

PREA Facility Audit Report: Final

Name of Facility: Vinewood Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/17/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Christina Kampczyk	Date of Signature: 05/17/2024

AUDITOR INFORMATION	
Auditor name:	Kampczyk, Christina
Email:	kampaudit2@yahoo.com
Start Date of On-Site Audit:	04/09/2024
End Date of On-Site Audit:	04/10/2024

FACILITY INFORMATION	
Facility name:	Vinewood Residential Reentry Center
Facility physical address:	5520 Harold Way, Los Angeles, California - 90028
Facility mailing address:	118 Avenida Victoria, San Clemente, California - 92672

Primary Contact

Name:	Bari Caine-Lomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	9494923574

Facility Director	
Name:	Rommel Dumanil
Email Address:	rdumanil@behavioralsystemssouthwest.com
Telephone Number:	323464-0817

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

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	41
Average daily population for the past 12 months:	37
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-75
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with	16

residents:	
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
--------------	---------------------	-----------------------	---

Facility AUDIT FINDINGS	
--------------------------------	--

Summary of Audit Findings	
----------------------------------	--

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5

- 115.213 - Supervision and monitoring
- 115.233 - Resident education
- 115.267 - Agency protection against retaliation
- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

Number of standards met:

36

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-09
2. End date of the onsite portion of the audit:	2024-04-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor communicated with DTR and confirmed the MOU and to whom reports of abuse would be cross reported to. The Auditor also communicated with Just Detention International (JDI).

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	37
16. Number of inmate/resident/detainee housing units:	15
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	44
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>16</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor was provided with a Resident Roster with their housing locations. Residents were randomly chosen for interviews from the roster by age, race, ethnicity, length of time in the facility, housing assignment and gender, as well as their status as a Targeted resident. Both Caucasian residents and Hispanic residents were interviewed. A total of eleven (11) interviews were conducted using the Random protocol for residents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted residents during the onsite visit. There were no residents listed with a cognitive or functional disability on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted residents during the onsite visit. There were no residents listed who were blind or vision impaired on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted residents during the onsite visit. There were no residents listed who were hearing impaired on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The one Limited English-speaking resident residing at the facility at the time of the audit was unavailable for an interview. Therefore, the Auditor was unable to interview this resident.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted population during the onsite visit. There were no residents listed who identified as lesbian, gay, or bisexual on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted residents during the onsite visit. There were no residents listed who reported sexual abuse at the Vinewood RRC on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor was provided with and reviewed the list of the Targeted residents during the onsite visit. There were no residents listed who were placed in segregated housing on the list and as discussed with the Program Director and the Assistant Program Director. The Vinewood RRC does not have segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>One (1) disabled resident, and one (1) transgender/intersex resident were interviewed. One (1) transgender/intersex resident refused to be interviewed. One (1) Limited English proficient resident and one (1) resident who reported previous victimization were unavailable and therefore they were not able to be interviewed.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigations during the reporting period.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Federal Operations Manual (FOM) • Statement of Work (SOW) • PREA Posters and Resources • Postings Employee Handbook (EH) • BOP Prohibited Acts • Organizational Chart <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) • Specialized and Random Staff

- Random and Targeted Residents

In addition to the PREA Standards, the agency's policies are derived the FOM (pages 39 and 42) which mandates Zero-Tolerance towards all forms of sexual abuse and sexual harassment. The FOM outlines the facility's approach to preventing, detecting, and responding to such conduct and includes definitions of the BOP Prohibited Acts regarding sexual abuse and sexual harassment and includes sanctions for those found to have violated the BOP Prohibited Acts as outlined in the FOM (pages 24, 42 and 247). This information is provided to the staff upon hire and is also located in the agency's EH (pages 72- 79). All employees are required to read this information and sign and date they understand their responsibilities and rights regarding the PREA Standard and the agency's Zero-Tolerance Policy. Sexual misconduct by staff against a resident is prohibited by policy. Sexual misconduct, as it relates to residents, is a sexual advance, welcome or not, by a resident, staff member, agent, or volunteer. It is illegal and a violation of the agency's policies. Interviews with specialized and random staff indicated they received this information upon hire. BSS is also mandated by the BOP to adhere to the PREA Standards, and a Zero-Tolerance policy as found in the SOW contract (pages 23 and 44) with the BOP.

The agency's commitment of ensuring Zero-Tolerance for sexual misconduct in the facility was observed during the on-site audit. This commitment was clearly observed by the posters, flyers, and reporting systems in place for staff and residents. Staff receive information regarding PREA upon hire as well as on-going training during quarterly in-service meetings. Residents receive information on the agency's Zero-Tolerance Policies upon intake. This information is followed by a quiz. The residents sign and date they understand the agency's policies. Volunteers and Contractors are also provided training regarding the agency's Zero-Tolerance Policy as it relates to the duties they perform while at the facility. All visitors receive information regarding the agency's Zero-Tolerance Policy during each visit. They too must sign and date they have received the PREA information. The agency's organizational chart, which can be found in the EH (page 3), and uploaded to the PAQ, indicates the Executive Vice President and agency-wide PC is upper-level personnel who reports directly to the agency President/Chief Operations Officer. The interview with the PC and observations of the facility's PREA philosophy during the on-site audit revealed they have the time and authority to perform their PREA duties. The PC is the Executive Vice President and reports directly to Chief Operations Officer (COO), President. The PC works with six (6) BSS Residential Reentry Centers in California and Arizona, implementing and guiding the agency's efforts toward PREA compliance. The PC reported they have sufficient time to develop, implement and oversee the agency's efforts to comply with the PREA standards.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 596 378">Documents Reviewed:</p> <ul data-bbox="352 445 810 517" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) <p data-bbox="280 562 596 595">Interviews Conducted:</p> <ul data-bbox="352 663 703 734" style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) <p data-bbox="280 779 1484 1059">BSS does not contract with outside agencies for the confinement of residents as indicated in the SOW (page 23). BSS's contracts with the BOP state that all residents who are ordered to confinement at a BSS facility are placed there by the BOP. The SOW (page 23), further states that the BSS agency cannot subcontract with other agencies for the confinement of residents. When interviewed, the PC and the PD clearly articulated that BSS's contracts with BOP do not allow BSS to contract with other agencies for the placement of residents.</p> <p data-bbox="280 1104 1461 1176">Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 1382 1015 1415">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 1460 564 1494">Auditor Discussion</p> <hr/> <p data-bbox="280 1538 635 1572">Documents Reviewed:</p> <ul data-bbox="352 1639 863 1966" style="list-style-type: none"> • Federal Operations Manual (FOM) • Statement of Work (SOW) • Staffing Plan Annual Review • Monthly Schedule • Logbook • Resident Daily Rosters • Pre-Audit Questionnaire (PAQ) • Training logs <p data-bbox="280 2011 459 2045">Interviews:</p>

- Program Director (PD)
- PREA Coordinator (PC)
- Assistant Program Director (APD)
- Random and Specialized Staff

The Behavioral Systems Southwest (BSS) Vinewood RRC has a housing capacity of seventy (70) beds. The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against abuse. The Vinewood RRC staffing is based upon the facility's capacity of seventy (70). At the time of the audit, the population was forty-one (41) residents of which eight (8) were female. The average daily population for the last twelve months (12) was forty-one (41) residents. Based on an interview with the PC and the PD the most recent security staffing analysis was conducted in 2023 and provided a copy for the Auditor's review. The established facility staffing schedules is not to be changed unless authorized by the Executive Vice President. The Vinewood RRC has one (1) PD one (1) APD. Both Directors and the PC review the staffing plan annually to determine if there are adequate staffing levels for the facility and specific areas within the facility that may need a higher concentration of staff. The Vinewood RRC is a coed facility and therefore, BSS ensures there are always both male and female staff on duty. This requirement is also noted in the SOW on (pages 29-36). The staffing plan outlines the minimum number of staff required for the program during all three (3) shifts, seven (7) days per week. However, BSS has always instituted more than the minimum number of staff for each of its facilities. Each appointing authority must assess, determine, and document whether adjustments are needed to the staffing plan/program schedule, at least annually, to ensure a) an adequate ratio of supervision and placement of staff; b) the ratio of staff to offenders is maintained in the division; c) that programming needs are met, based upon available budgeted resources, and d) that consideration is given to institution programming and composition of the offender population.

The staffing pattern is designed to ensure maximum benefit for the residents; therefore, most staff are scheduled to be on duty when most of the residents are in the facility (swing shift). This allows for closer attention to be given to safety, security, and resident programming. The facility's Directors are required to report to the BSS Executive Vice President immediately if there are any deviations to the staffing plan. Deviations must be documented on the staff schedule, the daily logbook, and entered into the facility's computerized timesheet. According to the FOM, staffing levels are determined by the average monthly population (AMP) which is twenty-five percent (25%) of the government's original estimate. "If the AMP exceeds the original estimate by twenty-five percent (25%) for three (3) consecutive months, the facility must add staff consistent with the original staff-to-resident ratios. If the AMP is twenty-five percent (25%) less than the original estimate for three (3) consecutive months, the facility may reduce staff consistent with the original staff-to-resident ratio as long as adequate supervision is maintained in the judgment of the Residential Re-entry Manager (RRM)" per the FOM (page 29). As the

	<p>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. The Auditor confirmed this information during an interview with the PC and a review of the facility's staffing scheduled and resident population. The SOW (page 12) 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. However, it should be noted that since the inception of the PREA Audits in 2013, the Vinewood RRC has not had any staffing deficiencies to include this current facility's audit. This is an amazing contribution to the agency's commitment to the safety and security of the staff and residents.</p> <p>Based upon the review and analysis of the documentation, interviews, and the commitment to ensure that there have not been any deviations to the staffing plan since the inception of the PREA Audits, the Auditor has determined the facility EXCEEDS this standard.</p>
--	--

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) • Statement of Work (SOW) • Pre-Audit Questionnaire (PAQ) • Training Curriculum • Training Acknowledgement Statement • Training Sign-in Rosters • Resident Grievances <p>Incident Reports:</p> <ul style="list-style-type: none"> • Prior Audit Reports • Gender Announcements • Interviews: <ul style="list-style-type: none"> • Random and Specialize Staff • Random and Targeted Residents • PREA Investigator (PI) <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 Vinewood</p>

RRC does not have medical personnel on-site. All medical needs are completed at an off-site medical facility within the community. If a strip search or cavity search is needed, BSS staff must receive authorization from the BOP and the search must be conducted through the assistance of law enforcement and medical personnel SOW (page 76). Staff and resident interviews further indicated that the facility does not conduct any kind of strip search or body cavity search. BSS policy strictly prohibits cross-gender pat-down searches of male or female residents SOW (page 76). Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. Vinewood RRC staff receive the resident's file from BOP prior to the resident's arrival. The file contains information regarding the resident's biological birth, how the resident identifies, and if they are transgender or intersex residents. At the time of the on-site audit, there were forty-four (44) residents, of which, eight (8) females and two (2) transgender females.

When conducting pat-down searches, there must be two (2) security monitors present during the search FOM (page 117). All staff are trained in conducting searches of both male and female residents as reviewed in the facility's training logs during the on-site audit. It is written in the BOP contract with BSS that there must be a female staff on duty at all times for co-ed facilities. FOM (page 29). The staff also have the option of using the "*wand*" (an electronic search tool) that the staff are trained to utilize in lieu of a pat-down search. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search. All residents interviewed stated they had never been searched by a staff member of the opposite sex, nor had they ever seen a staff conduct a cross-gender pat-down search. Female residents further confirmed that at no time have they ever been denied programming because there was no female staff available to conduct the search. All female residents who were interviewed by the Auditor stated, there was always a female staff on duty. A review of the logbook, staff schedules and the Annual Staffing Plan Review, indicated there was always a female and male staff on duty. However, if a resident returned to the facility and a female staff is not readily available, the resident is immediately processed back into the facility using a "*wand*" to search them.

There have been no cross-gender pat-down searches conducted since the inception of the PREA Audits in 2014 according to prior audit reports. Should an incident arise that warrants such a search, BSS is prepared to record and document the occurrence.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past twelve (12) months, the number of cross-gender strip or cross-gender visual body cavity searches of Residents reported was zero (0).
- In the past twelve (12) months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero

(0).

- The number of pat-down searches of female Residents that were conducted by male staff reported was zero (0).
- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances reported was zero (0).
- In the past twelve (12) months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero (0).

The Vinewood RRC facility is a co-ed facility with separate living areas for females. As observed during the on-site audit, the female resident's living quarters have private bathrooms in the bedrooms with a shower with privacy curtains, a toilet stall with a door, and a sink. The male bedrooms are also set up the same way. There are two (2) bedrooms that are handicap accessible to include the restrooms, with one for female residents and one for males. Residents are required to dress prior to stepping out of the bathroom. There were two (2) transgender residents at the time of the audit. When interviewed, the transgender residents stated that they have privacy to use the showers and restroom facilities without being viewed by any other person. Additionally, the residents interviewed stated they are allowed to shower, change clothing, and use restroom facilities without being viewed by staff specifically staff of the opposite gender. Residents are only allowed to change their clothes in the bathroom which prohibits viewing from anyone. Whenever a staff enters a resident's restroom, they knock, announce their gender, and then allow the resident time to respond before entering the restroom. Facility cameras are not in the resident bathrooms.

Residents are informed of BSS's rules and regulations regarding searches. Should a resident be uncomfortable with the agency's contract with BOP regarding searches, they may choose not to transfer to a BSS facility. When transgender and intersex residents arrive at the facility they are searched based upon their genital anatomy. Residents with male genitals will be searched by a male staff and residents with female genitals will be searched by a female staff or by staff with whom the resident feels comfortable. If there are ever any concerns, the resident will be searched using a "wand." When interviewed, the transgender residents stated they were given the option to be searched by a male or female staff.

The facility trains all staff on how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Conducting proper searches is covered as part of staff training that occurs quarterly and during biweekly staff meetings. The Auditor reviewed the facility's training curriculum and training logs for the current year in addition to the staff's training upon hire. All staff received the training and signed that they understood what they had learned. At no time would a resident be physically examined for the sole purpose of determining their gender status. Interviews conducted with staff indicated staff are very clear on the policies and procedures regarding searches. When interviewed, staff and residents confirmed that staff of the opposite gender

	<p>are knocking and announcing their presence prior to entering the residents' rooms or restrooms. This knock notice was also observed on each housing unit door and restroom door during the tour of the facility. There was one (1) PREA related grievance reported during this audit period regarding sexual harassment staff-on-resident. Local law enforcement was contacted and found the incident to be unsubstantiated. The PI conducted an administrative investigation and found the incident to be unsubstantiated. However, all staff were retrained in how to conduct wellness checks (room checks).</p> <p>A review of the investigation by the Auditor was found to be complete with circumstances of the allegation, interview with the alleged victim, evidence reviewed/collected, correspondence with law enforcement, findings, and notice to the resident of the investigation outcome which was signed by the resident.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Federal Operations Manual (FOM) • PREA Pre-Audit Questionnaire (PAQ) • PREA Postings • Employee Handbook (EH) <p>Interviews:</p> <ul style="list-style-type: none"> • Random Staff • Specialized Staff • Case Managers (CM) • Program Director (PD) • PREA Coordinator (PC) • Random and Targeted Residents <p>The Vinewood RRC provides PREA information in six (6) languages, English, Spanish, Russian, Korean, Armenian, and Hebrew. This information was posted to the OAS and the PREA boards throughout the facility. Staff are required to assess individuals during intake to identify those with special concerns or needs. Assessments includes a review of the resident's file, written assessments as needed, interviews, and</p>

observations of behavior. Facility staff must provide orientation materials for all individuals, including translations or alternative formats for those identified at intake or during orientation whose primary language is not English, sight and hearing barriers, or literacy barriers. Staff must follow agency policy in addressing modification needs for residents who respond affirmatively or where staff has reason to believe a disability exists. Facility staff who can translate for some of these languages ensures 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 a resident be visually impaired and unable to read the material provided, staff will read the literature to the offender EH (page 77). A review of residents' files during the on-site audit revealed all residents at the time of the audit were all English proficient and literate. Initial PREA Education is provided by the CM in a manner that ensures the resident comprehends the material presented and it is read to the resident during the intake process. The CMs are responsible for ensuring the resident receives and understands the PREA information during the intake process FOM (page 89). Each resident receives a thorough orientation to the program to include the PREA Standards, and the facility's rules, and expectations. Prison Rape Elimination Act (PREA) Brochures are also provided to the resident. The orientation takes place after the intake interview and occurs within twenty-four (24) hours of intake.

Corrective Action Plan:

Although training and intake records indicated staff had received training regarding the services available to them and the residents, when interviewed staff and residents were unable to articulate what services were provided by the agencies listed on the informational PREA boards that were posted throughout the facility.

After reviewing the deficiencies with the PD and PC during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide training to the staff regarding the agencies and services listed on the PREA Boards and what services each agency or individual provides. 2) Provide the Auditor with the training curriculum and roster. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

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

Interviews Conducted:

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

The Bureau of Prisons (BOP) provides guidelines and mandates to BSS regarding hiring and promotion decisions of employees. When BSS has determined that an applicant is appropriate for employment, the applicant's information will be sent to BOP, who will conduct a background clearance per the EH (pages 73-79) and the SOW (pages 16-17). The RRM, PD and PC confirmed this information when interviewed and records located in the employee files also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's five (5)-year contract renewal SOW (pages 16-17). Employees may not begin working until all background clearances have been completed and the RRM has sent notice of approval to BSS. Background checks consist of a review of the following:

- Civil Application System (CAS)
- National Crime Information Center (NCIC)
- Local Law Enforcement Data Base
- Prior Employment and Personal References

BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct per the SOW (page 39). BSS requires all applicants to report previous sexual misconduct, to include civil or administrative adjudication, on a supplemental form which is submitted with their application. This information was verified during a review of staff files and interviews with the PD and PC. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct in past employment or while employed at a BSS facility, as listed in the EH (pages 73-79). During a review of the staff files, the Auditor reviewed this information. The employee 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 PD and the PC and is also listed in the SOW (pages 16-17). When

	<p>interviewed, the PC stated BSS does not have the same legal standing as law enforcement or detention facilities where an employee can sign a waiver for information. BSS is only permitted to provide dates of employment and position if there is an inquiry about a prior employee's employment history. However, if law enforcement or corrections provides a signed waiver from the past employee, then the records would be released.</p> <p>The Vinewood RRC did not have any volunteers during this auditing period. All volunteers and contractors are subject to the same PREA education, background, and security clearances as employees based on their duties at the facility. This information can be found in the FOM (page 37). A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the five (5)-year requirement.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Facility diagram/map with camera locations <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) • Assistant Program Director (APD) • Security Staff <p>The facility reports there has been no substantial expansion or modification to the existing facility since the last PREA audit, supported by the Auditor's review of the prior PREA Audit Final Report, interview with the PD and PC, and review of the facility. An interview with the PD confirmed that there had been no modifications to facilities. Any expansions or modifications to the physical structure of the building consider the agency's ability to protect or potential to hinder the protection of the residents.</p> <p>During the on-site tour of the facility, all camera locations (facility interior and exterior) were compared with the facility diagram/map of the Vinewood RRC. There are two (2) monitors in secure areas to enhance staff supervision. One (1) camera is</p>

	<p>in the APD office and one (1) in the security staff and CM area. The Auditor observed the security staff activity watching on the monitors (which have recording capabilities) while engaged in the course of their duties. All cameras and monitors were functioning and appeared to have no issues. The PD and the Security Supervisor are responsible for reviewing the video footage. If there was a PREA allegation or any other incident, the Director and Security Supervisor would be able to go back and review the footage. The hard drives were recently updated to allow footage to be saved from nine (9) days to eighteen (18) days. The PD and the PC stated during interviews that they routinely consider how camera technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • Employee Handbook (EH) • PRE-Audit Questionnaire (PAQ) • PREA Bulletin Boards <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator (PC) • BOP Residential Re-Entry Manager (RRM) • Random Staff • PREA Investigator <p>The Vinewood RRC facility does not house residents under the age of eighteen (18) and they do not conduct criminal investigations per the EH (pages 73-74). The policy states that all allegations of sexual abuse or sexual harassment are reported to the BOP and local law enforcement for investigations. Since the last audit, four (4) employees have completed the required PI training to conduct administrative investigations regarding sexual abuse and sexual harassment. The PC maintains ongoing communication with the RRM regarding all investigations. If the incident is criminal in nature, the BOP and local law enforcement will be contacted. All staff are required to cooperate with any investigation. When the PC, BOP and/or law</p>

enforcement have completed their investigation, the victim will be informed of the outcome. The Vinewood facility maintains records regarding the onset of the investigation, to the completion of the investigation. In the event of a sexual abuse incident, the facility would request that the local law enforcement's protocols are aligned with "*National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents)*", 2nd Edition, which was developed after 2011. The alleged victim may refuse to be examined without repercussion. When interviewed, the PI was able to articulate the investigation process and documentation storage.

The Vinewood RRC does not have on-site health care personnel and does not conduct forensic medical examinations. If a resident has been sexually abused, local law enforcement would be contacted. In the event of a sexual abuse allegation, the facility would contact the local law enforcement to investigate. The alleged victim of sexual abuse would initially be seen by the arriving officer and transported to the UCLA Santa Monica Medical Center for a forensic examination. The case would then be turned over to a detective in that area. All detectives who are assigned to an alleged rape victim, have received specialized training for dealing with victims of sexual abuse. Within the UCLA Santa Monica Medical Center is the Rape Treatment Center (RTC). The RTC provides forensic exams by certified forensic medical staff. They also provide multiple services for the victims of sexual abuse and their family such as: twenty-four (24) hour emergency care; therapy services; advocates during exams and legal matters; prevention and education. All services are free of charge. Victim advocate services information is posted on the PREA bulletin boards throughout the facility as observed by the Auditor during the on-site audit. This information includes the address and number of the agency's victim advocate and the National Sexual Violence Resource Center, as well as the Rape, Abuse, and Incest National Network (RAINN) and the PREA Coordinator.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • Employee Handbook (EH) • Pre-Audit Questionnaire (PAQ) • BSS Website

Interviews:

- Program Director (PD)
- PREA Coordinator (PC)
- Random Staff
- PREA Investigator (PI)

BSS has policies and procedures in place to ensure that all allegations of incidents involving resident-on-resident sexual abuse or staff sexual misconduct and sexual abuse are reported to the appropriate authority. The authority who may have jurisdiction is determined by the BOP and local law enforcement based on the seriousness of the crime. BOP would communicate with local law enforcement to determine which agency would conduct the investigation. The PI would conduct an administrative investigation and report to the BOP. This information was provided in the PAQ, reviewed in the SOW (pages 20-22) and in the EH on (pages 72-79). A review of the agency's website indicated that BSS does not conduct criminal investigations. The website further states that such investigations would be conducted by BOP or local law enforcement as indicated by the BOP contract SOW (pages 3 and 21).

The agency maintains a Zero-Tolerance Policy and ensures all reported or alleged incidents of sexual harassment or staff sexual misconduct are investigated. There are specified duties regarding the administrative investigation at the Vinewood RRC. In cases where the harassment allegation is between the residents, the harassment allegations are investigated by the PC. An individual's sexual allegation against a staff person, volunteer, or visitor is reviewed by BOP and/or local law enforcement. The PC reviews and determines if an investigation is warranted. All allegations of sexual abuse and sexual harassment are documented. Upon hire, all employees receive and review the EH. They are required to sign an acknowledgement indicating their understanding of the policy. This handbook provides information regarding the policies and protocols should there be allegation of sexual abuse and sexual harassment. This information was confirmed by the Auditor when reviewing the EH (pages 72-79).

Interviews with the PD and RRM confirmed that administrative and criminal investigations are completed for all allegations of sexual abuse or sexual harassment. Any investigation that identifies criminal activity is immediately referred to law enforcement and/or the Office of Inspector General (OIG). The PD would function as a liaison with law enforcement as well as keeping the PC updated on the progress of the sexual abuse investigation.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.231	Employee training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 635 378">Documents Reviewed:</p> <ul data-bbox="352 445 1051 896" style="list-style-type: none"> • Employee Personnel Files • Master PREA Training Calendar • PREA PowerPoint Training • PREA Training Acknowledgement • PREA Quiz and Answer Sheet • Employee Standards of Conduct • Zero-Tolerance Policy • BOP Program Statement • Federal Operations Manual (FOM) • Staff Training Attendance Logs (Sign-in Sheets) • Corrective Action Plan Training Outline <p data-bbox="280 938 459 972">Interviews:</p> <ul data-bbox="352 1039 801 1117" style="list-style-type: none"> • Program Director (PD) • Specialized and random staff <p data-bbox="280 1151 1410 1397">The agency trains all employees who may have contact with residents on the agency's Zero-Tolerance Policy for sexual abuse and sexual harassment. Additionally, employees are trained on how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. Upon hire, all employees, receive a training on:</p> <ul data-bbox="352 1464 1477 2092" style="list-style-type: none"> • The agency's Zero-Tolerance Policy for sexual abuse and sexual harassment; • How to fulfill their responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting, and response policies and procedures; • Residents' right to be free from sexual abuse and sexual harassment; • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; How to avoid inappropriate relationships with residents; • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

This training curriculum is tailored for all residents, regardless of gender. All BSS RRCs accept both male and female residents which includes the Vinewood RRC. Training includes testing after the training to ensure the staff understand the training they received. Copies of the graded quizzes are maintained in the employee's file. In addition to the employees' training upon hire, the employees receive an EH which provides the PREA information they received during their new hire PREA training. The employees go over the EH in detail and sign that they have received the training and understand what they have learned. This handbook describes all the criteria listed above, the expectations of the new hire, the PREA-related policies and procedures, and repercussions should an employee violate any of the PREA policies. Random staff interviewed understood the agency's Zero-Tolerance Policy and the aspects of the prevention, detection, and response plan and procedures, confirming that they received training. This information was further verified during a review of the training logs, staff files, and training curriculum. The PREA training modules contain individual sections regarding the dynamics of both male and female residents. All staff all are trained on both male and female gender-specific information regardless of which RRC they are assigned to within the agency.

The EPS, APD and PD are responsible for all ongoing employee PREA Training. The EPS is responsible for the resident's education regarding PREA. When interviewed, the EPS was able to articulate her knowledge of the PREA standards.

Employees receive PREA refresher training each quarter. Each refresher training goes over the PREA training topics listed above. This includes more in-depth training on the PREA standards. A review of the staff meeting minutes, training curriculum, and sign-in rosters, confirmed the training was being conducted. In addition to the staff training, there are "PREA Books" that the PC has developed that provides all PREA information to include but not limited to: policies and procedures, forms, flow charts, first responder duties, emergency phone numbers, and coordinated plans as to what to do if an incident occurs.

Corrective Action Plan:

Although the staff received the appropriate training (as verified by the Auditor through review of training records and training curriculum), and stated they were mandated reporters, they were unable to articulate information regarding their responsibility as a Mandated Reporter.

After reviewing the deficiencies with the APD, PD, and PC during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide training to all staff regarding their responsibilities as a mandated reporter. 2) Provide the Auditor with the training curriculum for review prior to the training and roster. The training curriculum included, why they are a mandated reported, the law that requires staff to be a mandated reporter, circumstances which require staff to file a report, who do they file a report with, and how to submit the required

	<p>paperwork to Adult Protective Services. Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and MEETS this standard.</p>
--	---

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Training Log <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PREA Coordinator (PC) <p>Vinewood RRC did not utilize volunteers or long-term contractors in this reporting cycle according to the PAQ; however, day contractors were utilized to make maintenance repairs. All volunteers and contractors who have contact with incarcerated individuals are required to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response according based on the services being provided and the level of contact the individual has with resident. Background checks are conducted by the BOP. Long-term contractors and volunteers are not allowed on the facility grounds until they pass their background checks and BOP has notified Vinewood RRC of their clearances. Background checks are completed through the National Crime Information Center (NCIC) and the National Law Enforcement Telecommunication System (NLETS).</p> <p>Backgrounds also include questions relating to prior administrative discipline, allegations or criminal charges of sexual abuse or harassment. Contractors and volunteers who will be at the facility for any length of time will receive the same training as that of a BSS employee. Others will receive information in a pamphlet on how to prevent, detect and respond to sexual abuse or sexual harassment. They must read the pamphlet and sign that they have read the pamphlet and understand their responsibility. BSS has also developed a handbook for volunteers and contractors that includes the policies and procedures for the agency's approach to Zero-Tolerance facility.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has</p>

determined the facility is in compliance and **MEETS** this standard.

115.233 Resident education

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Documents Reviewed:

- PREA Education & Screening Logs
- BSS PREA Brochure
- Resident PREA Quizzes
- Acknowledgement Statements
- Resident PREA Handouts
- Resident Rule and Regulations Handout
- PREA Boards and Postings
- Transitional Skills Class rosters (PREA training)
- Federal Operations Manuel (FOM)

Interviews:

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

During intake, residents receive information verbally and in writing regarding the facility's Zero-Tolerance Policy toward sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The residents are required to sign that they had received the information and understood the information they had been given. The Auditor also observed the PREA posters in English and Spanish in the intake area. This information is provided to the residents at the time of intake.

When residents arrive at the Vinewood RRC, their intake is conducted by a Security Monitor who will go over various information about the program which includes all PREA information and a Resident Rules and Regulations handout which also includes PREA information. Within twenty-four (24) hours of arrival, the resident will meet with the CM and the PREA information will again be reviewed with them in more detail to ensure they understand their rights and responsibilities regarding how to report and response to a PREA incident and the agencies rules if they violate such rules. Within seventy-two (72) hours of intake, the EPS will provide the resident with

an eight (8) hour class regarding the above information. This PREA information is provided through formal classes, videos, and distribution of written materials, including the Resident Handbook. The EPS provides an orientation which includes PREA training, with testing, to ensure they understand what they have learned. The EPS also shows the residents where the "PREA Boards" are located in the facility and explains the information on the boards. The PREA Boards provides information on the facility's policies, addresses and toll-free phone numbers to report a PREA incident and resources where the residents can receive assistance if a PREA incident were to happen to them or someone else. Information regarding resources such as third-party reporting, the PC's phone number, rape crisis hotline, third-party reporting, and additional resources for victims of sexual abuse and sexual harassment to obtain counseling services is also contained on the PREA boards.

Interviews with the residents also found they were provided the PREA information when transferred from one facility to another. Residents were also able to identify where the PREA boards were located. During this auditing period, there was one (1) resident who had transferred from another facility. A review of the resident's file confirmed the facility had provided the intake and PREA information and paperwork again as if he were a new intake. Vinewood RRC receives residents through a contract with BOP. BOP provides advanced notice of the transfer of any resident, which allows the facility to plan for the arrival and orientation of any new resident.

The Auditor reviewed twelve (12) random resident files which confirmed they had received all the PREA information, and the Risk Assessments were completed upon intake and again within the ten (10) to thirty (30) days of intake. All training courses are documented, and residents must complete a test regarding the training they received. The training curriculum and rosters were provided to the Auditor. Quizzes were reviewed during the review of the resident files. All interviews with residents confirmed that staff provided the residents with PREA information and education upon and within twenty-four (24) hours of arrival, during individual meetings with the assigned CM and during the transition classes. The facility has a computer room for the residents where they can access the BSS website and review PREA information directly without having to involve staff or other residents if needed.

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

BSS and the Vinewood facility provide PREA information in six (6) different

languages. Contracted interpreters would be contacted if the resident needed further assistance. For residents who are vision-impaired or who have limited reading skills, security staff, the EPS and CMs would read the resident the information. The facility also utilizes LanguageLine Solutions which provides the InSight Video interpreting service with the use of computer, tablet, or smartphone. When the resident has completed the training, they must sign and date the document stating they understand what they have learned. While conducting the facility walk-through, the Auditor observed two (2) large PREA bulletin boards located in the lobby of the main building and the multipurpose room.

The doors at the facility entrance have postings of the facilities Zero-Tolerance Policy in both English and Spanish. The postings are visible to all persons prior to entering the facility. These postings are also posted throughout the facility to include intake, Security Monitor's desk, every room in the facility to include each living area and bathrooms.

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • Employee Handbook (EH) • BSS Website <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator (PC) • PREA Investigator (PI)

- Residential Re-entry Manager (RRM)

Since the last PREA Audit, four (4) employees have received specialized training to conduct investigations through the National Institute of Corrections. The training certificates for those individuals were reviewed by the Auditor. Specialized training includes techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations is maintained in accordance with facility record retention policies. Should a PREA incident take place, a PI will investigate regarding any administrative violations. Should an administrative investigator find that a crime has been committed, the investigation would stop, and the BOP and/or local law enforcement would be contacted. All criminal investigations would be handled by the BOP and/or local law enforcement. Interviews with the PI indicated they understood their responsibilities. Upon completion of a criminal investigation by local law enforcement, the agency's PI would conduct an Administrative Investigation to determine if there were any violations of the agency's policies or procedures.

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

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ul style="list-style-type: none"> • PREA boards and postings • UCLA Santa Monica Rape Treatment Center <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator (PC) • UCLA Santa Monica Rape Treatment Center <p>The Vinewood RRC does not employ or contract with medical or mental health care practitioners at the facility. As such, residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment</p>

	<p>counseling. All forensic exams would take place at UCLA Santa Monica Medical Center where certified Sexual Assault Forensic Examiner (SAFE) staff would assist the residents. Residents would receive advocacy and counseling services through the UCLA Santa Monica Medical Center Rape Treatment Center. The PC and the PD stated during interviews that all residents who need mental health care or medical services receive these services in the community. Since the facility does not employ medical or mental health care practitioners, they do not provide any type of training to these outside providers. The contact information to the outside providers is listed throughout the facility and accessible to residents and visitors. A review of the UCLA Santa Monica Medical Center Rape Treatment Center website confirmed the services provided. When interviewed, the residents were able to articulate where this information was located in the facility and the steps, they would take to receive services if needed.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and MEETS is standard.</p>
--	--

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Sample of Assessments: <ul style="list-style-type: none"> • Sexual Victimization Assessment • Sexual Abuse Assessment • Medical Intake form Assessment Scoring Sheet • Corrective Action Plan Training Outline • Training Roster <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) • Case Managers (CM) • Employment Program Specialist (EPS) <p>The agency has a policy for screening residents for risk of sexual abuse victimization and sexual abusiveness toward other residents upon admission to a facility or transfer to another facility in the EH (page 75) which states, <i>“Upon intake,</i></p>

staff will complete a Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting an assessment to determine risk of victimization or abusiveness. Further, should a history of sexual predation be noted, staff will immediately notify the PD. This action is taken to determine the offenders' suitability for placement, to ensure the safety of all offenders and staff." Screenings include interview questions and a review of the resident's file which must be completed within seventy-two (72) hours of admission to the facility. Prior criminal history will be considered. The screenings will be completed and documented using the Sexual Victimization/ Abusiveness Risk Screening Form, which is shared with resident's CM for proper, housing assignments, treatment planning, and monitoring. Should any risk factors be identified at this time, the CM will consult with the PD to determine a housing assignment that ensures the safety of all residents.

Regardless if the resident was being transferred from another BSS facility or a federal prison, they would be screened for risk of sexual abusiveness or sexual victimization every time they transfer into a BSS facility. Within twenty-four (24) hours, the resident will meet with the CM who will again go over the intake packet and the risk assessments in detail along with all PREA information, including documents, pamphlets, PREA Boards, how to report a PREA incident and resources available. This information was verified during interviews with the residents, Security Monitors, and CMs in addition to confirmation of the assessments within the resident's files. A review of the resident's files indicated the facility was using an objective screening tool for their risk assessments. The objective screening tools considers the:

- Mental, physical, and developmental disabilities;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- If the resident's criminal history is exclusively nonviolent;
- Prior convictions for sexual offenses;
- Where the resident is or perceived to be LGBTQ, intersex or gender non-conforming;
- Prior sexual victimization;
- The resident's own perception of vulnerability;
- Prior acts of sexual abuse;
- Prior convictions for violent offenses;
- Prior institutional violence or sexual abuse.

Reassessment screenings of the resident's risk level of victimization or abusiveness will be conducted by the CMs. The reassessment occurs between ten (10) and thirty (30) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening. Additional screenings past the thirty (30) day reassessment, will take place when a referral, request, incident of sexual abuse, or receipt of additional information is received that may impact the resident's risk of victimization or

abusiveness. Residents may not be disciplined for refusing to answer or, for not disclosing complete information in response to questions asked pursuant to the following:

- Whether the resident has a mental, physical, or developmental disability
- Whether the resident is, or is perceived to be, LGBTI or Gender Non-Conforming
- Whether the resident has previously experienced sexual victimization or the resident's own perception of vulnerability.
- 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 risk of being sexually victimized from residents at a risk of being sexually abusive. A medium-risk score requires security staff to place the resident in housing, but discuss the potential issues and concerns with the Facility Director prior to doing so and during the program review team meeting. Residents are never punished for refusing to answer questions for the risk assessment. Appropriate controls are implemented within the facility regarding the dissemination of responses to questions asked to ensure sensitive information is not exploited by employees or other residents to the resident's detriment. The facility's policy limits staff access to this information on a "need to know basis." The EH (pages 75-76) further explains the assessments and how and when they will be administered.

Corrective Action Plan:

In addition to interviews with the intake staff and CMs, a mock intake of a resident was conducted by the Auditor. The intake staff conducts the initial risk assessment screening forms by asking the resident the questions listed on the risk assessments. They documented the resident's responses without totaling the scores which indicates if the resident is high, medium, or low for risk of abusiveness or victimization. The intake staff was not able to provide the Auditor with knowledge as to why the risk assessments were completed or that they were used for housing decisions. The resident is housed without staff knowing if they are at risk of abusiveness or victimization. The untallied risk assessment forms are then given to the CMs who tallies the scores during their meeting with the resident. The CMs understood they were to contact the PD if the resident scored high on the risk assessments. However, the CMs also needed additional training on how to deliver the questions on the risk assessments and the purpose of each question.

While reviewing the resident files, the Auditor found that the Medical Intake Evaluation Form was not always thoroughly completed, or not at all. This form helps to determine bed assignments and programing. If a resident were to answer yes on the questions, the staff would be required to immediately contact the PD who would contact the PC to determine if the facility could meet the needs and safety of the resident.

	<p>After reviewing the deficiencies with the APD, PD, and PC during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide training to all staff who conduct risk assessments regarding how to request information from the resident, and how to understand the assessments are used to determine room assignments, bunk locations, supervision levels, and programming. 2) Provide training to all staff who conduct risk assessments regarding how to complete the Medical Intake Evaluation Form and provide information as to how the information is used to provide room assignments. 3) Provide training curriculum, training handouts, and rosters to the Auditor Prior to the writing of this report, the facility provided the Auditor with a copy of the training curriculum for the Auditor's review. The facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor prior to the completion of this report.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and MEETS this standard.</p>
--	---

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Sample of Sexual Victimization Assessment • Sample of Sexual Abusiveness Assessment • Medical Intake form • Risk Assessment Scoring Sheet • Housing Determinations Spreadsheet <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) • Random Residents • Intake Staff • Residents Employment Program Specialist (EPS) • Security Staff <p>Vinewood RRC receives information on arriving residents from the BOP weeks (and sometimes months) in advance. This information includes any special considerations, disabilities, or institutional behavior history that may impact the resident's stay. With this information, the PD makes a provisional housing</p>

determination on where the incoming resident should be housed. The EH (pages 75-76) provides guidance to staff regarding the use of the information obtained from the Sexual Victimization Assessments and Sexual Abusiveness Assessments.

Intake screening is used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is provided to staff who provide treatment plans and in making security and management decisions regarding the resident. Interviews confirmed that there is open communication among the security and case management staff, who regularly meet to discuss current issues that are going on in their respective areas of supervision. This information was verified through a review of the resident intake packet, the risk screening tools in the resident files, the Medical Intake Form and interviews with staff and residents. The EH (page 76) provides lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular housing, bed, or other assignment solely based on such identification or status. The EH (page 76) further prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. Staff are not allowed to consider the identification as an indicator that these residents may be more likely to be sexually abusive. The resident's own views will be given consideration when making facility and housing placement decisions and programming assignments. This was confirmed during an interview with a transgender resident during the on-site audit and information found in this resident's file. During the comprehensive site review, there were no rooms observed to be reserved specifically for transgender or intersex residents. The restrooms have private toilet stalls and showers with curtains and were observed for a reasonable amount of privacy. Transgender and intersex residents would be allowed to shower separately from other residents.

Placement and programming assignments for each transgender or intersex resident shall be reassessed to review any threats to safety experienced by the resident. At the time of the on-site audit, there were two transgender residents. A review of the resident's files indicated they had been provided the risk screening and scored within the median range. The residents file and risk scores were reviewed by the PD and reported to the PC. One of the transgender residents chose not to speak to the Auditor. The other individual was interviewed, and the resident's file was reviewed. It was determined the resident would be safe at the facility and would not be limited in programming or services. When interviewed, the resident stated that their own perception of their safety was given consideration and that they felt safe at the facility and had no concerns. Placement and programming assignments for each transgender person, gender non-conforming, or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident. The PREA risk screening instrument includes a direct question regarding the individual's own perception of vulnerability, which extends to and includes transgender and intersex residents. Staff interviews confirmed that they have a clear understanding of the signs and behaviors of an individual who may be vulnerable, and any overt or covert expression of vulnerability is taken seriously.

In addition to interviews with the intake staff and CMs, a mock intake was conducted with the Auditor. The intake staff provided all the PREA paperwork for the resident (Auditor) to read and asked if they had any questions regarding the information they received.

Corrective Action Plan:

During the mock intake with the Auditor, the intake staff told the Auditor what the paperwork was but did not read the paperwork or go over the contents of the paperwork. Some of the PREA documents required a signature which was completed. Unfortunately, the resident was not provided a copy of the signed paper which contained pertinent PREA information. A review of the resident files found that the staff were not fully completing the Medical Intake Form which is also used to assess the needs and placement of the resident.

As noted in PREA Standard 115.241, interviews with the staff found they were not aware that the purpose of the risk assessments for sexual victimization and sexual abusiveness is to inform housing, program, and bed assignments of a resident in the facility. Staff were also unaware of their duty to report directly to the PD, when a resident scores high (at risk) on either of the assessments, or for guidance regarding placement. Lastly, when reviewing resident files, it was observed that staff are not ensuring they fully complete the Medical Intake Form which helps to gather relevant information related to the resident’s safety.

After reviewing the deficiencies with the APD, PD, and PC during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide training to all staff who conduct risk assessments regarding how to request information from the residence, and how to understand the assessments are used to determine room assignments, bunk locations, supervision levels, and programming. 2) provide training curriculum, training handouts, and rosters to the Auditor. 3) Review all resident files to ensure all PREA Documents are filled out completely.

Prior to the writing of this report, the facility provided the Auditor with a copy of the training curriculum for the Auditor’s review. The facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor prior to the completion of this report.

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

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Employee Handbook (EH)
- PREA Posters and Resources
- Resident Rules and Regulations
- PREA Brochure
- PREA Reporting Methods (Flow Chart)
- Corrective Action Plan Training Outline
- Training Roster

Interviews:

- Program Director (PD)
- PREA Coordinator (PC)
- Random Staff
- Random Residents

Vinewood RRC provides multiple methods for residents to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, and neglect. This information is described in the EH (pages 74-80) and includes but not limited to:

- A verbal report or a report submitted in writing;
- Anonymous reports;
- Third-party reports;
- Submitting a grievance to the BOP or the PREA Coordinator;
- Submitting a written report to the BOP or the PREA Coordinator;
- Reporting directly to a family member or friend;
- Reporting to any staff, volunteer, contractor,
- Reporting to a staff or someone they feel comfortable with.
- Calling the PREA Coordinator

Residents are also informed they may make a report on behalf of someone else. Residents receive a Resident Rules and Regulations handout upon intake that provides information on how to report an incident of sexual abuse and sexual harassment and the resources available should they become a victim. Residents also receive this information in a pamphlet when they first arrive at the facility. The Auditor confirmed during interviews with the residents that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made and understood the facility has a Zero-Tolerance Policy for any type of sexual activity abuse, harassment, or retaliation.

The PREA Reporting Methods (Flow Chart) describes the multiple ways in which a resident can make a report both internally and externally. Residents are given a

copy of this document which is also posted on the PREA Boards in the facility. The Hollywood Police Department (HPD) handles all calls generated by the Vinewood RRC facility. The Vinewood RRC facility stated they do not have an MOU with the HPD as services calls regarding sexual abuse are the duty of the HPD and they respond and investigate twenty-four (24) hours a day, seven (7) days a week. The HPD does not have MOUs with community partners as they have a duty to respond and investigate. The HPD officers are trained in how to effectively communicate with individuals who have been sexually assaulted. The first officer on the scene would take the initial report and ensure the victim was transported to UCLA Santa Monica Medical Center for a forensic exam. The case would be turned over to a detective from that division who specializes in dealing with sexual abuse victims. Detectives are specifically trained to investigate such incidents. To date, the facility has been unsuccessful in obtaining an MOU from the HPD. Reports submitted on-site to staff are documented in writing immediately and forwarded to the PC and the BOP. This information was reviewed in the SOW (page 7) and in the EH (pages 74-80), resident training logs, Resident Rules and Regulations handout, and postings throughout the facility. The PI will determine whether and how an investigation will proceed. Policy also states staff must report any communication, including rumors from staff or offenders that may indicate sexual abuse, sexual harassment, violation, or neglect of duties. The agency requires staff to accept reports verbally and in writing and complete an incident report promptly.

Corrective Action Plan:

During staff interviews the Auditor found staff were knowledgeable about their responsibility to accept reports of sexual abuse and harassment if made verbally, in writing, anonymously, or by a third-party. However, staff did not know what or how to document an incident of sexual abuse if it occurred. They did, however, understand that the incident must be documented by the end of shift. All staff reported they have not had to respond to an incident of sexual abuse. Staff reported if an incident of sexual abuse occurred at the facility, they would refer to the PREA Binder which contains all the policies and procedures as they relate to PREA. Although staff could not articulate what or how to report, training records indicated the staff have been trained in this area to include signatures of those who received the training.

The Auditor interviewed thirteen (13) targeted and randomly selected residents. Residents were all able to describe where the PREA boards were that contained this information should they need it. When interviewed, staff were aware of the information on the PREA Boards but were not aware that they could utilize the same resources if they were the victim of sexual abuse.

After reviewing the deficiencies with the APD, PD, and PC during the exit meeting, the following actions were required by the Auditor as a corrective action plan: 1) Provide training to all staff on how and where to document an incident of sexual abuse. 2) Provide additional training to staff on who to contact outside of the agency to make a report of sexual abuse for themselves or for a resident.

	<p>Prior to the writing of this report, the facility provided the Auditor with a copy of the training curriculums for the Auditor’s review, training rosters and quizzes. The facility was able to complete all requirements of this corrective action plan and provided proof to the Auditor prior to the completion of this report.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and MEETS this standard.</p>
--	--

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Grievance forms • Resident Handbook • PREA Posters with reporting information <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director (PD) • Assistant Program Director (APD) • PREA Coordinator (PC) • Random Sample of Residents • Random Sample of Staff <p>During intake and orientation, residents receive information that explains how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident’s grievances regarding sexual abuse and/or harassment. All residents can file a grievance to the BOP if they have any concerns. Grievance forms are located in a centralized location and are always available to the residents. The resident may send the grievance directly to the BOP without going through the facility mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations SOW (page 78). If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to the PD who will contact the BOP for investigation SOW (pages 78-79). When interviewed, staff and residents were able to articulate the grievance procedure. BOP will issue a final decision of a grievance alleging sexual abuse or sexual harassment within ninety (90) days. An extension of time to</p>

respond, can be requested for up to seventy (70) days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. Third-party individuals, residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and permitted to file requests on behalf of a resident. If a third-party individual 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.

The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to staff interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately begins the BOP investigation process. A grievance form shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Vinewood RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken. The EH (page 78) regarding emergency grievances states, *"Should the offender believe there is a substantial risk of imminent sexual abuse, the offender may file an emergency grievance; the offender may be transferred to another facility for their own protection and peace of mind. A response will be ensured within forty-eight (48) hours with a final decision to be made within five (5) days, via the RRM office."* While pending the outcome of the BOP decision, the facility will 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 articulate this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this audit cycle.

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

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Resident Handout
- PREA Board Postings
- Detection Treatment and Resources (DTR) Inc., Website
- The Rape Treatment Center at UCLA Medical Center Website
- Rape, Abuse & Incest National Network (RAINN) Website

Interviews Conducted:

- Program Director (PD)
- Case Managers (CM)
- Employment Placement Specialist (EPS)
- PREA Coordinator (PC)
- Random Staff
- Random Residents
- Detection & Treatment Resources (DTR) Director

The Vinewood RRC provides residents with information on how to access victim advocacy and emotional support services in the community if they have been a victim of sexual abuse. Written information is given to new residents at the time of intake, and during their Transitional Skills Class. This PREA information is readily and continuously available on postings throughout the facility. At the time of intake, a new resident is provided with a copy of the Resident Handout and the PREA Brochure, which contains information on how they can access these services. Residents receive this same information again when they meet with their CM and once again during their Transitional Skills Class covering the topic of PREA.

The CMs explain the information contained in the Resident Handout and the PREA Brochure to ensure the resident the information contained in these handouts. This information is again discussed during the Transitional Skills Class by the EPS who shows residents the information contained on the PREA Board and provides an eight (8) hour class regarding the agency's Zero-Tolerance Policies and the residents right to be free from sexual abuse. The Resident Handout and the PREA Brochure both contain telephone numbers and addresses to Rape Treatment Center at UCLA Medical Center and DTR where residents can receive services twenty-four (24)-hours a day, seven (7) days per week. The Rape Treatment Center at UCLA Medical Center provides a twenty-four (24)-hour support and referral line, twenty-four (24)-hour accompaniment support during forensic medical evidentiary exams, court and investigative meetings, individual counseling, and victim advocacy to assist them in obtaining necessary services and information. Services for victims of abuse are at no cost to the victim.

In addition to these local organizations, residents can contact the Rape Crisis Hotline which is a toll-free number for additional resources or the Rape Abuse

	<p>National Network (RAINN). Both are national organizations that connect the victim to local sexual assault service providers to offer confidential support services to survivors regardless of where they are in their recovery. A review of these organizations' websites and a call to the Rape Treatment Center confirms services provided to victims of abuse.</p> <p>The Auditor confirmed this information is readily and continually available to residents by observing the information contained on the PREA Boards in the multipurpose room, lobby, Case Management Office, as well as in the documents provided to the residents at time of intake. Calls to these agencies by the Auditor further confirmed the services provided. These services are free and accessible to all residents living in the community. Therefore, MOUs are not necessary.</p> <p>Residents are informed during resident training (Transitional Skills Class) 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 in their files and observed during the on-site audit. Interviews with residents confirm they have received this information. All residents were able to explain where they would find this information throughout the facility on the PREA Boards. Additionally, residents stated they could use their personal cell phone to call for services. They are allowed to possess and use their cell phone at the facility. Therefore, they would be able to make a private call anytime.</p> <p>Interviews with the facility staff during the on-site audit confirmed that the residents would receive these services through the community if they were a victim of sexual abuse. Interviews with security staff, CMs and the EPS confirm, residents are being provided with information on how they can access these services.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook EH • Behavioral Systems Southwest (BSS) Website • Resident Handout (RH) • PREA Brochure

- PREA Postings
- Detection Treatment and Resources (DTR) MOU and Website

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator (PC)
- Detection and Treatment Resources (DTR) Director
- Residential Reentry Manager (RRM)
- Random Staff
- Random Residents

The Vinewood RRC provides methods to receive third-party reports of sexual abuse and sexual harassment and displays information on how to report sexual abuse and sexual harassment on behalf of a resident on the Behavioral System's Southwest Website. The public website explains how a resident, family member, or a friend of the resident can find this information and file a complaint on behalf of the resident. Additionally, the resident, family members, friends, or other persons associated with the resident, can make a third-party report directly to the PC and can find her number listed on the agency's website. This information is also contained in the PREA Brochure which is provided to every visitor entering the facility as well as new residents at the time of intake.

BSS PREA policy, states *"BSS staff will notify new arrivals that they can report sexual abuse to any staff, to the RRM office, Parole Agent/Unit, to local law enforcement and/or to a Rape Crisis Clinic or contact any third party that the person feels comfortable with."* Per policy, offenders will be educated and encouraged to report sexual abuse/sexual harassment to any person they feel comfortable with. That could include BOP staff, a third-party (DTR), a friend, relative, or law enforcement personnel. BSS does maintain an MOU with DTR to receive reports of resident abuse. This information is located in various facility postings as well as the PREA Brochure and on the BSS website. If DTR received a report of abuse regarding a Vinewood resident, a cross report would be made directly to the RRM. According to the RRM, the BOP has not received any reports regarding sexual abuse of a Vinewood resident during the reporting period. The RRM stated in his interview, if he receives a report of sexual abuse regarding an offender at the Vinewood RRC, he will immediately notify the PC and the facility.

Third-party reporting information is posted on the PREA boards throughout the facility and in multiple languages. Residents receive this information during the intake process and are provided with copies of the PREA Brochure, the Resident Handout and the PREA Reporting Flow Chart.

The following numbers are listed on these documents:

- PREA Coordinator

- DTR - Los Angeles office
- DTR - Long Beach office
- Rape Treatment Center
- BOP Residential Reentry Manager
- National Hotline RAINN

Attempts to contact the DTR Director however there was no response. The Auditor did speak with the BOP RRM who confirmed that the BOP has a contract for service with DTR which requires them to report to the BOP if they receive any information that sexual abuse or sexual abuse was reported to them. In addition, the facility provided a copy of a current copy of DTR’s MOU with Behavioral Systems Southwest and the Vinewood RRC. According to the RRM, there have been no reports received by DTR of sexual abuse or sexual harassment regarding any resident at the Vinewood RRC in the last twelve (12) months. DTR provides mental health counseling and substance abuse services in addition to being the agency’s third-party reporter. Upon the initiation of services, residents are required to sign acknowledgements on the limitations of services. The mental health practitioners and substance abuse counselors inform residents of their duty to report when someone is at risk of harm, through the DTR’s Informed Consent form.

During interviews, residents expressed an understanding that someone else, such as a family member or friend could make a report of abuse on their behalf or someone, they feel comfortable with. Interviews with staff reflect the same information.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Federal Operations Manual (FOM) • Statement of Work (SOW) • Employee PowerPoint Training • Employee Training Records <p>Interviews Conducted:</p>

- Random Staff
- Program Director (PD)
- PREA Coordinator (PC)
- Random Residents

The SOW (page 24) states *“all PREA incidents should be referred to the appropriate law enforcement agency and the Residential Reentry Manager (RRM) as soon as possible after staff became aware of the incident.”* Following receipt of a report of sexual abuse or sexual harassment, including third-party and anonymous reports, the facility forwards the report to the Bureau of Prisons’ (BOP) Residential Reentry Manager (RRM) for investigation and to the PC.

BSS EH, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency, retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. As stated in the EH, *“BSS will notify BOP immediately of any allegation of sexual abuse and sexual harassment, whether it involved offenders, staff, volunteers and/or community member.”*

The employee’s PowerPoint training discusses staffs’ responsibilities in reporting sexual abuse. Staff are trained in how to make a private report of abuse by reporting directly to BOP or to local law enforcement. BSS’s policy and the BOP prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with staff confirm their understanding of the importance of maintaining confidentiality and only sharing reports of abuse to those necessary to make treatment, investigation, or security management decisions.

Eleven (11) staff and the PC were interviewed. Staff stated their first responsibility would be to ensure the safety of the alleged victim and perpetrator and notify the PD or designee, local law enforcement, depending on the situation, and the PC. The PD or PC would notify the BOP. The facility does not employ medical or mental health workers and as such, residents receive these services in the community. Several residents who were interviewed stated they understand they can make a report of sexual abuse to their mental health practitioner; however, the mental health practitioner would have to make a cross-report of their disclosure.

Interviews with staff revealed that they are trained to immediately report to the PD or designee, any knowledge, information, suspicion of sexual abuse or sexual harassment of a resident at the facility. Staff stated they would immediately document the report on a PREA Incident report form as soon as possible, whether the report was received verbally, anonymously, from a third party or in writing.

Corrective Action Plan:

	<p>When interviewed staff were unclear of their legal duty to report sexual abuse to Adult Protective Services (APS) on behalf of a resident considered to be a vulnerable adult. Staff did not understand the process in which to make a report to APS, the website to find the forms, or who to call. After discussing the deficiencies with the PC, PD and APD at the exit meeting, it was determined that all staff would be retrained in the process of making an APS report on behalf of a Vinewood resident.</p> <p>The following actions were required as the Corrective Action Plan: 1) Retrain staff on why staff are mandatory reporters, the circumstances in which a report must be filed, and the steps to take to make a report to APS including the form to fill out and number to call. 2) Provide training curriculum, training handouts and roster to the Auditor.</p> <p>Prior to the writing of this report, the facility was able to complete all requirements of this corrective action plan and provide proof to the Auditor.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Risk Assessments for Victimization <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Random Staff • Case Manager (CM) • Program Director (PD) • Random and Targeted Residents • PREA Coordinator (PC) <p>Vinewood RRC staff are trained to take immediate action to protect a resident when they learn that a resident is subject to a substantial risk of imminent sexual abuse. As reported during interviews with random staff, upon learning a resident is of substantial risk of imminent sexual abuse, they will ensure direct supervision of the resident and immediately notify the PD or designee and wait for further directives. Staff reported during interviews, the safety of an at-risk resident is their utmost priority, and they would take immediate protective measures at ensuring the safety</p>

of the resident by reporting to supervisory staff, separating the resident from the potential threat and staying with the at-risk resident until a safety plan was put in place.

The PD was interviewed and stated if a resident reported risk of imminent sexual abuse, they would take immediate protective measures by ensuring staff are being alert in providing direct supervision of the resident until the BOP or local law enforcement was notified, depending on the situation, and further protective measures are determined. These protective measures could include moving the at-risk resident to another room, requesting an immediate transfer to another facility, or having the resident placed on Home Confinement. Additionally, they would consider facilitating the removal of the threatening resident to another facility or to BOP custody.

The screening assessments for risk of victimization and abusiveness provides valuable information that guides the facility in making the proper housing and bed assignments and thus keeping the residents safe. Per the EH (page 74) “should an offender be assessed to have a high probability of becoming a victim of sexual abuse, BSS will utilize that data to ensure safe housing, work and program assignments.” The purpose of this action is to determine if the resident is suitable for placement at the facility and ensure the safety of all residents and staff. As stated in the PD’s interview, *“If we sense someone is vulnerable, we will determine where we are going to house them and place them in a living unit with residents that do not have a history of abuse. We complete the initial risk assessment for victimization to determine if they have a history of victimization and we follow-up with a subsequent assessment to determine if there are additional risk factors. We get to know the resident and discuss with them their views about their safety in the facility.”*

In the past Twelve (12) months, there were no residents who reported or observed as being subject to a substantial risk of imminent sexual abuse, per interviews with the PD, the PC and per responses in the PAQ. A review of the risk assessments for victimization and interviews with random and targeted residents reveal that residents are being asked at intake and during subsequent assessments how they feel about their safety in the facility and interviews with residents support this information.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator (PC)
- Residential Reentry Manager (RRM)

Behavioral Systems Southwest has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. This policy is contained in the EH which states *“staff will immediately notify the Program Director of any reported sexual abuse either in BOP custody or not, prior to placement at a Behavioral Systems Southwest (BSS) facility. BSS staff will not contact the facility where the abuse occurred directly. The Program Director or designee will immediately notify BOP, via duty phone/email and Serious Incident Report and/or local law enforcement.”*

Notification will be immediately, but no longer than seventy-two (72) hours, after receiving the allegation, per interviews with the PD and the PC. Such notification will be documented as soon as possible but no longer than seventy-two (72) hours after receiving the allegation. This documentation is required per BSS policy and would occur through an email to the Residential Reentry Manager (RRM) and/or to the assigned probation officer detailing the allegations. Interview with the RRM concluded that if abuse was reported to have occurred at a BOP facility or other facility prior to the resident’s placement at BSS, that he would notify the previous facility of the abuse and that an investigation would occur.

Should the Vinewood RRC receive a report of abuse allegations from another facility while the resident was confined at the Vinewood RRC, the allegations would be investigated thoroughly by the BOP or by local law enforcement. The PC confirmed that upon receipt of such notification the BOP would be immediately notified, and this notification would be documented through email correspondence to the BOP.

There were no cases in the last twelve (12) months of a resident alleging sexual abuse while confined at another facility, or at a BOP facility in which notification was required. Additionally, there were no cases in the last twelve (12) months in which the Vinewood RRC received notice from another facility that a resident was sexually abused while at the Vinewood RRC. This information was confirmed through interviews with the PC, the PD, the RRM and by a review of the submitted incident reports for the last twelve (12) months and the PAQ responses.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.264	Staff first responder duties
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 624 378">Documents Reviewed</p> <ul data-bbox="352 445 1262 602" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • PREA PowerPoint Training • Sexual Abuse/ Sexual Assault First Responder Duties Handout • Employee Handbook (EH) <p data-bbox="280 647 639 680">Interviews Conducted:</p> <ul data-bbox="352 748 855 860" style="list-style-type: none"> • Random Staff • Program Director (PD) • Assistant Program Director (APD) <p data-bbox="280 904 1481 1520">Behavioral Systems Southwest has a first responder policy for allegations of sexual abuse. The policy states <i>“If the issue reported is an assault on grounds, the first responding staff will secure the victim (separate from abuser if abuser is still on grounds), clear the area, call 9-1-1, preserve the scene by disallowing any person access to the area, and assign another staff to stay with the victim until paramedics and law enforcement arrive on scene. Staff will request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating (same for abuser if abuser is still on grounds). Responders will ask if the medical clinic that the victim will be transported to is Safe or Sane and will document the finding. Once these tasks are complete, the staff will notify the PREA Coordinator and Program Director and write their initial Report of Incident.”</i> These duties are described in the EH (page 76), in the PREA PowerPoint training, and in a handout titled First Responder Duties which is provided to newly hired staff and during PREA refresher training for all staff.</p> <p data-bbox="280 1565 1390 1644">The Sexual Abuse/Sexual Assault First Responder Duties handout requires first responding staff the following:</p> <ol data-bbox="280 1688 1469 2069" style="list-style-type: none"> 1. If you come across an apparent victim of sexual abuse/sexual assault and the perpetrator is not present, immediately notify the on-duty supervisor (Security Supervisor, Lead Monitor, Lead Case Manager, Case Manager) and remain on scene until relieved by responding personnel. <ol style="list-style-type: none"> a. The on-duty supervisor will contact the On-Call Supervisor if after hours, who will notify the RRM Duty Phone after hours. b. 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.

	<p>c. Call 9-1-1</p> <p>2. Preserve and protect the crime scene until appropriate authorities can collect any evidence. The facility should be placed on lock-down (everyone to their beds).</p> <p>3. 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.</p> <p>4. Remain with the alleged victim until help arrives.</p> <p>5. Aside from reporting the alleged incident to designated supervisors and documenting the incident on a Serious Incident Report (SIR), employees shall not reveal any information related to the incident to anyone other than to the persons involved with investigating the alleged incident.</p> <p>There were no allegations that a resident was sexually abused during the past twelve (12) months at the Vinewood RRC. During interviews, staff were able to describe the steps they would take if an incident of sexual abuse were to occur at the Vinewood facility. Staff indicated they would stay with and protect the victim to ensure their safety, which is a priority.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Handbook (EH) • PREA Postings • PREA Reporting Chart • PREA Coordinated response to Sexual Abuse Incidents Checklist <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Case Managers (CM) • PREA Coordinator (PC) • PD (PD) • Random Staff • Random Residents

	<p>The Vinewood RRC has a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This written plan is contained in the EH, and as a handout/checklist in the PREA Binder. The plan includes the duties of the staff person first responding to an incident of sexual abuse at the facility, the supervisor on duty, and the PD. Residents would be referred to community-based resources to address their medical and mental healthcare needs.</p> <p>The checklist explains the protocol which must be completed for each PREA related incident. It includes the actions to be taken by the first responder and facility leadership. This checklist has been developed to ensure appropriate notifications in a timely and consistent manner. Staff are to sign/date upon completion of their area of responsibility of this protocol/checklist. Once all areas are complete, the form is to be maintained in the resident's file.</p> <p>Staff reported during interviews, as part of their first responder duties, they would document all information regarding the victim including if the victim was transferred to the Hospital. The PC or PD will ensure the victim is referred to medical and mental health services through the Rape Treatment Center/UCLA Medical Center. The residents' CMs would assist residents in accessing ongoing medical and mental health services related to sexual abuse, as stated in their interviews. Additionally, residents acknowledged their understanding of medical and mental health services available to them in the community if they were a victim of abuse.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • PREA Pre-Audit Questionnaire • Employee Handbook (EH) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator (PC) <p>Behavioral Systems Southwest does not employ unionized employees. Therefore, all BSS facilities do not participate in any collective bargaining agreements, which</p>

includes the Vinewood RRC. Thus, there are no collective bargaining related limitations of the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent of discipline is warranted. Should BSS enter into a collective bargaining agreement, restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination.

As stated in the EH, *"during an investigation of an allegation of sexual abuse or sexual harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal/state offenders, from BOP, pending investigation of the allegation."* Policy further states "should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated." Interviews conducted with the PC and PD confirmed this statement. The PD stated the accused employee would be immediately suspended until the matter was fully investigated. If the allegations were determined to be true, the employee would be immediately terminated.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Training records • PREA Retaliation Monitoring Report form • PREA PowerPoint • Employee Handbook (EH) • Resident Handout • Federal Operations Manual (FOM) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) • Random Staff <p>Behavioral Systems Southwest (BSS) has a policy to protect all residents and staff</p>

who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. This policy is found in the EH and states the following, *“BSS will ensure that all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be free from retaliation by other offenders or staff. This includes but is not limited to monitoring disciplinary action taken against staff or offenders, monitoring body language of staff and offenders, and following up on any information provided regarding suspected retaliation. BSS will monitor staff and offenders following a report and response to suspected retaliation.”* Staff sign the Employee Handbook Acknowledgement Form indicating their understanding that all residents and staff must be protected against retaliation.

Residents are required to sign the Acknowledgement of PREA Training form per the FOM. This form states *“As a resident at BSS, you have a right to be free from sexual abuse and sexual harassment. Not only do you have a right to report any sexual abuse or harassment and be free from retaliation for reporting said behavior, BSS encourages you to report any incident. Your health, safety and welfare are our priority.”* The Resident Handout states *“The residents have a right to be free from retaliation for reporting sexual abuse and sexual harassment. BSS will ensure that you are not retaliated against. Should you believe you are being retaliated against, you may always contact the BOP RRM’s office at 310-732-5179 or contact your Parole Agent of Record.”* This form is also signed by the resident at the time of intake.

The PD, APD, and CMs are charged with monitoring for possible retaliation of residents or staff who have reported sexual abuse and of residents who were reported to have suffered sexual abuse. Retaliation monitoring with the victim or witnesses will occur every two (2) weeks and monitoring of the resident or staff will occur as long as the resident remains at the facility until they are released. This exceeds the ninety (90) days required by this part of the standard.

Monitoring of retaliation is documented on the PREA Retaliation Monitoring form. The form is sent to and reviewed by the PC every two (2) weeks. Per the PREA Retaliation Monitoring Form, the monitoring of residents includes the following to be reviewed and documented:

- Treatment of Residents from Peers and Staff (list any behavior toward or by residents)
- Disciplinary reports (list dates, who wrote report (discipline))
- Was the resident moved from the housing unit? Reason?
- Program changes, participation (when and why has resident’s attitude and participation changed?)
- Emotional Support Services provided (how often is the resident being seen? Is the resident actively participating?)
- Status Check (list dates/time and contact with resident and discussion)

Per the PREA Retaliation Monitoring Form, the monitoring of staff includes the following to be reviewed and documented:

- Reassignment (where, when, and why?)
- Status check (List date/times contact with residents)
- Emotional Support Services Provided (explain)
- Staff Evaluation (Any negative changes, behavior, etc.)

Interviews with the PC and the PD also indicated in monitoring residents or staff for possible retaliation, they review video monitors and footage of the victim more closely, they would look at any denials of privileges and grievances, observing body language of staff and offenders, and be aware of staff or residents who complain about the person to try and get them written up.

The facility has numerous ways in which to protect residents or staff from reporting sexual abuse or sexual harassment from retaliation by other residents or by staff. The PD and the PC will work with the BOP who will have the final decision on which course of action to take in order to protect that resident. Protective measures include, but are not limited to:

- Checking in with and talking to the person more often.
- Providing them with access to someone they feel comfortable with in the agency or by an outside resource.
- Removal of staff through termination.
- Transfer of inmate victims or victim abusers.
- Emotional support services for residents or staff who fear retaliation for reporting.

There were zero (0) incidents of retaliation during the past twelve (12) months. Residents reported they felt safe in the facility and if they had a concern of retaliatory behavior for making a report of abuse, they would go to any staff member, and they would be protected. The PC's and the PD's interviews confirm they would promptly monitor and protect residents and staff alike against retaliatory behavior for reporting sexual abuse.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **EXCEEDS** this standard.

115.271	Criminal and administrative agency investigations
----------------	--

	Auditor Overall Determination: Meets Standard
--	--

	Auditor Discussion
--	---------------------------

Documents Reviewed:

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

Interviews:

- PREA Investigator (PI)
- Residential Re-entry Manager (RRM)
- PREA Coordinator (PC)
- Random Staff

Since the last PREA Audit at the Vinewood RRC, the agency has trained four (4) PREA Investigators (PI) to conduct administrative sexual abuse and sexual harassment investigations. The facility investigators received training through the National Institute of Corrections (NIC). The Auditor reviewed the training records of the four (4) employees for the Specialized Investigator Training which includes proof of completion and training certificates. Although the BSS PIs have received the appropriate training to conduct criminal and administrative investigations, the PI's only conduct administrative investigations and contact the BOP and local law enforcement to conduct criminal investigations. Policies and procedures have been updated in the BSS PREA Policy (pages 78-80) and on the BSS website to reflect this information.

In the event of a sexual abuse incident at the facility, local law enforcement will be contacted and respond to the incident and will also conduct the criminal investigation. The BOP will immediately be contacted and will collaborate with the local law enforcement and determine which agency will take the lead in the criminal investigation. Although the PI will not be involved in the criminal investigation, they will conduct an administrative investigation to determine if there were any policies, procedures, or rule violations that could have contributed to the sexual abuse incident. Should an incident of sexual abuse be conducted while the victim was housed at another facility, the PI will conduct the initial investigation. If during their investigation, the PI determines a crime has been committed, the investigation will stop, and the BOP and local law enforcement will be contacted. The PI will work with the BOP and/or local law enforcement to determine if any policies, procedures, or violation of rules have been violated.

A review of the FOM (page 42) states, *"BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. The issue will be referred for investigation to the contracting agency (BOP or CDCR) to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation."* In the event of a third-party or anonymous report of sexual abuse or sexual harassment, the PI will immediately initiate an investigation. When interviewed, the

PI stated all their agency duties will stop until the investigation has been completed.

Per policy, the Vinewood RRC staff do not collect physical evidence. This is the responsibility of local law enforcement. Staff who were interviewed stated their responsibility is to close off the area and protect the scene until local law enforcement arrive. The alleged victim and perpetrator will be separated and directly supervised by staff to ensure they do not destroy any potential evidence on their person's which will be collected by local law enforcement.

The PI confirmed during interviews, the credibility of an alleged victim, suspect, or witness is based individually and not determined by the person's status. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The investigation file reviewed indicated no truth-telling device was used during the investigation, and this was further confirmed through an interview with the PI.

BSS PREA Policy (pages 78-79) establishes the requirement for investigations to be documented in written reports, including a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case include determining whether staff actions or failures to act contributed to the incident. Interview with the PI confirmed that the investigation written reports would consist of, when applicable, anything of evidentiary value from the crime scene or personal property, photographs of injuries, video recordings, interview recordings, telephonic recordings, mail, or electronic mail, written statements from victims, witnesses, or perpetrators, staff documentation or incident reports, prior incident documentation, and law enforcement reports. All evidence would be secured in the PD's office or administrative office if a staff member is involved. The Auditor's review of the investigative case file completed by the PI found the administrative investigation to be thoroughly documented as required by the PREA Standards. The PC confirmed that cases are investigated to identify if any staff actions or inactions contributed to abuse findings.

Upon review, there was one (1) case of reported sexual harassment and zero (0) reports of sexual abuse during this auditing period. The one (1) case of sexual harassment was unsubstantiated by law enforcement. The case was reported to local law enforcement; however, the incident was determined not to be a criminal matter. An administrative investigation found the incident to be unsubstantiated. However, the facility did retrain all staff to ensure they understood the facility's policy regarding room checks. The resident was notified of the unsubstantiated findings. The agency retains all written reports of investigation of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years as described in the EH.

The PC confirmed when criminal investigations of a sexual abuse incident are conducted by Law Enforcement and/or the BOP, the facility will cooperate with outside investigators and remain informed about the progress of the investigation

	<p>and document this information.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and MEETS this standard.</p>
--	---

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) • Federal Operations Manual (FOM) • National Institute of Corrections (NIC) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Investigator (PI) • PREA Coordinator (PC) • Residential Re-entry Manager (RRM) <p>PREA Policy states BSS shall impose no standard higher than a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated as stated in the EH (pages 72-79). Although the PIs received criminal and administrative training, the four (4) BSS PIs only conduct Administrative Investigations. The investigations training through NIC explains the preponderance of the evidence standard as greater than 50%. The BOP and local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PC indicates in the event of a potential criminal abuse investigation that they may conduct fact-finding and gather information at the direction of the BOP, but they would not make conclusions following the fact-finding. BOP would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.273	Reporting to residents
----------------	-------------------------------

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

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

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator (PC)

The Vinewood RRC has a policy which requires any resident who alleges that they suffered sexual abuse in the facility is informed, verbally and in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy is contained in the EH (pages 72-79) and states *“Upon notification by BOP and/or local law enforcement, the PC will inform the offender of the findings. The offender is notified of the outcome of the investigation on the Closure Notification form which is signed upon receipt by the offender.”*

The Vinewood RRC does not conduct investigations criminal investigations. The PD and PC stated during interviews, they will remain in constant communication with the investigating agency until the end of the investigation and would ensure the resident is provided with information regarding the outcome of the investigation.

As contained in the EH (72-79), the policy states that following a resident’s allegation that a staff member committed sexual abuse against them, the resident would be informed of the following, unless it has been determined that the allegation is unfounded, whenever:

- 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.

Following a resident’s allegation that they have been sexually abused by another resident in any of the agency’s facilities, the PC subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a

charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are made in writing to the resident by the PC. Notifications by the PC are documented on the Closure Notification Form, which the resident is required to sign.

As reported in the PAQ and by the PC, there were zero (0) allegations of sexual abuse during the past twelve (12) months at the Vinewood RRC. There was one (1) report of staff-on-resident sexual harassment that was unsubstantiated. The Auditor confirmed the resident was notified of the finding and had signed the Closure Notification Form.

If there were a case of a staff-on-resident sexual abuse incident, the resident would be informed of the outcome of any Criminal Court proceeding. Per policy, all information provided to the resident will be documented. The agency utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to documentation that the resident has been informed of the investigation's outcome. The PC and the PD's interviews supported their knowledge of the reporting process reporting to a resident regarding the outcomes of an allegation of sexual abuse.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Federal Operations Manual (FOM) • Employee Standards of Conduct • Zero-Tolerance Policy • PREA Training Records • Equal Employment Opportunity Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD)

- PREA Coordinator (PC)
- Random Staff

Staff disciplinary policies regarding violations of BSS’s sexual abuse or sexual harassment policies are contained in the EH (pages 72-79), which specifically states, *“Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.”* The PC stated that BSS is an *“at-will”* agency and any misconduct as defined in the EH will result in suspension and/or termination. The EH describes prohibited conduct as *“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”* and *“should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”*

Immediately upon the receipt of a report that a staff violated the agency’s sexual abuse/sexual harassment policies, the BOP would be notified. All criminal matters would be reported to local law enforcement. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension pending the outcome of the investigation.

According to the PAQ, the PC reported there had been one (1) allegation of staff-on-resident sexual harassment. When the Auditor spoke to the PC and reviewed the allegation and investigation report, the Auditor found the incident was a violation of rules and policy and not a sexual abuse or sexual harassment incident. Regardless, the investigation was thoroughly conducted, and the staff was precluded from working with federal offenders by the BOP and suspended pending OIA investigation for the violation of rules and policies and precluded from working in any Federal inmates. This OIA investigation is ongoing.

BSS’s policy further states, termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. Interviews with random staff indicate staff are aware of the disciplinary sanctions by their acknowledgement and signature on the EH, the Zero-Tolerance Policy, PREA training records and the Employee Standards of Conduct. This information was also verified during the employee file review during the on-site audit.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Standards of Conduct • Zero-Tolerance Policy • Equal Employment Opportunity Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Program Director (PD) • PREA Coordinator (PC) <p>BSS’s policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies. All contractors and volunteers are held to the same standards as employees. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported unless the activity was clearly not criminal. Criminal allegations would be reported to local law enforcement and to the BOP. The PD stated that if a volunteer or contractor violated the agency’s Zero-Tolerance Policy, an investigation would also occur by the BOP and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation.</p> <p>BSS policy as stated in the EH (pages 71-79), states <i>“should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services would be discontinued.”</i> Per the PAQ and the PD, there have been no allegations of a volunteer or contractor reported to law enforcement for engaging in sexual abuse of residents within the last twelve (12) months.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Inmate Discipline • BOP Prohibited Acts

- Employee Handbook (EH)
- Federal Operations Manual (FOM)
- Statement of Work (SOW)
- Resident Handout

Interviews Conducted:

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

Residents shall be subject to disciplinary sanctions pursuant to the EH, the SOW and the FOM. Per the EH, *“Staff or residents who engage in sexual abuse or assault can be investigated by law enforcement authorities and if found guilty will be subject to a full range of criminal and administrative sanctions.”* As written in the FOM (page 248), staff, volunteers, and residents who engage in sexual abuse, or assault with any individual will be investigated by local law enforcement authorities and if found guilty, will be subject to a full range of criminal and administrative sanctions.

Sanctions may be imposed by the BOP and shall be 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. The disciplinary process shall consider 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. BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which were reviewed by the Auditor. Any type of sexual abuse or sexual harassments violations, unless they were unfounded, by staff or resident would be grounds for termination of the program.

Documentation reviewed, and interviews with the PD and the PC, confirm this process. The facility offers referrals for community-based resources for therapy, counseling, or other interventions designed to address the trauma and underlying reasons or motivations for the abuse.

The agency prohibits all sexual activity between residents. This is explicitly written in policy. Residents are provided with and required to sign the Resident Handout which states, *“At no time is any sexual relationship between staff and residents, and residents and residents, of a consensual nature.”* BSS will ensure that prevention of any sexual abuse or sexual harassment is a priority.”

For the purpose of disciplinary action, 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. The RRM stated the resident can be sanctioned to RRC restriction, extra duty, loss of privileges, or remanded back to custody. Criminal charges could also be considered. Per the PAQ and the PC, there were zero (0) incidents of criminal findings of guilt for resident-on-resident sexual abuse that occurred in the facility. Per the PAQ and the PC, there

	<p>were zero (0) incidents of administrative findings of resident-on-resident sexual abuse that occurred at the Vinewood RRC facility.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Handbook (EH) • Federal Operations Manual (FOM) • Statement of Works (SOW) • PREA Training PowerPoint • Resident Handout • PREA Brochure • Rape Treatment Center Website • DTR Website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • Case Managers (CM) • Random Staff • Program Director (PD) • PREA Coordinator (PC) • Random and Target Residents <p>Residents who are victims of sexual abuse at the Vinewood RRC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Per the Federal Operations Manual (pg. 244-245) <i>“BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling with a clinical psychologist occurs within 24-hours of a sexual abuse incident.”</i> The Employee Handbook states, <i>“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.”</i></p> <p>The Vinewood RRC does not provide medical or mental health services at the facility. As such, residents receive these services from community-based agencies. The PD and PC confirmed during interviews that all medical and mental health care occurs in the community through community providers. The facility CMs would make appropriate referrals through the BOP’s Community Treatment Services (CTS) and assist residents in obtaining needed medical and mental health services.</p>

	<p>The nature and scope of such services are determined by the medical and mental health practitioners according to their professional judgment. As such, medical and mental health providers maintain documentation of services provided to the residents who are victims of abuse. Residents who need medical or mental health services due to a sexual assault, would be referred to the Rape Treatment Center at UCLA Medical Center for a forensic examination with a SAFE/SANE nurse. The Rape Treatment Center provides services twenty-four (24) hours per day, seven (7) days per week. BSS staff would ensure the coordination of these services and ongoing protection and support of the resident upon return to the facility.</p> <p>Interviews with staff first responders indicated they were knowledgeable in their roles as first responders, the referral process to medical and mental health services and for continued on-going medical and mental health services. In the event of a sexual abuse incident, 9-1-1 would be contacted immediately and would transport the victim to the UCLA Medical Center. The PD, or facility staff as designated by the PD would remain in touch with the hospital regarding the status of the victim and coordinate their return to the facility. This information will be documented.</p> <p>Interviews with staff and facility leadership indicate staff have received training in how they would respond to an incident of abuse and the steps they would take to ensure emergency medical treatment and follow-up medical and mental health care. As reported in the PAQ per the PC, there were no allegations of sexual abuse within the last twelve (12) months.</p> <p>During the intake process, residents are provided with information on where they can receive emergency medical and mental health services in the Resident Handout. They are required to sign this acknowledgement and receipt of the information. These handouts were also observed on the PREA Boards which also includes telephone numbers to local rape crisis clinics/centers which provide medical and mental health services in the community.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Handbook (EH)

- Statement of Work (SOW)
- Resident Handout
- Employee Handbook (EH)
- PREA Bulletin Board Postings
- Medical Intake Form
- Resident Files

Interviews Conducted:

- Program Director (PD)
- PREA Coordinator (PC)
- Case Managers (CM)

The Vinewood RRC does not employ medical or mental health staff, and as such, residents who have been victims of sexual abuse are referred to community-based resources for medical and/or mental health evaluation and treatment. The EH (pages 72-79) states *“any offender who has been a victim of sexual assault or sexual abuse will have unimpeded access to medical and mental health care. This care is free of charge to the victim and includes, but not limited to forensic collection of evidence, treatment, and ongoing treatment and services. Any resident who reports prior victimization of sexual abuse in any prison, jail or lockup is referred for medical, and mental health evaluation, and as appropriate, treatment, to an outside agency. These services are provided by clinics/centers whose specialty is related to sexual assault and abuse.”*

All victims of sexual abuse are referred to services within the community at the Rape Treatment Center located within UCLA Medical Center. The Rape Treatment Center provides free services to victims of sexual abuse. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, and if pregnancy results from sexual abuse while incarcerated, victims will receive timely and comprehensive access to all lawful pregnancy-related medical services. Additionally, resident victims of sexual abuse while incarcerated will be offered testing for sexually transmitted diseases.

Upon intake, CMs will complete the Medical Intake Form which includes assessing the offender’s past sexual victimization, if any, along with conducting an assessment to determine risk of victimization, including residents who have been victims while previously incarcerated. Should a history of sexual victimization be noted, staff will immediately notify the PD. This action is taken to determine the offender’s suitability for placement, and to facilitate mental health evaluation and treatment in the community. CMs will assist in the coordination of services for a resident who has been the victim of sexual abuse.

Per the EH (pages 72-79), *“in the event a resident suffers sexual abuse, follow-up services and treatment are available including tests for sexually transmitted diseases, pregnancy tests and timely and comprehensive information about access to pregnancy-related services.”* A review of the residents’ files found that residents

	<p>who reported previous abuse were provided with referrals for counseling services in the community.</p> <p>Residents who have been victimized by sexual abuse or sexual harassment will receive follow-up services to include treatment plans, and, when necessary, referrals for continued care following their transfer to other facilities or their release from custody. Interviews with the CMs and PD support that evaluation and treatment services are available to the resident when needed and are consistent with the community's level of care. The PD advised that residents who are identified as an abuser will be referred for mental health evaluation and treatment through Community Treatment Services (CTS). As such, any mental health evaluations needed of all known resident-on-resident abusers, would be conducted when deemed appropriate by mental health practitioners through the BOP. The resident who is a victim of abuse will be assisted and supported by their CMs, as they receive ongoing medical and mental health care. In the past twelve (12) months, there were no residents who required ongoing medical or mental health treatment due to sexual abuse.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) • Program Director (PD) <p>The EH (pages 77-78) explains the facility's policy regarding a sexual abuse incident review at the end of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within thirty (30) days of the conclusion of the investigation. The Incident Review Team consists of the following: the PC, PD, APD, and the Security Supervisor.</p>

The Incident Review Team will receive input from line staff and CMs if needed. The review team will:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report on its findings.

Should any of these factors need changes to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.

In the event an incident should occur, the Incident Review Team will meet to review the critical incident. The facility will prepare a report of its findings from a sexual incident review, including determinations made, and any recommendations for improvements. Based on their findings, the facility will implement or consider implementing recommendations for improvement. If for any reason the recommendations are not implemented, the facility will document its reasons for not doing so.

As previously reported in standard 115.276, According to the PAQ, the PC reported there had been one (1) allegation of staff-on-resident sexual harassment. When the Auditor spoke to the PC and reviewed the allegation and investigation report, the Auditor found the incident was a violation of rules and policy and not a sexual abuse or sexual harassment incident. Regardless, the investigation was thoroughly conducted, and the staff was precluded from working with federal offenders by the BOP and suspended pending OIA investigation for the violation of rules and policies and precluded from working in any Federal inmates. This OIA investigation is ongoing.

Based upon the review of agency policies and procedures and interviews, the Auditor has determined the facility **MEETS** this standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQP)
- Annual PREA Report
- Employee Handbook (EH)
- BSS website

Interviews Conducted:

- PREA Coordinator (PC)

BSS utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report (SSV-IA form regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form (SSV-4) for an annual report. Definitions for "Sexual Abuse and Sexual Harassment" are listed on these forms as follows:

Sexual Victimization- Nonconsensual Sexual Acts - Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; and Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; or Contact between the mouth and the penis, vulva, or anus; OR Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

Abusive Sexual Contact - (less severe): Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; and intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Exclude incidents in which the contact was incidental to a physical altercation.

Sexual Contact by another Inmate - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

Staff Sexual Misconduct - Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Sexual relationships of a romantic nature between staff and inmates are included in this definition. Consensual or nonconsensual sexual acts include— Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire; OR completed, attempted, threatened, or requested sexual acts; OR Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.

Staff Sexual Harassment - Repeated verbal comments or gestures of a sexual nature to an inmate by an employee, volunteer, contractor, official visitor, or other agency representative (exclude family, friends, or other visitors). Include demeaning

	<p>references to gender, or sexually suggestive or derogatory comments about body or clothing.</p> <p><u>Gender Categories:</u></p> <p>Intersex- A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.”</p> <p>Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth. An aggregated incident of sexual abuse report is provided on the BSS website on an annual basis.</p> <p>Vinewood RRC does not contract with any agencies to house their residents. The data collected is for the Vinewood RRC only. Specific identifying information collected for reporting purposes will be redacted so that no individual is identifiable. The Annual PREA Report is available for view by the public on the BSS website under the tab “<i>Newsletters</i>” and is also available upon request for individuals who do not have access to a computer. Behavioral Systems Southwest collects information sufficient to complete the Survey of Sexual Victimization (SSV-IA) and Survey of Sexual Violence Summary Form SSV-4 in all its facilities.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	---

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Annual PREA Report • BSS Website • Survey of Sexual Violence (SSV-4) form <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) <p>BSS reviews data collected and aggregates it annually, to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, procedures, and training. The Annual PREA Report captures data from January 1 to December 31 of each year and any additional information that is required by the</p>

	<p>Survey of Sexual Violence (SSV-4) form as required by the Department of Justice (DOJ). The report also includes a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency's progress in addressing the sexual abuse. The agency has not had a sexual abuse incident, thus there was no need to redact personally identifying information to date that would impact the safety and security of the facility.</p> <p>The annual report is prepared by the PC and approved by the agency's President/ COO. The PC redacts information from the report when publication would present a clear and specific threat to the safety and security of the facility. Once approved the report is uploaded to the Behavioral Systems Southwest website, thus making the report readily available to the public. A review of the agency's website, annual reports and interviews with the PC confirm the agency is in compliance with this standard.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>
--	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Annual PREA Report • BSS Website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) <p>All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least ten (10) years after the data of initial collection per the EH (page 79). Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to being posted on the agency's website. This information was confirmed during an interview with the PC and reviewed on the BSS website and the Annual Report.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility MEETS this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 635 376">Documents Reviewed:</p> <ul data-bbox="352 443 1018 519" style="list-style-type: none"> • Previous PREA Audit Reports of BSS Facilities • Agency Website <p data-bbox="280 560 639 595">Interviews Conducted:</p> <ul data-bbox="352 663 703 698" style="list-style-type: none"> • PREA Coordinator (PC) <p data-bbox="280 734 1474 1021">The BSS agency has always worked diligently to ensure they adhere to the PREA Standards and began auditing their facilities in 2014. This is the fourth PREA Audit for the Vinewood RRC; the last PREA Audit took place in July 2021. This facility is the fourth facility audit in the second year of this audit cycle. The agency has six (6) facilities (5 reports) that require PREA Audits. One facility has two (2) sites, that share the same employees, thus, one facility report. Therefore, placing the agency in compliance with the three-year audit requirement.</p> <p data-bbox="280 1057 1474 1675">During the on-site portion of the Vinewood RRC audit, all areas of the facility were accessible to the Auditors. During the on-site audit, the Auditor was permitted to observe all areas of the facility’s interior and exterior and permitted to speak with staff and residents during the facility tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, and CM files were readily accessible to the Auditor. Facility staff and the PD were accommodating when the Auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically. The current staff and resident rosters were provided to the Auditor from which random/targeted residents and random and specialized staff were selected for interviews. During the pre-audit phase, the PC uploaded agency and facility specific policies, procedures, and other documentation to the Online Audit System (OAS). Additional documentation or copies were provided on-site at the Auditor’s request. The Auditor and Support Staff were provided with private areas of the facility in which to conduct private and confidential interviews with both staff and residents.</p> <p data-bbox="280 1711 1474 1998">The PREA Audit Notices (English and Spanish) were posted throughout the facility on February 20, 2024, a full six-weeks prior to the audit. This notice contained Auditor contact information including email and mailing addresses and was observed posted during the audit tour. Notices were observed in each housing unit, and on the PREA boards in the multipurpose room and in the lobby of the administration building. Additionally, the notices were also observed prominently posted on the window of the security office where residents and visitors check in to the facility.</p> <p data-bbox="280 2033 1406 2069">There was no confidential correspondence sent to the Auditor during any of the</p>

	<p>audit phases. During resident interviews, residents stated they were aware of the audit and that they could send confidential communication to the Auditor prior to or during the on-site visit.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility EXCEEDS this standard.</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Agency Website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) <p>A review of the agency website found that all PREA Audit Reports are listed on the agency website. The last tab under “<i>Newsletters</i>” contains the PREA Policy, Annual PREA reports, and the PREA Audit reports for each facility since the onset of the PREA auditing requirements. Audit reports for all BSS facilities are posted on the BSS Website immediately upon receipt from the Auditor and are accessible to the public. The reports are also available in hard copy at each facility and provided to the public for review upon request. BSS makes the Audit Reports available in hard copy at each facility for those individuals who may not have access to a computer. Per the PC, once completed and received by the Auditor, the Final PREA Audit Report (2023) for the Vinewood RRC facility will be uploaded to the BSS Website within ninety (90)-days of receipt.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility EXCEEDS this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	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.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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 the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
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,	yes

	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?	
	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 disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	yes

	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)).	
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)).	yes
	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)).	yes
	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)).	yes
	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)).	yes
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).)	yes
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	yes

	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.)	
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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).)	yes
	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).)	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	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 any 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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	yes

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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