the security office • Monitoring the resident more closely • Doing additional ground checks and head counts • Monitoring the cameras more frequently • Transferring the resident or the perpetrator for the safety of all residents <p data-bbox="252 1317 1449 1473">The program director and staff indicated the expectation is that any action to protect a resident would be taken immediately. During random staff interviews, the staff reported they would immediately notify the program director or PREA Coordinator and would keep the potential victim in sight, separate the victim and also keep the potential victim safe.</p> <p data-bbox="252 1529 1481 1910">The interviews with the residents revealed during the intake process, how they feel about their safety is part of the inquiries by staff in completing paperwork. A review of the Sexual Victimization and Sexual Abuse assessments supports the information provided by resident. The program director and case managers reported that if a resident is assessed as a potential victim according to the Risk Screening Assessment tool a monitoring plan is developed which is based on the individualized needs of the resident. Housing assignment considerations would be made and documented in the residents files and security staff would be informed. The program director and PREA coordinator report during the past 12-months, no residents reported or were identified as being subject to substantial risk of imminent sexual abuse.</p> <p data-bbox="252 1955 1469 2033">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
	<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="252 327 651 450">Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW)</p> <p data-bbox="252 499 740 745">Interviews: Program Director PREA Coordinator Random Staff Residential Re-Entry Manager (RRM) Contract Oversight Specialist (COS)</p> <p data-bbox="252 795 1474 1088">The Employee handbook, page 77-78 states that all allegations of sexual abuse or sexual harassment will be reported to a supervisor, program director or the PREA coordinator who will notify the RRM so that they may begin and investigation. The BOP RRM handles all investigations for allegations of sexual misconduct for all residential re-entry centers that are contracted with BOP regardless of where the incident occurred. The PREA coordinator stated, all allegations are taken seriously and handled with an immediate response but no later than 72 hours from receiving the allegation.</p> <p data-bbox="252 1137 1481 1518">Upon intake, all residents are questioned about prior sexual abuse during any type of incarceration. Should a resident report such abuse, staff would immediately document the information and contact the program director for further instruction. Based on the nature of the offense, the program director will contact the BOP to request further instruction. BOP would investigate the matter and based on the nature of the offense; local law enforcement may be contacted. Staff would be precluded, if staff were involved, from working with any offenders pending the outcome of the investigation. If the matter was substantiated, all licensing agents would be notified and staff would never be allowed to work at any federal confinement facility again (SOW pages 3, 21, 22, 81).</p> <p data-bbox="252 1568 1477 1944">BOP has employees trained in investigating sexual abuse allegations. This was confirmed during an interview the BOP RRM and COS. The Phoenix/Roosevelt RRC program director would be responsible for ensuring that all allegations of sexual abuse are documented and request that investigations comply with the PREA standards. There were no cases at the Phoenix/Roosevelt RRC facility alleging sexual abuse or sexual harassment while confined at another BSS or BOP facility. Additionally, there were no notifications received that a former BSS resident reported abuse while confined at any other facility. All information was confirmed by reviewing staff and resident files, and interviews with staff and residents as well as the program director, PREA coordinator, COS and the RRM.</p> <p data-bbox="252 1993 1433 2072">Based on the review of the evidence provided, the Auditor finds the facility is in compliance with this standard.</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>All staff interviewed were well-versed in the duties of a first responder and could clearly describe the actions they would take if they needed to respond to an incident of sexual abuse or sexual assault. The policy indicates the staff responsibilities for security and non-security staff protocols as first responders. Per BSS policy (SOW page 78) first responders includes a ten-step action plan:</p> <ul style="list-style-type: none"> • Immediately notify the on-duty supervisor • Remain on scene until relieved by responding personnel • On-duty supervisor will contact will notify the RRM Duty Phone after hours • If you come upon a sexual assault, yell STOP in your attempt to separate the victim and abuser. If the assault continues, yell for assistance from other staff • Call 9-1-1 • Preserve and protect the crime scene until appropriate authorities can collect any evidence • The facility should be placed on lock-down • Make every attempt to ensure that the alleged victim and/or abuser do not take any action that could destroy physical evidence including washing/; showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating. You cannot use force to contain anyone. • Remain with the alleged victim until help arrives • Aside from reporting the alleged incident to designated supervisors and documenting the incident on an SIR, employees shall not reveal any information related to the incident to anyone other than to persons involved with investigating the alleged incident. <p>The Phoenix/Roosevelt RRC has a First Responder Checklist to ensure proper protocols are followed. All Phoenix/Roosevelt RRC staff are trained as first responders. Interviews with staff revealed they were very knowledgeable of expected duties acting as a first responder. Additionally, the Phoenix/Roosevelt RRC maintains a Safety Incident Program (SIP) binder which contains First Responder Checklist for staff to quickly retrieve in the case of an incident. Training records were also reviewed by the auditor which indicated all employees were trained as first responders and participate in on-going trainings during monthly staff meetings.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties.</p>



115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Training records Safety Incident Program Binder</p> <p>Interviews: Program Director PREA Coordinator Random Staff</p> <p>Phoenix/Roosevelt RRC has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in the event of a sexual abuse incident. All staff are trained to act in the capacity as first responders and the plan outlines the actions of the identified staff members such as the first responder; supervisors; security personnel, case managers and management. The facility plan is documented, provides detailed actions for first responders and the staff were able to convey their specific duties during the 17 staff interviews. The information is also listed in the SOW page 78. The program director and the PREA coordinator interviews indicated training for staff regarding their specific duties annually and during monthly staff meetings. The auditor reviewed this information within the training plan. The facility does not employ medical or mental health practitioners therefore, staff will request that local law enforcement take the victim to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. This written institutional plan is maintained in the facility's Safety Incident Program (SIP) binder. Interviews with staff and the program director indicated an understanding of the steps they would take if they needed to act as a first responder.</p> <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 Statement of Work (SOW) Training records</p> <p>Interviews: Program director PREA Coordinator Random Staff</p> <p>Phoenix/Roosevelt RRC has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in the event of a sexual abuse incident. The plan outlines the actions of the identified staff members such as the first responder; supervisors; security personnel, case managers and management. All staff are trained to act in the capacity as first responders as observed by the auditor when reviewing the facility's training curriculum and rosters. The facility does not employ medical or mental health practitioners therefore, staff will request that local law enforcement take the victim to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. This written institutional plan is maintained in the facility's Safety Incident Program (SIP) binder. Interviews with staff and the program director indicated an understanding of the steps they would take if they needed to act as a first responder.</p> <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 contact with abusers.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: PREA Pre-Audit Questionnaire Statement of Work (SOW) Training records Scottsdale Family Advocacy</p> <p>Interviews: Program Director PREA Coordinator Random Staff FastMed employee Against Abuse employee</p> <p>The Phoenix/Roosevelt RRC Employee Handbook (pages 74, 78-79) establishes a policy to protect all resident and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. The facility shall 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. All staff are required and trained to detect and monitor signs of retaliation. A review of the Phoenix/Roosevelt RRC facility's training records confirmed that staff had been trained in this area. Interviews with staff further confirmed they were aware of how to respond and monitor acts of retaliation which include but are not limited to:</p> <ul style="list-style-type: none"> • Monitoring disciplinary action against staff or residents (one staff writing more incident reports on a particular resident than other staff) • Observing body language of staff and offenders • Following up on any reports of retaliation • Review video monitors more closely • Be aware of staff or residents who complain about a person to try and get them written up • Provide them with easy access to someone they feel comfortable within the agency or an outside resource • Talk to the person more often. <p>As mentioned in standard 115.262, the facility will take immediate measures to protect the victim which may include transferring the victim or the abuser to another BSS facility or returning them to BOP. Should the abuser be an employee, that individual would be removed from the facility and ordered to have no contact with the residences or staff pending completion of an investigation. During interviews with the program director and the PREA coordinator, they were able to clearly articulate this procedure. Phoenix/Roosevelt RRC will provide the resident with referrals to free community-based resources to address emotional support. Scottsdale Family Advocacy will be contacted to provide the resident advocacy services during all phases of the investigation at no cost to the victim. These two agencies were contacted and confirmed their service to victims of sexual abuse. Information regarding their services was also found on their website. Staff and residents alike were able to articulate</p>

this information during their interviews. Resources for services were posted throughout the facility, on the PREA business card, the PREA brochure, and provided to the residents in their handouts during the intake process.

In the event of a report of sexual abuse, regardless if the incident was determined to be unfounded or unsubstantiated, the staff program manager would oversee the facilities protocol and assist a retaliation monitor based on who was involved in the incident. For example, if a staff were involved, the Program Director would provide retaliation monitoring. Assigned staff would continue to monitor the conduct and treatment of all residents who may have a fear of retaliation throughout their confinement at the Phoenix/Roosevelt RRC facility. Any acts of retaliation are grounds for termination from the program or employment as written in the SOW (pages 6, 74, 77-79). To ensure residents are not subjected to acts of retaliation, the facility would monitor disciplinary reports to make sure there are no petty write ups or increased write ups, inappropriate housing changes, and lack or refusal to communicate by staff. The facility would conduct status checks on the residents by stopping to talk to them more often and discussing any issues they may have with their case manager. The agency would monitor staff retaliation by reviewing changes in performance evaluations, change in facility job assignments, or behavioral changes. Monitoring of staff would continue well over 90-days until there is no concern or suspicion of possible retaliation. The auditors interviewed 17 residents and no residents indicated retaliation concerns. There were no reports of sexual misconduct in the last 12 months.

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
Random Staff

The BOP conducts all administrative investigation and local law enforcement conducts all criminal investigations. Phoenix/Roosevelt RRC does not conduct investigations of any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. 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". When interviewed, the PREA coordinator stated the investigations will be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment that are investigated through the BOP. If administrative allegations are sustained, BOP will determine and impose the appropriate sanctions. BOP has investigators who are trained in conducting sexual abuse investigations. When interviewed, the RRM stated they are trained for sexual abuse investigations on a yearly basis. When BOP conducts an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. When interviewed, staff and the RRM stated they do not utilized polygraphs as a condition for preceding with an investigation. No administrative investigations involving residents were alleged during this reporting period.

When law enforcement is contacted for criminal matters, they are responsible for all aspects of the investigation and for gathering evidence to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators as determined by staff interviews. 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. 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 by 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. According to the program director, the case number is provided when an outside investigation is conducted so that follow-up can occur as needed. There have not been any allegations of sexual abuse during this audit period.

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW) Employee Handbook Resident Handout Resident files</p> <p>Interviews: Program Director PREA Coordinator Random Staff Random and targeted residents</p> <p>The BOP investigates administrative allegations and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with the program director indicated that she may conduct fact finding investigations at the direction of the BOP but does not make conclusions following their investigations. BOP would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>BSS has a zero-tolerance policy. If any staff or resident is in violation of these set of rules, it clearly states in the Employee Handbook (pages 51, 57 and 67), and in the Resident's Handout, that they will be terminated from the program/employment for sexual abuse. When residents are transferred to Phoenix/Roosevelt RRC, they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. This was verified through interview with residents and a review of the resident files.</p> <p>Based upon the review and analysis of the available evidence and the interviews, the Auditor has determined the facility is compliant with this standard regarding evidentiary standard for administrative investigations.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed Pre-Audit Questionnaire (PAQ) Employee Handbook</p> <p>Interviews: Program director PREA Coordinator</p> <p>Although Phoenix/Roosevelt RRC does not conduct investigations, interviews with the program director and PREA Coordinator concluded that they will remain in communication with the investigating agency until the end of the investigation and will ensure the resident is provided with information regarding the outcome of the investigation.</p> <p>Policy requires (Employee Handbook page 78) that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ul style="list-style-type: none"> • The staff member is no longer assigned within the resident's housing unit • The staff member is no longer employed at the facility • The staff member has been indicted on a charge related to sexual abuse within BOP • The staff member has been convicted on a charge related to sexual abuse within the facility. <p>Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP whenever:</p> <ul style="list-style-type: none"> • The alleged abuser is criminally charged related to the sexual abuse • The alleged abuser is adjudicated on a charge related to sexual abuse. <p>Phoenix/Roosevelt RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data (Employee Handbook page 78), in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented. There has been no reported investigation of alleged resident on resident or resident and staff inappropriate sexual behavior that occurred in this facility in the past 12 months. The Program director and PREA Coordinator validated their technical knowledge of the reporting process during their interviews.</p> <p>The interviews with the identified staff confirm the facility requirements and their knowledge of the process of reporting to a resident regarding the outcomes of an allegation of sexual abuse. Based on the review and analysis of the available documentation and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to residents.</p>

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Employee Handbook Statement of Work (SOW) Federal Operations Manual (FOM) Employee Standards of Conduct Zero Tolerance Policy Equal Employment Opportunity Policy</p> <p>Interviews Program Director PREA Coordinator</p> <p>The Phoenix RRC will notify and collaborate with BOP for allegations of staff violation of the agency’s sexual abuse or sexual harassment policies. All criminal matters are reported to local law enforcement and to BOP for investigation. All administrative matters are reported to BOP for investigation. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or sexual harassment policies. If the employee engages in sexual abuse, the employee will be terminated. The misconduct policy as contained in the Employee Handbook (page 53) expressly states “Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.” The Employee Standards of Conduct in the SOW further states that if an employee is suspected of violating the Employee Standards of Conduct, BOP will be notified immediately.</p> <p>During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders, from BOP, pending investigation of the allegation. Page 75 of the Employee Handbook clearly states, “should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.” During interview with the PREA Coordinator, Auditors were informed that such an employee would be precluded by BOP from working with all federal offenders and their services would be discontinued. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.</p> <p>The policy further indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. Should there be an incident of sexual abuse or sexual harassment, BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the Employee Handbook (page 59) will result in termination. Page 69 of the Employee Handbook describes prohibited conduct and states “a member of BSS that subjects another client, program to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal.” Florence RRC has not had any incidents of staff-involved sexual abuse or sexual harassment in the last 12 months. Interviews with the PREA Coordinator and Program Director</p>

Based upon the review and analysis of the available evidence, the Auditor has determined the Phoenix/Roosevelt RRC facility is in compliance with the provisions of this standard regarding disciplinary sanctions for staff.

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Employee Handbook Employee Standards of Conduct Zero Tolerance Policy Equal Employment Opportunity Policy</p> <p>Interviews: Program Director PREA Coordinator</p> <p>BSS has a policy (Employee Handbook page 75) in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. The program director stated that if a volunteer or contractor violated the agency’s zero-tolerance policy, an investigation would occur, and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation. All contractors and volunteers are held to the same standards as employees. The agency Employee Handbook (page 74) states “should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.” The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies, nor have they utilized volunteers or contractors during this reporting period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the Phoenix/Roosevelt RRC facility is in compliance with the provisions of this standard regarding corrective action for contractors and volunteers.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Inmate Discipline BOP Prohibited Acts Employee Handbook</p> <p>Interviews: Assist Program Directors Program Director</p> <p>BSS does not investigate sexual abuse or sexual harassment incidents and therefore would not administer disciplinary sanctions. Only the BOP or local law enforcement would provide disciplinary sanctions base of the nature of the offense. The SOW page 78-80 addresses an administrative process for dealing with rule violations and references the policy that deals with discipline. Sanctions are directly related to the seriousness of the negative behavior. The interviews with the assistant program directors and the program director revealed the process regarding allegations of resident-on-resident abuse which can include the resident being removed from the facility and placed back in prison. The Employee Handbook page 74 requires that any resident found to have violated any of the agency’s sexual abuse or sexual harassment policies will be subject to sanctions. Phoenix/Roosevelt RRC staff provides each resident with a Resident/PREA Orientation and Resident Rule Book that includes their rights and responsibilities. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no reports of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months.</p> <p>The BOP disciplinary sanctions are reviewed by 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. The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If a resident who was the perpetrator of the offense remained at the facility, the facility would offer the offending resident community-based therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access to general programming or education if the BOP chose to keep the offender at a BSS facility. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>As written in the Employee Handbook page 74, “At no time is any sexual relationship between staff and offenders, offenders and offenders of a consensual nature (review BOP Prohibited Acts). (115.278). BSS will ensure that prevention of any sexual abuse or sexual harassment is priority.”</p>

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

115.282	Access to emergency medical and mental health services
	<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="252 324 901 616"> Documents Reviewed: Employee Handbook Federal Operations Manual (FOM) Statement of Work (SOW) PREA Training PowerPoint Valleywise Health Medical Center Treatment Assessment Screening Center (TASC) </p> <p data-bbox="252 660 494 784"> Interviews: Staff and Resident Program Director </p> <p data-bbox="252 840 1484 1220"> Per the FOM, page 261-263, "BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling by a Clinical Psychologist occurs within 24-hours of the incident. Treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident." This was confirmed by the program director who further stated there were no allegations of sexual misconduct reported in the last 12-months. The Phoenix/Roosevelt RRC does not provide any on-site medical or mental health care. All medical and mental health services are located off-site at community-based facilities. Incidents of sexual abuse are immediately satisfied or arranged within 24 hours of the incident. </p> <p data-bbox="252 1265 1484 1691"> All services provided to residents are determined by the medical and mental health practitioners according to their professional judgement. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The victim will be referred to a rape crisis counseling agency in the community near the facility to receive crisis counseling, free of charge to the victim, as well as to other emotional support services. Victims of sexual abuse will be referred to the Valleywise Health Medical Center where they will be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception and sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care. </p> <p data-bbox="252 1736 1484 2150"> All staff are trained in First Responder Duties, should an incident of sexual abuse occur. Furthermore, staff were able to articulate during interviews the preliminary steps they would take to protect the victim by first calling 911 and securing the victim, the perpetrator, and the scene. Interviews with staff and residents confirmed, residents who are victims of sexual abuse will be referred to TASC for these services emotional support and additional resources. Residents are provided with this information on handouts during the intake process and they are required to sign their acknowledgement and receipt of the information. The handouts were also observed on the PREA Boards during the on-site facility tour and include telephone numbers to local rape crisis clinics/centers including TASC which provide medical and mental health services in the community. A review of the TASC website confirms the services </p>

provided to the sexual assault victim. An email correspondent with TASC confirmed medical examinations and victim advocacy are provided at no cost to the victim. Staff receive training on how to respond to an incident of sexual assault and their duties as a first responder which is also contained in the PREA Training PowerPoint.

Based on interviews and documents reviewed, the Auditors found that the facility is in compliance with this standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Interviews
Program Director
Case Managers

The facility does not employ medical and mental health care staff. All medical and mental health services are to be coordinated through the BOP per the SOW (page 90). Medical and mental health services will be provided in the community and by clinics/centers whose specialty is related to sexual assault/abuse. Per agency policy, and as contained in the BSS Employee Handbook, (page 80) any offender who has been a victim of sexual assault/sexual abuse will have unimpeded access to medical and mental health care. According to Arizona statute ARS 13-1414, " Any medical or forensic interview expenses arising out of the need to secure evidence that a person has been the victim of a dangerous crime against children as defined in section 13-705 or a sexual assault shall be paid by the county in which the offense occurred." Interviews with the program director support medical and mental health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the case managers and observations through resources posted throughout the facility regarding these services confirmed the facility was in compliance with this standard's provisions.

If during the intake process, a resident reports prior victimization or scores as a potential abuser, staff would immediately notify the program director to determine next steps. This action is taken to determine the offender's suitability for placement at the Phoenix/Roosevelt RRC facility, and to ensure the safety of all offenders and staff. If the resident reports prior victimization, the resident is referred for mental health services to an outside agency to include pregnancy tests. If pregnancy is the results of sexual abuse, the victim(s) shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. In addition, victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing and follow-up services would be done at Scottsdale Family Advocacy Center (SFAC) as needed. All treatment services will be provided at no cost to the victim, according to the to the SFAC website and conversation with the SFAC staff who was contacted by the auditor to confirm services. There were no reports of sexual abuse reported in the last 12 months. There was one resident who reported sexual victimization during the initial screening. This individual chose not to be interviewed. However, according to the resident's file, they were provided resources for services. Case managers who were interviewed confirmed they would refer residents to counseling services if they disclosed previous abuse as the victim or the abuser.

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

facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed: Pre-Audit Questionnaire (PAQ) Statement of Work (SOW)</p> <p>Interviews: PREA Coordinator</p> <p>Per the PAQ, the PREA coordinator reported they conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. There were no sexual abuse or sexual harassment reported during this reporting period. However, the PREA coordinator did report an incident that occurred in 2017. The incident's documentation was reviewed by the auditors and found the incident to be unfounded regarding sexual abuse or sexual harassment.</p> <p>The facility has a Critical Incident Review Team (CRIT) which consists of the PREA coordinator, program director, two assistant program directors, supervision security monitor, Board of Prison Residential Re-entry Manager (RRM) and additional staff who may have been directly involved in the incident. All critical incidents are immediately reported to the RRM (SOW page 76). Reviews are usually conducted within 72-hours of the incident and well within the 30-day requirement. BSS facilities does not conduct administrative or criminal investigations.</p> <p>The PREA coordinator was interviewed and stated if a sexual abuse incident occurred, the CRIT would meet and discuss the circumstances surrounding the incident as described in the PREA standards. Policy changes and practices are reviewed based on whether the allegation or investigation indicates a need to change policy to better detect, prevent or respond to sexual abuse. Per the PREA coordinator, should any of these factors need to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action. The CRIT will ensure the following is considered/discussed during an incident review:</p> <ul style="list-style-type: none"> • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual harassment/abuse; • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, transgender or intersex (LGBTI) identification status or perceived status, gang affiliation, or whether the incident was motivated or otherwise caused by other group dynamics at the institution; • Examine where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the incident; • Assess the adequacy of staffing levels where the incident allegedly occurred during various shifts; • Assess whether monitoring technology should be deployed or enhanced to supplement supervision by staff; and, • Document the review process. • The committee shall document its findings, including, but not limited to, determinations made

pursuant to the above and any recommendations for improvement. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

There were no sexual abuse incidents involving residents during the reported during the last twelve (12) months; therefore, the agency has not had any sexual abuse incidents reviews during the reporting period.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding Sexual Abuse Incident Reviews.

115.287	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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 Phoenix/Roosevelt RRC. The last PREA Audit was in November 2017. This facility is the first audit for the agency in the new audit cycle which places BSS in compliance with the three-year audit requirement. During the on-site portion of the Phoenix/Roosevelt 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. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and case manager files were readily accessible to the auditors. Facility staff and the program director were accommodating when the auditors requested additional documentation and or printed copies of documents/forms, including documents or information stored electronically. During the pre-audit phase, the PREA coordinator uploaded agency and facility specific policies, procedures and other documentation. Additional documentation or copies were provided on-site at the auditors' request.</p> <p>Auditors were provided with separate private areas in which to conduct private and confidential interviews and with staff and residents. The PREA Audit Notice, in both English and Spanish, was posted throughout the facility on September 23, 2019. This notice contained auditor contact information including email and mailing addresses. Prior to the on-site visit, there were no confidential communications received via email or regular mail from any residents at the facility. During resident interviews, residents stated they were aware of the audit and that they could send confidential communication to the auditors prior to or during the on-site visit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: 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.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

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

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

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

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

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

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

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

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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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.)	no

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

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

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

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

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

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

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

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

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

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

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

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

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

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

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

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

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

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

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

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

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

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

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

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

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

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

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?	no

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

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

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

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

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

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

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

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

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

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	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