PREA Facility Audit Report: Final

Name of Facility: Florence Residential Reentry Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/27/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Ericka Sage	**Date of Signature:** 07/27/2026

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	06/23/2026
End Date of On-Site Audit:	06/24/2026

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

Primary Contact

Name:	Bari CaineLomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	9494923574

Facility Director	
Name:	Misty Damron
Email Address:	mdamron@behavioralsystemssouthwest.com
Telephone Number:	520-868-0880

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

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	22
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-75
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the	19

facility who may have contact with 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:	10

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:	
2	• 115.231 - Employee training • 115.233 - Resident education
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-23
2. End date of the onsite portion of the audit:	2026-06-24

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Southern Arizona Center Against Sexual Assault (SACASA) and Just Detention International (JD)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	25
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	22
25. 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:	0
26. 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
27. 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
28. 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:	0
29. 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:	3
30. 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

31. 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:	0
32. 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:	0
33. 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:	0
34. 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:	0
35. 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):	The facility reported that there were only three identified residents who were on the targeted list at the time of the audit. All three were limited English proficient.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	18
37. 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:	8

38. 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:	0
39. 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:	The facility originally reported that there were ten volunteers; however, two had been removed, leaving only eight volunteers at the time of the audit.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random resident interviews were selected to ensure representation across all housing units. In developing the sample, the auditor confirmed that individuals reflected a range of demographic characteristics, including age, race, ethnicity, and duration of placement. The auditor independently conducted the selection without facility influence, ensuring the integrity and neutrality of the interview pool.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. 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):	All resident interviews were conducted in a private setting to ensure confidentiality and prevent others from overhearing. At the start of each interview, the auditor introduced herself, described the PREA audit process, and clearly explained the limits of confidentiality. The auditor utilized the PREA interview protocol in an open-ended format, encouraging residents to share their experiences in their own words. Follow-up questions were asked as needed, including inquiries about residents' perceptions of personal safety, sexual safety, and overall conditions within the facility.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as having a physical disability during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of a physical disability for PREA interview sampling purposes.

48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as having a cognitive or functional disability during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of a cognitive or functional disability for PREA interview sampling purposes.
49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	According to facility leadership, there were no residents classified as being blind or having low vision during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of being blind or having low vision for PREA interview sampling purposes.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents classified as being deaf or hard of hearing during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who met the definition of being deaf or hard of hearing for PREA interview sampling purposes.
51. 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:	3

52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents who identified as lesbian, gay, or bisexual during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who was lesbian, gay, or bisexual for PREA interview sampling purposes.
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	According to facility leadership, there were no residents who identified as transgender or intersex during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who was transgender or intersex for PREA interview sampling purposes.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents who reported sexual abuse during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who reported sexual abuse for PREA interview sampling purposes.
55. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	According to facility leadership, there were no residents who disclosed prior sexual victimization during risk screening during the onsite audit period. To validate this information, the auditor interviewed staff, reviewed documentation such as investigative reports and classification records, and spoke directly with residents. Through this process, the auditor did not identify any resident who disclosed prior sexual victimization during risk screening for PREA interview sampling purposes.
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The facility does not have segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Based on the facility's population size, the PREA Auditor Handbook requires a minimum of five targeted resident interviews. During the onsite audit, only three residents were identified—through staff consultation, documentation review, and the auditor's own verification—as meeting the criteria for targeted categories. As a result, the auditor supplemented the interview pool by oversampling from the random resident category to ensure the total number of required interviews was met.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	9
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor was provided with a staff roster and schedule, which were used to select individuals for interviews. Staff were randomly chosen based on their assigned schedule, shift, and length of employment at the facility. Graveyard-shift staff were also included in the interview sample. To ensure representation across all shifts, the auditor randomly selected staff working in a variety of roles throughout the facility. Although the auditor interviewed every staff member who was available during the onsite audit, this resulted in a total of only nine random staff interviews. The auditor followed the random staff interview protocol, explained the audit process and the limits of confidentiality, and asked open-ended questions. All interviews were conducted in private locations where conversations could not be overheard. No staff declined to participate. Overall, staff demonstrated that they take PREA seriously and expressed confidence in their ability to respond immediately should an incident occur. Staff generally reported that they enjoy working at the facility and consider it a safe environment.

Specialized Staff, Volunteers, and Contractor Interviews	
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Because the facility was small, several specialized staff members took on multiple roles and were interviewed for more than one purpose.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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)?	(●) Yes ( ) No
73. 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)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Prior to the site review, the auditor sent the facility an introductory email outlining the materials needed for the audit and providing a draft schedule. On the first day of the onsite review, the auditor arrived and met with facility leadership to explain the audit process. The Program Director had prepared several documents, including binders containing all information required for the site review. The auditor was granted unfettered access to the entire facility for the duration of the visit. The Program Director provided a comprehensive tour of the facility, highlighting PREA signage throughout. All housing units, dayrooms, conference rooms, recreation rooms, staff offices, and the kitchen and dining areas were observed. During the onsite visit, Security staff explained the camera monitoring system, and the auditor was able to view each camera location and its corresponding coverage on the video monitors. All cameras were observed to be functioning properly at the time of the review. PREA postings were displayed on multiple PREA boards at both sites. These boards included PREA reporting information, PREA handouts in multiple languages, the agency’s Zero-Tolerance Policy, and contact information for local rape crisis centers. The auditor also observed the PREA Audit Notice posted throughout both sites. The auditor was able to speak freely with both staff and residents during the onsite visit. The auditor was provided with a private office for the duration of the onsite visit. Residents and staff consistently reported that they were aware of the audit and understood their ability to speak with the auditor. Most residents have access to personal cell phones; however, a working pay phone is also available in the dayroom. Residents without personal phones reported that staff assist them in coordinating free, confidential calls upon request.

Documentation Sampling	
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.	
77. 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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	The auditor independently selected ten resident files for review, which included the files of every resident interviewed during the onsite audit. These records contained PREA risk screenings, PREA education documentation, and other materials relevant to the PREA audit. In addition to resident files, the auditor independently selected and reviewed eight employee files. These records included new-hire documentation, PREA training records, criminal history check information, and other materials associated with PREA compliance. Although the facility does not currently utilize contractors, the auditor reviewed PREA training records for volunteers. Standard-specific documentation reviewed by the auditor is described in the narrative for each applicable standard. There were no barriers to accessing or reviewing documentation. The Program Director and other staff were consistently responsive to the auditor’s requests and provided all materials promptly. The auditor retained copies of each document reviewed.

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.

79. 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

80. 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	0	0	0	0
Total	0	0	0	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.

81. 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

82. 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.

83. 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

84. 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	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. 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 allegations of sexual abuse during the documentation review period for the auditor to examine. Additionally, there was no indication—through file review, onsite observations, or interviews with residents and staff—that any allegation of sexual abuse had occurred and gone uninvestigated.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment during the documentation review period for the auditor to examine. The auditor initially noted that the annual report reflected two allegations of sexual harassment in 2025; however, upon review, the PREA Coordinator determined this was a typographical error and corrected the report. There was no indication—through file review, onsite observations, or interviews with residents and staff—that any allegation of sexual harassment had occurred and gone uninvestigated.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. 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

102. 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.	○ Yes ◉ No

Non-certified Support Staff

103. 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

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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

- Exceeds Standard
  (Substantially exceeds requirement of standard)
- Meets Standard
  (substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
  (requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • BSS PREA Staffing Requirements Form • BSS PREA Coordinator Document BSS Locations and Organizational Chart • Zero Tolerance PREA Poster in English and Spanish PREA Training PowerPoint **Interviews Conducted** • PREA Coordinator • Random Staff • Random Residents • Volunteers

115.211(a)

The PREA Policy is a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. It states, “BSS has a zero tolerance policy for all forms of sexual abuse and sexual harassment of staff and offenders in our residential or non-residential programs.”

The BSS PREA Staffing Requirements Form was provided to the auditor, which all staff must sign upon hire. It states, “BSS has a zero tolerance policy for sexual harassment, sexual assault, sexual abuse.”

The auditor was provided with, and observed onsite, several Zero Tolerance PREA Posters in English and Spanish, which state, “Behavioral Systems Southwest is committed to a ‘zero-tolerance policy’ of sexual assault and sexual victimization. This zero-tolerance policy affects all of BSS, including every employee and every person under supervision.”

A PREA training PowerPoint that all staff must take states, “BSS has a zero tolerance policy for all forms of sexual abuse and sexual harassment of staff and offenders in our residential and non residential programs. Offenders and staff have the right to be free from sexual abuse and sexual harassment. Further, all offenders and staff have a right to be free from retaliation for reporting sexual abuse and sexual harassment.”

Interviews with staff, volunteers, and residents verified that the agency and facility reinforce the zero-tolerance policies, and each interviewee understood the importance of preventing, detecting, and responding to allegations of sexual abuse and sexual harassment.

The agency has strategically incorporated the zero-tolerance policy into education, training, and materials provided to staff and residents. The auditor observed multiple areas where the zero-tolerance policy was clearly posted throughout the facility, ensuring residents, staff, volunteers, contractors, and employees were consistently reminded of the agency’s expectations.

All interviews with staff, volunteers, and residents indicated they felt safe at the facility. Residents spoke highly of staff and believed any PREA allegation would be taken seriously and responded to immediately. It was clear to the auditor that significant emphasis was placed on PREA and the safety of residents and staff.

115.211(b)

Behavioral Systems Southwest employs Bari Caine-Lomberto as the upper-level, agency-wide PREA Coordinator (PC). She also serves as the Executive Vice President of the company.

A document was provided to the auditor that included her contact information.

	The organizational chart shows PC Caine-Lomberto reporting to the President/Chief Operating Officer, who designated her as the Agency Head Designee for purposes of the PREA audit. The auditor had several discussions with Ms. Caine-Lomberto in this capacity. Several discussions with the PC/Agency Head Designee reinforced that Ms. Caine-Lomberto has the time and authority necessary to fulfill her duties as the agency PREA Coordinator. While onsite and afterward, the auditor observed her level of authority, which was evident through staff understanding that she had the ability to direct PREA-related changes. Interviews with staff and others at the facility indicated that it was well known that Ms. Caine-Lomberto was the designated PREA Coordinator. The auditor also observed her ability to immediately address compliance issues without resistance. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • Contract with the Federal Bureau of Prisons (BOP) • BOP Statement of Work **Interviews Conducted** • PREA Coordinator • Contract Monitor **115.212(a)** The PAQ states that the agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. Behavioral Systems Southwest is a private entity, and governmental agencies contract with them for the confinement of their residents.

	The facility provided the auditor with the BOP Contract and Statement of Work, which states, “Prison Rape Elimination Act of 2003 (PREA), seeks to eliminate sexual assaults and sexual misconduct of residents in correctional facilities to include all community- based facilities. The contractor must maintain a zero-tolerance standard for sexual abuse. A specific policy that addresses PREA compliance will be maintained by the contractor. The facility must be in full compliance with PREA standards that apply to Community Confinement Facilities. The PREA coordinator must be designated in writing and submitted to the BOP prior to the contract performance date. In accordance with provisions of PREA, the contractor must be audited by a certified PREA compliance auditor. Copies of all audit materials, including working papers, report and certification of compliance, will be provided to the BOP. All PREA incidents should be referred to the appropriate Law Enforcement Agency and RRM staff as soon as possible after staff become aware of the incident.” **115.212(b)** The contract between BOP and Behavioral Systems Southwest requires that Behavioral Systems Southwest comply with the PREA standards. **115.212(c)** The PAQ states that since August 20, 2012, the agency has not failed to comply with the PREA standards. It further states, “BSS has no unsuccessful attempts to find an entity in compliance with the standards.” **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • 2026 Staffing Plan • 2025 Staffing Plan • Behavioral Systems Southwest Staffing Requirements • Staffing Pattern Violation **Interviews Conducted**

- Program Director
- PREA Coordinator
- Random Staff
- Random Residents

115.213(a)

The PAQ states the facility has developed and documented a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. It states that since the last PREA audit, the average daily number of residents was 25, and the staffing plan was based is 50.

The 2025 and 2026 Staffing Plan was provided to the auditor. It states that the staffing plan considers:

- Prevailing staffing patterns
- Additional deployments of video monitoring systems and other monitoring technologies
- Additional resources available to ensure adherence to the staffing plan
- Modifications made from Incident Review Team recommendations
- Any other necessary changes

The 2026 Staffing Plan explains that both male and female staff are on duty 24 hours a day, seven days a week, 365 days per year.

There are two security staff on grounds at all times, and each staff member completes 50% of the daily shift duties. The Program Director ensures appropriate coverage for planned staff absences. For unplanned absences, the same-gender staff on duty will remain an additional four hours to cover the first half of the shift, and the same-gender staff from the next shift will arrive four hours early. If staff are unable to cover the shift, the Program Director will contact staff from any department to provide same-gender coverage.

The staffing plan explains that prevailing staffing patterns comply with those submitted to the Federal Bureau of Prisons (BOP). Any deviations are reviewed to ensure that the BOP contract and PREA compliance are maintained.

The facility maintains a video surveillance system to support safety and security. Cameras are strategically mounted to maximize coverage. Cameras are not used in housing units or bathing facilities. All cameras back up to the DVT recording system, and supervisors are expected to review video surveillance randomly.

Staff conduct 30-minute wellness checks of all housing units, documented in a facility log. The auditor observed these checks onsite, and resident interviews confirmed they occur consistently.

	A Behavioral Systems Southwest Staffing Requirements form was provided, outlining staffing and PREA reporting requirements. All staff must sign this form upon hire. The purpose of the form is to ensure staff understand minimum staffing requirements and their obligations under PREA. The auditor was provided with several signed forms as documentation. The PREA Program Director was interviewed and explained that the staffing plan is reviewed annually and ensures all required factors are considered. She noted that the Agency PREA Coordinator primarily conducts the annual review. Throughout the site review, the auditor had informal conversations with staff and residents regarding supervision, blind spots, and safety concerns. The auditor found that staff, cameras, and mirrors were strategically deployed to reduce blind spots and enhance safety. **115.213(b)** The Staffing Plan states that if a deviation occurs, documentation will exist with clear rationale for the deficiency. The PAQ states that each time the staffing plan is not complied with, the facility documents and justifies deviations. Deviations most frequently occur when female staff are unavailable to cover a female staff member calling off. The facility provided the auditor with a staffing plan violation form and a notice of suspension for a staff member who left the facility during her shift, violating the staffing plan. During the interview with the Program Director, she explained that deviations are documented. The auditor verified this through interviews and documentation. A Notice of Suspension was issued to a staff member who left her post (at another facility), violating the staffing pattern. Discussions with the Agency PREA Coordinator demonstrated that deviations are taken seriously and staff are held accountable. The Program Director indicated there had been no deviations at this facility. Random staff interviews emphasized the importance of having one female and one male staff member on post. **115.213(c)** The PAQ states that at least once every year, the facility reviews the staffing plan to determine whether adjustments are needed in: 1. The staffing plan 2. Prevailing staffing patterns 3. Deployment of video monitoring systems and other monitoring technologies 4. Allocation of resources to ensure adherence The 2025 and 2026 Staffing Plan states that the plan is reviewed at least annually.

	The PREA Coordinator and Program Director understood this requirement and described the annual review process. This includes reviewing the staffing plan, video monitoring system, other monitoring technologies, and available resources. They explained that reviews also occur after incidents. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • Federal Operations Manual **Interviews Conducted** • Program Director • Random Staff • Random Residents **115.215(a)** The PREA Policy states, “BSS will ensure that male and female staff are present on each shift in co-ed programs in order to protect the offenders against sexual abuse. (115.213) Further, BSS disallows opposite gender staff to conduct pat searches on opposite gender offenders. BSS policy prohibits strip/visual body cavity searches. (115.215).” The Federal Operations Manual states that staff are not authorized to perform strip or body cavity searches. The PAQ states that there have been no cross-gender strip or cross-gender visual body cavity searches of residents. The auditor asked staff and residents specifically about cross-gender strip searches or cross-gender visual body cavity searches, and all interviewees confirmed that the facility does not conduct either. Residents are pat-searched by same-gender staff. Urinalysis observation is also conducted by same-gender staff. When same-gender

	staff are not available to conduct a pat search, random staff and residents reported that opposite-gender staff use a wand without physically touching the resident. This was consistently confirmed across all random staff and resident interviews. **115.215(b)** The PAQ states that there have been no pat-down searches of female residents conducted by male staff. There are no female residents at this facility, as the only female is on home confinement. The PREA Policy states, “Only staff of the same gender identification will be allowed to conduct pat searches (ex: female staff conducts pat downs on a transgender/ intersex person who identifies as female). Urinalysis testing will be conducted by staff who have the same anatomy.” **115.215(c)** The PAQ states that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches and documents all cross-gender pat-down searches of female residents—although none would ever be done, as they are strictly prohibited. Interviews with residents and staff indicated that cross-gender strip or body cavity searches have not occurred and would never be conducted. There are no female residents at this facility. **115.215(d)** The PAQ states that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (including viewing via video camera). The PREA Policy states, “BSS offers offenders bathing facilities which have been designated for privacy (ex: shower dividers, enclosed toilet stall, shower curtains, designated restrooms by gender.)” It also states, “All staff will announce their presence in living quarters and bathrooms of opposite gender – knock, announce, enter.” The auditor interviewed 10 residents, all of whom reported that they are able to shower, perform bodily functions, and change clothing without opposite-gender staff viewing their breasts, buttocks, or genitalia, unless incidental to a routine living-quarter check. Residents also confirmed that opposite-gender staff announce their presence when entering a housing unit. Security, non-security, and management staff all reported that opposite-gender staff announce their presence when entering living quarters and may only see a resident in a state of undress if incidental to a routine check. Staff understood their

responsibility to limit cross-gender viewing to exigent circumstances or incidental viewing.

During the site review, the auditor observed opposite-gender announcements being made appropriately. Large postings were placed on every living-quarter door and bathroom door reminding staff of this requirement. Staff and residents confirmed that announcements occur at all hours, including graveyard shifts. A graveyard staff member interviewed by the auditor confirmed they announce themselves when entering resident living quarters.

115.215(e)

The PAQ states that the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining their genital status and notes that such searches have not occurred in the past twelve months.

The PAQ reports that transgender or intersex residents would only be searched using a metal detector/wand.

The PREA Policy states, “Under no circumstance is a pat down search or other examination allowed on a transgender or intersex offender for the sole purpose of determining the offender’s genital status.”

Staff do not conduct unclothed/strip searches on any resident and would not do so on a transgender or intersex resident.

On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum instructing all DOJ-certified PREA auditors to pause compliance determinations for this provision until further notice.

Although the auditor is prohibited from making a compliance determination related to this provision, it remains important to underscore that the broader purpose of the PREA Standards is to support safe, respectful, and dignified practices within confinement settings. This includes ensuring that transgender and intersex individuals are not subjected to searches conducted solely for determining genital status. The auditor encourages the facility to continue adhering to trauma-informed, respectful search practices that protect privacy, safety, and well-being.

Regardless of the directive, the facility is complying with this provision, exceeding the minimum requirements at this time.

115.215(f)

The PAQ states that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs.

The PREA Policy states, “Only staff of the same gender identification will be allowed to conduct pat searches (ex: female staff conducts pat downs on a transgender/

	intersex person who identifies as female).” In further conversations with staff, including the Program Director, it was determined that cross-gender pat-down searches would never occur, as agency policy requires pat searches to be conducted only by same-gender staff. If same-gender staff are unavailable, opposite-gender staff would use a wand without touching the resident. On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a written memorandum instructing auditors to pause compliance determinations for this provision until further notice. Although formal evaluation is paused, the auditor emphasizes the importance of trauma-informed, respectful search practices that minimize intrusiveness while meeting legitimate security needs. The facility continues to comply with this provision and exceeds current requirements. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Handout in Korean • PREA Handout in Armenian • PREA Handout in English • PREA Handout in Hebrew • PREA Handout in Russian • PREA Handout in Spanish • Various PREA Postings in Spanish **Interviews Conducted** • PREA Coordinator • Residents who are Limited English Proficient

- Risk Screening Staff
- Intake Staff

115.216(a)

The PAQ states that the agency has established procedures to ensure disabled residents have 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.

The PREA Policy states, "BSS will ensure that any offender with disabilities (ex: such as deaf, hard of hearing, sight impaired, mobility impaired, cognitively impaired) and those with limited English proficiency will have equal opportunity to participate in and/or benefit from all aspects of BSS's efforts to prevent, detect and respond to sexual abuse and sexual harassment."

It also states, "Should an offender be visually impaired and unable to read the material provided, staff will read the literature to the offender as they do with the intake paperwork."

The facility reported that there were no blind or low-vision residents at the time of the onsite audit. They also reported there were no residents with cognitive or physical disabilities. Staff explained they would verbally provide all PREA-related information to any resident who was blind or had cognitive disabilities.

The facility also reported that there were no hard-of-hearing or deaf residents onsite. Staff explained they would utilize a sign-language interpreter through the Language Line via video if needed.

Staff involved in PREA processes understood that information must be provided on a case-by-case basis, depending on the residents' abilities and needs. The auditor specifically discussed these issues with intake and staff who perform PREA risk screening assessments. All were knowledgeable on these issues.

115.216(b)

The PREA Policy states, "BSS will ensure that PREA documentation exists in languages other than English."

It also states, "BSS will provide in-house employee translation services to monolingual offenders to ensure full understanding of the PREA policy and procedures. Currently, BSS can provide translation services in English, Spanish, Armenian, Korean, and Russian."

The auditor was provided with PREA handouts in Korean, Armenian, English, Hebrew, Russian, and Spanish.

Additionally, the facility utilizes the Language Line for translation services. Several staff members speak Spanish, which residents confirmed during interviews.

	The auditor interviewed three residents who required interpreters. All three residents stated they understood PREA, received PREA information in their preferred language, had access to an interpreter when needed, and reported feeling safe at the facility. **115.216(c)** The PREA Policy states, “Except under emergent circumstances, the use of offenders as interpreters, readers, or other offender assistants is prohibited.” Interviews with staff and residents who were Limited English Proficient verified that the facility does not rely on resident interpreters, readers, or assistants for PREA-related conversations unless there is an exigent circumstance. There was no indication that this had ever occurred at the facility. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • Federal Operations Manual • BOP Statement of Work • Employee Handbook • Background Check Approvals • BSS Employment Application • Pre-Employment Investigation **Interviews Conducted** • PREA Coordinator • Program Director **115.217(a)** The PAQ states that agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor

who may have contact with residents, if the individual:

1. 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);
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2).

The PREA Policy states, “Applicant background checks/reference checks will take place as part of the recruitment process. Applicants with any history of sexual violence will not be considered for employment, nor will applicants with a history of validated sexual harassment. The BOP and/or CDCR will conduct all criminal background checks and clear all applicants prior to the applicant being hired. Further, any incident of sexual harassment by an existing employee that has been validated and whereby the employee was retained in BSS employ, that issue will be included in any promotion consideration. Upon promotion, demotion or position change, BSS will ensure that the staff complete their self-declaration duty to disclose any sexual abuse/harassment by signing and dating #8 of the BSS Background Information form in their personnel file.”

The PAQ notes that 12 staff were hired in the twelve months preceding the audit, however a review of staff hire dates showed eight staff were hired. The auditor was provided with a list of all staff hired and selected four hire packets for review, including all information required under this provision.

There are no Human Resources staff at the facility. Interviews with the Agency PREA Coordinator and Program Director indicated that all newly hired staff complete the application containing the required PREA-related disclosures. All applicants are asked specifically about the prohibited conduct listed above, and contractor records are reviewed prior to entry into the facility.

115.217(b)

The PAQ states that agency policy requires consideration of any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.

The PREA Policy states, “Applicants with any history of sexual violence will not be considered for employment, nor will applicants with a history of validated sexual harassment.”

Discussions with the Agency PREA Coordinator and Program Director indicated that the agency considers any incidents of sexual harassment when determining whether to hire or promote an individual or enlist the services of a contractor who

may have contact with residents. The auditor selected four employee files for individuals hired or promoted within the twelve months preceding the audit, all of which supported compliance with this provision.

115.217(c)

The PAQ states that agency policy requires that before hiring any new employee who may have contact with residents, the agency (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

The BOP Statement of Work outlines the agency's responsibility to submit fingerprints and request background investigations for all new employees offered conditional employment. No individual may begin working until clearance is obtained. Temporary clearance may only be granted after the criminal history check is conducted.

The employee handbook states, "The BOP will run each candidate through CAS and NCIC and if accepted, will generate a final approval for that applicant to work with federal offenders. CDCR shall grant provisional/conditional clearances for hire until such time as the formal security clearance (i.e. fingerprints) is complete. CDCR will utilize DOJ electronic submission of fingerprint images. BOP will utilize submission of fingerprint cards, unless otherwise specified."

All four staff who were independently selected had the employment application and Pre-Employment Investigation. Additionally, the auditor was provided with criminal history check clearances/approvals for 33 staff members as part of their new contract, effective July 1, 2026.

Interviews with the Agency PREA Coordinator and Program Director confirmed their understanding of the requirement to complete a criminal history check and contact previous institutional employers to ensure there were no substantiated PREA allegations. They stated this is completed prior to every new hire.

The auditor reviewed four new-hire files for staff hired within the past twelve months. One had prior institutional experience, however there was not documentation showing that the employer was contacted. In discussions with the Program Director, she said she did contact that employer but did not receive a response. It was recommended that the Pre-Employment Investigation form be updated to prompt hiring managers to ensure PREA-related questions are asked and to document every attempt to contact prior institutional employers.

The PC took immediate action in response to these recommendations, and on June 28, 2026 she distributed a new Pre-Employment Investigation that states, "Provision 115.217 c (2) 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. Attempts to contact all prior institutional employers and documentation of those attempts to ask about previous PREA issues is to be completed on this form.“ The form prompts the hiring supervisor to fille out the date the check took place, the name of the institution, contact information, and whether or not the applicant has substantiated allegations of sexual abuse, or has resigned during a pending investigation of an allegation of sexual abuse. The form was immediately implemented. **115.217(d)** The PAQ states that agency policy requires a criminal background record check before enlisting the services of any contractor who may have contact with residents. The BOP Statement of Work outlines the agency’s responsibility to submit fingerprints and request background investigations for all new contractors. No contractor may begin working until clearance is obtained. Temporary clearance may only be granted after the criminal history check is conducted. The PAQ noted that there were no contracts for services requiring criminal background record checks for staff who might have contact with residents. The auditor was informed that no contractors were working at the facility at the time of the site review, and interviews and onsite observations confirmed this. Since the facility does not have Human Resources staff, the Agency PREA Coordinator and Program Director were interviewed and understood the requirement for contractors to undergo a criminal history check prior to having contact with residents. They explained this is always completed before a contractor enters the facility. 115.217(e) The PAQ states that agency policy requires criminal background record checks at least every five years for current employees and contractors who may have contact with residents, or that a system is in place to otherwise capture such information. The BOP Statement of Work states, “Contractors who have a contract which exceeds five years must ensure all staff receive updated clearances every five years.” The auditor independently selected and reviewed documentation for eight of the facility’s 19 staff, all of whom had received criminal history checks within the past five years. Additionally, the auditor received the last BOP clearance dates for every staff member, which showed they have received clearances within the past five years. Since the facility does not have Human Resources staff, the Agency PREA Coordinator and Program Director were interviewed and understood the requirement for criminal history checks to be completed at least every five years. **115.217(f)**

The agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section, through written applications or interviews for hiring or promotions, and through interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes a continuing affirmative duty on employees to disclose any such misconduct.

The employment application, which includes a background information form, was provided to the auditor for all eight employee files independently selected. This form is completed upon hire and promotion for every applicant/employee. Question #8 asks, “Have you ever been administratively reprimanded or suspended for sexual abuse or harassment?”

Since the facility does not have Human Resources staff, the Agency PREA Coordinator and Program Director were interviewed and understood the requirement.

It is recommended that this question be updated to more specifically ask whether the applicant:

1. 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);
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2).

Although the auditor believes the current question meets the spirit of the standard, being more specific may gather additional information needed to make hiring decisions.

115.217(g)

The PAQ states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The employment application states, “The information provided here is true, correct, and complete. If employed, any misstatement or omission of fact may result in my dismissal.”

There were no examples of this occurring; however, the PREA Coordinator and Program Director were aware of the requirement.

115.217(h)

	The agency reported that it would 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. The Program Director stated that there were no examples of such requests; however, they were aware of the requirement and would comply. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • Florence Camera Placements **Interviews Conducted** • Program Director • PREA Coordinator **115.218(a)** The agency stated that when designing or acquiring any new facility, and when planning any substantial expansion or modification of existing facilities, it considers the effect of the design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. The PAQ states that there have been no substantial expansions or modifications to the facility since the last PREA audit. During the site review, the auditor did not observe any areas where expansions or modifications had occurred. The Program Director explained the process used to ensure compliance with this requirement. She stated that the Agency PREA Coordinator is involved in any modifications made to any of the agency's facilities. **115.218(b)**

	The PAQ stated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, it considers how such technology may enhance the agency's ability to protect residents from sexual abuse, however, there had been no such installations or updates. A camera placement list was provided to the auditor, which showed cameras strategically placed around the facility. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • MOU with Southern Arizona Center Against Sexual Assault (SACASA) **Interviews Conducted** • PREA Coordinator • Program Director • Family Advocacy Center Representative • SACASA Representative **115.221(a)** The PAQ reports that the agency is not responsible for conducting sexual abuse investigations. They stated they only conduct administrative investigations related to sexual harassment. Any sexual abuse investigation is addressed by local law enforcement, and staff misconduct would be handled by BOP/OIA or local law enforcement. This provision is not applicable. However, interviews with random staff indicated an understanding of the need to secure physical evidence when necessary before investigators arrive on scene. **115.221(b)**

This provision is not applicable because the facility does not conduct sexual abuse investigations.

115.221(c)

The PAQ states that the facility offers all residents who experience sexual abuse access to forensic examinations without financial cost to the victim. They report that a SANE or SAFE is always available because the centers are located in metropolitan areas.

The PREA Policy states that following an allegation of sexual assault, the facility will transport the resident to a location where there is a SAFE or SANE and will document the finding. They will contact medical clinics ahead of time to ensure one is available and report having several options to choose from.

The facility reported in the PAQ that there were no SANE examinations in the past twelve months. The Program Director and PREA Coordinator discussed with the auditor a SANE examination that had occurred but was documented during the previous audit period.

115.221(d)

The PAQ states that a victim advocate from a rape crisis center will be available through the SAFE/SANE.

This process was discussed in depth with the Agency PREA Coordinator. When a sexual assault occurs, the facility has several locations available for SANE services, including Family Advocacy Centers. The auditor contacted a representative from the Family Advocacy Center, who confirmed that an advocate is always available during a SANE/SAFE. These advocates are confidential advocates who are not mandatory reporters.

An MOU with Southern Arizona Center Against Sexual Assault (SACASA) was also provided to the auditor, which states that they can be available for in-person or tele-advocacy support during forensic medical exams when requested.

The auditor confirmed with SACASA that they recently signed this MOU, and agree to its terms.

115.221(e)

The PAQ states that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. These services are available through the local SAFE/SANE.

The auditor contacted a representative from the Family Advocacy Center, who verified that advocacy services from a rape crisis center would be available during

	the forensic examination. **115.221(f)** The PAQ states that the facility has requested outside investigators to follow the requirements of provisions (a) through (e). They report that both local law enforcement and BOP follow PREA protocols. BOP is the primary investigative entity, and review of their PREA website confirms they are audited for PREA compliance. **115.221(g)** The facility understands that the requirements of paragraphs (a) through (f) also apply to: 1. Any state entity outside the agency responsible for investigating allegations of sexual abuse in prisons or jails; and 2. Any Department of Justice component responsible for investigating allegations of sexual abuse in prisons or jails. There are currently no state agencies responsible for investigating allegations of sexual abuse at the facility, but staff understand the requirements should that occur. The facility understands that BOP may utilize the Department of Justice, and they comply with PREA standards. **115.221(h)** The facility stated there are no staff who might serve as qualified staff members or qualified community-based staff members, as they rely on outside victim advocacy services. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy

- BOP Statement of Work
- PREA Staffing Requirements
- BSS Website
- 2025 PREA Annual Report

Interviews Conducted

- PREA Coordinator / Investigator

115.222(a)

The PAQ states that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

The facility reported no allegations of sexual harassment or sexual abuse in the twelve months preceding the audit. The auditor did see the annual report stated there were two allegations of sexual harassment, however, the PREA Coordinator determined that was an oversight and corrected it to none.

The PREA Coordinator, who also serves as the investigator, explained that an investigation would always be completed for every allegation.

115.222(b)

The PAQ states that agency policy requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency itself if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

The BOP Statement of Work states, “If at any time an investigation uncovers evidence of criminal behavior, the investigation process will immediately stop and appropriate law enforcement officials will be notified.”

It also states, “All PREA incidents should be referred to the appropriate Law Enforcement Agency and RRM staff as soon as possible after staff become aware of the incident.”

The PREA Policy states, “The PREA Coordinator or Manager will refer the victim to community services to address medical, psychological, criminal needs. At no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to the BOP and/or local law enforcement. All PREA issues will be referred to local law enforcement.”

It also states, “BSS does not conduct sexual abuse investigations. Local law enforcement will be contacted for all allegations of sexual abuse.”

The BSS website states, “BSS conducts administrative PREA investigations. The contracting agency (BOP/DOJ or CDCR) will be notified of any allegation of sexual

	abuse, sexual assault or sexual harassment. All allegations will be referred to or local law enforcement to conduct an administrative and/or criminal investigation. (115.222 (b)-1). Said investigations conducted will follow all PREA guidelines as identified in PREA standards 115.271, 115.272 and 115.273." The facility reported no allegations of sexual harassment or sexual abuse in the twelve months preceding the audit. The auditor did see the annual report stated there were two allegations of sexual harassment; however, the PREA Coordinator determined that was an oversight and corrected it to none. **115.222(c)** The PREA Policy outlines the agency's approach to conducting criminal investigations, including referral to local law enforcement as appropriate. The BOP is the primary agency responsible for criminal investigations at the facility; however, the PREA Coordinator explained that the Florence Police Department would also be contacted. Both agencies would determine which entity would serve as the primary investigative authority. **115.222(d–e)** The facility understands that any state entity or Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails must have a policy governing the conduct of such investigations. The Department of Justice component involved is the BOP, which has a policy in place governing these investigations, reviewed on their website. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.231	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • First Responder Duties • LGBTI Terminology

- PREA Training
- Mandatory Reporter Training
- Mandatory Reporter Training Log
- Master Training Schedule
- Ongoing PREA Refresher Training
- Training Videos
- Training Rosters
- Training Acknowledgements

Interviews Conducted

- PREA Coordinator
- Random Staff

115.231(a)

The PAQ states that the agency trains all employees who may have contact with residents on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
3. Residents' rights to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The PAQ also states that the same PREA training is provided regardless of position, and that a training video is shown.

The PREA Policy states, "All new employees, volunteers and/or contractors who have contact with offenders will receive sexual abuse/harassment training during their first week of employment/working with offenders. This training includes reporting any incident to their immediate supervisor immediately upon discovery."

The auditor's review of BSS PREA training confirmed that it covers all components of this requirement. New employee training is completed in person during their first 40 hours of employment and prior to contact with residents. Training records indicated

	that PREA training is typically provided on the first day of employment. This includes reviewing the PREA training, watching two videos, and signing multiple training acknowledgements. The auditor was provided with LGBTI Terminology materials that explain definitions relevant to staff, including gender identity, gender expression, and sexual orientation. Each staff member is also provided with First Responder Duties, which explain how to respond to allegations of sexual abuse. PREA binders containing all PREA-related processes, forms, and first responder duties are located throughout the facility. Staff interviewed frequently referenced these binders and stated they could access them at any time. Staff members also receive mandatory reporter training. The auditor reviewed this training, which covers mandatory reporting obligations in each community where BSS operates RRCs. A training log showed that all staff have received this training, and it is included in new employee training. Staff interviews indicated a strong understanding of the PREA training they have received. Staff were able to list multiple components of the training and explained they receive annual training on these topics. The auditor reviewed training rosters showing that all staff had been trained in each requirement of this provision. **115.231(b)** Staff stated that if they received reassigned staff who had never worked with female residents, they would provide appropriate training. There had been no staff who had been reassigned at the time of the audit. **115.231(c)** The PREA Policy states that employees shall receive annual PREA training. The auditor was informed that although full PREA training is provided annually to all staff, quarterly refreshers are also conducted. During these refreshers, staff review PREA protocols and information and sign documentation acknowledging their understanding. Staff who are unavailable for a meeting must review the notes and sign that they understand the material. Since this provision requires refresher training every two years and refresher information in off-years, the facility exceeds the standard by policy. Staff interviews indicated that the facility's multifaceted approach to PREA training serves as an ongoing reminder of PREA processes. Many staff stated they appreciate this because PREA incidents are infrequent, and the refreshers help them retain critical information. The auditor was provided with the BSS PREA Training PowerPoint, which is comprehensive and includes all required information. After completing the training

	and watching two videos, employees must complete a test to demonstrate their knowledge. The auditor independently selected and interviewed all nine random staff that were available at the audit, all of whom were able to recall the PREA training they had received. Because of the size of the facility, the auditor was unable to speak with at least 12 staff. **115.231(d)** The agency reported that it documents, through employee signature or electronic verification, that employees understand the training they have received. A master training schedule was provided, showing that PREA-related information is provided in January, April, July, and October. The schedule notes that training is mandatory for all topics. The auditor reviewed documentation confirming that every employee has received PREA training and refreshers as required. The auditor interviewed the staff member responsible for ensuring staff receive PREA training. She explained her tracking mechanism, including training rosters and acknowledgements. The auditor was provided with proof documentation of training and signed acknowledgements. **Conclusion** The auditor has determined the facility is in substantial compliance with every provision of this standard and ***exceeds compliance*** in ensuring that ongoing refresher training is provided throughout the year. The multi-faceted approach to ensuring staff are trained in their responsibilities under PREA has increased staff confidence in PREA response and reinforced the agency's commitment to its zero-tolerance policy.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Training • Mandatory Reporter Training • LGBTI Terminology • Volunteer Handbook

- Volunteer PREA Training Acknowledgement
- Statement of Volunteer

Interviews Conducted

- Program Director
- Volunteer

115.232(a)

The PAQ states that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The PAQ also reports that no contractors have had contact with residents in the past year. The PAQ also reported that there were 10 volunteers at the facility.

The PREA Policy states, "All new employees, volunteers and/or contractors who have contact with offenders will receive sexual abuse/harassment training during their first week of employment/working with offenders. This training includes reporting any incident to their immediate supervisor immediately upon discovery. Refresher training will be conducted annually thereafter."

The PREA Policy also states, "BSS will ensure that all staff/volunteers/contractors (if used) receive training on PREA standards and principles within the first week of employment and during the calendar year as identified on the Master Training Schedule."

The auditor was provided with PREA training, mandatory reporter training, and LGBTI terminology materials described in 115.231, which volunteers and contractors receive. These materials cover their responsibilities under agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Volunteers are also required to review a Volunteer Handbook and sign an acknowledgment.

The auditor independently selected five of the 10 volunteers to receive PREA training information. Out of those five volunteers, the facility provided me with all eight current volunteers. The Program Director said two of the 10 volunteers are no longer approved to come to the facility, have been removed, and have not provided any services to residents. The training acknowledgments were all signed in June 2026. The Program Director explained that all had previously completed an orientation when they were approved to volunteer, but they recently revised the volunteer packets, so they came in for a second orientation.

There were no volunteers onsite during the audit; however, the auditor interviewed the volunteer by phone, who verified that she had received comprehensive PREA training.

	115.232(b) The facility reported that any volunteer or contractor would receive the same PREA training as staff, regardless of their level of contact with residents. The volunteer interviewed understood her responsibilities under the agency's PREA policy and discussed the training she had received. The facility stated that if new contractors or volunteers begin working at the facility, they will ensure they receive PREA training appropriate to their level of resident contact. **115.232(c)** The PAQ states that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. The auditor was provided with PREA training records for all eight of the current volunteers. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.233	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Handout in English, Spanish, Hebrew, Russian, Armenian, and Korean • PREA Flyer • Acknowledgement of PREA Training • PREA Class Sign-In Sheet • BSS Facility Rules and Regulations • PREA Poster • PREA Quiz **Interviews Conducted**

- Random Residents
- Intake Staff

115.233(a)

The PREA Policy states, “BSS will ensure that all new offender arrivals, whether from the institution, transfer from another facility or PL/parole placement, will have a PREA orientation during intake to ensure that all new arrivals clearly understand BSS’s Zero Tolerance Policy of Sexual Abuse/Harassment, their rights and what action to take should an incident occur.”

The facility reports that 121 residents were admitted in the twelve months preceding the audit, and the PAQ states all were provided with PREA information at intake.

During the site review, the auditor verified that PREA postings and written materials were present in the intake areas.

Intake staff explained that they ensure each resident receives a PREA handout and signs an acknowledgment of PREA training. The auditor interviewed four staff members responsible for providing this education, and all stated they read the entire PREA handout aloud to residents to ensure comprehension. Residents later participate in watching PREA videos during orientation and sign a roster confirming receipt of the information. They are required to take a quiz regarding the PREA information that has been provided to them, and staff will then go over any incorrect answers. Several Case Managers also told the auditor that they have information about PREA educational discussions during bi-weekly check-ins they have with residents assigned to their caseload. This provides ongoing education to residents to ensure they understand their right to be free of sexual abuse and sexual harassment, and how to report an incident.

The flyer, handout, and facility rules educate residents on the zero-tolerance policy, reporting procedures, PREA definitions, PREA response (including the investigative process), confidentiality, medical and mental health response, and how to contact treatment or crisis centers for emotional support.

The PREA flyer explains residents’ rights to be free from sexual abuse and sexual harassment, how to report an incident, what to do if abused, staff reporting obligations, definitions of sexual abuse and sexual harassment (including voyeurism), tips for avoiding abuse, third-party reporting information, advocacy, and contact information. Each resident must sign acknowledging receipt.

The Facility Rules and Regulations explain that sexual misconduct, abuse, or assault is prohibited, and that verbal or physical conduct of a sexual nature is strictly forbidden. They also explain residents’ rights to be free from sexual abuse, sexual harassment, and retaliation, and provide reporting instructions.

The PREA Handout explains the zero-tolerance policy, residents’ rights, retaliation protections, reporting options, advocacy information, and more. Each resident signs

	acknowledging receipt. The auditor independently selected 10 resident files for review. Several interviewed residents recalled receiving PREA information, watching the PREA video, and receiving a handbook upon arrival. All residents stated the facility is safe, staff takes PREA seriously, and they believe any report would be addressed immediately. **115.233(b)** The PAQ states that the agency provides refresher information whenever a resident is transferred to a different facility. The facility reported receiving three transferred residents in the past twelve months. Interviews with staff indicated that all residents receive full PREA education regardless of transfer status. Document review confirmed this practice. **115.233(c)** The PAQ states that resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills. The PREA Handout was provided in English, Spanish, Hebrew, Russian, Armenian, and Korean. The facility uses the Language Line for ASL interpretation when needed. Staff reported they read PREA information aloud to visually impaired residents. Literacy-impacted residents receive verbal PREA education, and all residents watch the PREA video. The facility understands its obligation to ensure residents with disabilities have equal opportunity to participate in or benefit from PREA-related efforts. There were no deaf or hard-of-hearing residents at the time of the site review. There were no blind residents, but staff stated they would verbally explain all PREA information if needed. The PREA video is narrated. The facility provides PREA information to residents who are limited English proficient. The PREA video is available in Spanish, handouts are available in multiple languages, and the Language Line is used when needed. Staff stated they ensure residents receive information in a language they understand. The auditor interviewed two limited English proficient residents. Both stated they received PREA information in a language they understood and had access to interpreters when needed; however, one requested to ensure he had an interpreter every time he met with his Case Manager, even though she does speak some Spanish. That request was passed along to the Program Director. **115.233(d)** The agency maintains documentation of residents' participation in educational sessions through sign-in sheets and signed acknowledgements of receiving the

	PREA flyer and handout. The auditor verified documentation for 10 resident files independently selected during the audit. **115.233(e)** The PAQ states that key information about the agency's PREA policies is continuously and readily available through posters, resident handbooks, or other written formats. The PREA Policy states, "BSS will ensure that each facility will post all PREA information, including the Zero Tolerance Policy and how to report an allegation in an area accessible to all offenders without needing staff accompaniment or assistance, unless requested (ex: posted PREA board)." It also states, "Offenders and staff have a right to be free from sexual abuse and sexual harassment. BSS will provide that key information regarding PREA policies is continuously and readily available or visible through posters, offender handbooks or other written formats." During the site review, the auditor verified that key information was continuously available throughout the facility. Several PREA Boards were posted, containing multiple PREA postings. Additional PREA postings were provided as documentation in Standard 115.51. Residents confirmed that the postings had been present since their arrival. **Conclusion** The auditor has determined the facility is in substantial compliance with every provision of this standard and ***exceeds the standard*** by providing several opportunities for residents to be educated and discuss PREA. They receive information at intake, then watch a video, take a quiz about what they have learned, go over the answers, and Case Managers have ongoing discussions with them. This ongoing education that is provided to residents not only ensures they understand the information but also reinforces the agency's commitment to its zero-tolerance policy. All residents interviewed believed PREA was prioritized at the facility and that staff would be responsive to any allegations.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed

- PREA Policy
- NIC PREA Investigator Training
- Training Certificate

Interviews Conducted

- Investigators

115.234(a)

The PAQ states that this standard is not applicable because BSS does not conduct investigations into sexual abuse allegations.

The PREA Policy states, “In addition to the general training provided to all employees pursuant to § 115.231, BSS shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

BSS shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual harassment investigations.”

The PREA Policy also states, “BSS does not conduct sexual abuse investigations. Local law enforcement will be contacted for all allegations of sexual abuse.”

The auditor verified this through training materials, interviews, and documentation reviewed in other standards.

The auditor was provided documentation showing that the Agency PREA Coordinator, who conducts sexual harassment investigations, has completed PREA investigator training through the National Institute of Corrections (NIC).

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard. This standard is ***not applicable*** because the facility does not conduct sexual abuse investigations.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed

- PREA Policy

Interviews Conducted

- None

115.235(a–d)

The PAQ states that the facility does not employ medical or mental health staff; therefore, this standard is not applicable.

The PREA Policy states, “BSS does not provide any on site medical and/or mental health care. All medical and/or mental health care will be provided in the community by clinics/centers whose specialty is related to sexual assault/abuse and or other public medical center hospitals.”

The auditor verified through file review and onsite observation that the facility does not employ medical or mental health staff. The facility understands the requirements of this standard should they employ such staff in the future.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard. Although the facility does not employ or contract medical or mental health staff, they are aware of the requirements should that change in the future.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Victimization and Abusiveness Assessments **Interviews Conducted** • Screening Staff • Random Residents

115.241(a)

The PAQ states that all residents are assessed during intake screening—and upon transfer to another facility—for their risk of being sexually abused by other residents or being sexually abusive toward other residents.

The PREA Policy states, “Upon intake, staff will complete a Medical Intake form which includes assessing the offender’s past sexual victimization, if any, along with conducting an assessment to determine risk of victimization or abusiveness.”

Interviews with staff who conduct risk screenings, as well as interviews with random residents, confirmed this process. Initial screenings are conducted by Security Monitor staff. Staff walked the auditor through the screening process and confirmed that screenings occur in a private area where conversations cannot be overheard.

115.241(b)

The PAQ states that intake screenings ordinarily occur within 72 hours of arrival.

The PAQ reports that all 120 residents admitted in the twelve months preceding the audit received an initial PREA risk screening within 72 hours.

Interviews with Security Monitor staff confirmed that screenings are ordinarily conducted on the same day of arrival, exceeding the requirements of this provision.

Most residents remembered receiving the initial PREA risk screening. Regardless, the auditor verified that screenings were completed for every resident interviewed.

The auditor independently selected and reviewed 10 initial screening records. All were completed on the same day they arrived at the facility.

115.241(c)

The PAQ states that risk assessments are conducted using an objective screening instrument.

The auditor reviewed the screening tool and determined it to be objective. It uses a scoring method.

The auditor independently reviewed 10 screening records and verified that each screening was scored using the objective instrument for both victimization risk and abusiveness risk.

115.241(d)

The auditor reviewed the risk screening tool and verified that it includes all required criteria for assessing risk of victimization, including:

- Mental, physical, or developmental disability
- Age
- Gender

- Physical build
- First-time incarceration
- Exclusively nonviolent criminal history
- Prior sex offenses
- Whether the resident is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming
- Prior sexual victimization
- Resident’s perception of vulnerability

The auditor observed the location where screenings occur and discussed the process with staff. Staff explained the full screening process, including the criteria used.

The auditor independently reviewed 10 screening records and confirmed the criteria were applied.

115.241(e)

The intake screening tool provided to the auditor includes required criteria for assessing risk of sexual abusiveness, including:

- Prior acts of sexual abuse
- Prior convictions for violent offenses
- History of prior institutional violence or sexual abuse
- Mental, physical, or developmental disability
- Gender
- Physical build
- Previous incarcerations
- Behavioral indicators such as being overly sweet/kind/charismatic

The auditor independently reviewed 10 screening records and verified that all included the required information.

115.241(f)

The PAQ states that within a set time period not to exceed 30 days from arrival, the facility reassesses each resident’s risk of victimization or abusiveness based on any additional relevant information received.

The PREA Victimization and Abusiveness Assessments require follow-up screening within 30 days.

The PREA Policy states, “The offenders will be reassessed between day 10 and 30 from arrival into the program.”

The PAQ reports that all 92 residents with stays of 30 days or more in the past twelve months were rescreened within 30 days.

Case Managers confirmed they conduct the reassessments in private office

	locations. Some residents remembered receiving the 30-day screening; others did not. The auditor verified screenings through documentation. The auditor reviewed 10 records. All were completed within 30 days. **115.241(g)** The PREA Policy states, “Should a request for reassessment or an incident of sexual abuse or receipt of additional information is garnered that bears on the resident’s risk of sexual victimization or abusiveness, a resident’s risk level will be reassessed.” The facility was aware of this requirement but reported no circumstances requiring reassessment. The auditor found no evidence indicating a reassessment was needed. **115.241(h)** The PAQ states that residents may not be 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). Staff who conduct screenings stated that residents would never be disciplined for refusing to participate. Resident interviews confirmed no one had been disciplined for this. The auditor found no evidence of disciplinary action related to screening refusal. **115.241(i)** The facility has implemented appropriate controls on the dissemination of screening information to ensure sensitive information is not exploited. Interviews with staff indicated that although all staff have access to PREA screenings, access is legitimate due to the small size of the facility. All staff may be required to perform Security Monitor duties when coverage is needed. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed

- PREA Victimization and Abusiveness Assessments

Interviews Conducted

- Screening Staff
- Random Residents

115.242(a)

The PAQ states that the facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PREA Victimization and Abusiveness Assessment form assigns residents a low, medium, or high score for victimization and aggressiveness.

Low: No housing or program concerns
Medium: Place in housing and discuss potential issues in PRT/Case Conference
High: Do not place in housing; immediately discuss placement with the Program Director
Interviews with staff confirmed that PREA designators are considered when making housing, work, education, and programming assignments.

115.242(b)

The PAQ states that the facility makes individualized determinations to ensure the safety of each resident.

Interviews with staff confirmed that any resident with a PREA designator is reviewed to ensure appropriate placement and monitoring.

115.242(c)

The PAQ states that decisions regarding placement of transgender or intersex residents are made on a case-by-case basis to ensure safety.

On December 2, 2025, the Principal Deputy Director of the Bureau of Justice Assistance issued a memorandum instructing auditors to pause compliance determinations for this provision pending updates to the PREA Standards under E.O. 14168.

While formal compliance determination is paused, the auditor emphasizes that PREA’s purpose remains unchanged: ensuring sexual safety, dignity, and well-being for all individuals in confinement. The auditor encourages continued individualized assessments for transgender and intersex residents.

115.242(d)

	The PAQ states that a transgender or intersex resident's own views regarding their safety shall be given serious consideration. The December 2, 2025 memorandum requires auditors to pause compliance determinations for this provision. The auditor encourages the facility to continue considering each transgender or intersex resident's stated safety concerns, consistent with PREA's principles of protection and respect. **115.242(e)** All residents, including transgender and intersex residents, have access to shower separately. The December 2, 2025 memorandum requires auditors to pause compliance determinations for this provision. The auditor emphasizes that PREA's purpose includes ensuring transgender and intersex residents can shower separately to maintain safety and dignity. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA MOU with Valley Psychological Center (VPC) • PREA Reporting Chart • PREA Brochure • PREA Training **Interviews Conducted** • PREA Coordinator • Random Staff • Random Residents

- Representative of VPC

115.251(a)

The PAQ states that the agency has established procedures allowing for multiple internal ways for residents to privately report: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Policy states, “Offenders will be educated to and encouraged to report sexual abuse/assault/harassment to any person they feel comfortable with. That could be BSS staff, BOP/CDCR staff, a third party (ex: CTS), a friend, relative, law enforcement personnel, anyone that the offender feels comfortable with. BSS does engage in 3rd party notification agreements with various community agencies.”

The facility provides multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation, and staff neglect or violations.

The auditor reviewed the PREA Brochure, which states residents may report by calling 911, contacting the PREA Coordinator or PREA Compliance Manager, reporting to any staff, submitting a grievance or sick-call slip, telling anyone outside the facility, reporting through the abuse and incest network, or contacting a third party (VPC).

The PREA Reporting Chart provided to each resident lists reporting options including BOP, the Agency PREA Coordinator, Program Director, Assistant Program Manager, Security Supervisors, PREA Review Team members, family/friends, law enforcement, social workers, teachers, employers, medical professionals, and any BSS staff. It also states reports may be anonymous.

The auditor observed multiple postings throughout the facility, including housing units, common areas, and near phones—providing reporting information.

Most residents have their own cell phones and can report privately. The facility also provides a phone in a common area that allows confidential, unmonitored calls. The auditor observed this phone onsite.

Almost all residents interviewed could recite multiple reporting methods and stated they felt comfortable reporting to staff. Residents consistently described the facility as safe and believed reports would be taken seriously and addressed immediately.

Staff interviews demonstrated strong understanding of all reporting options.

115.251(b)

The PAQ states that the agency provides at least one way for residents to report abuse or harassment to a public or private entity outside the agency.

The facility provided a Memorandum of Understanding (MOU) with Valley

	Psychological Center (VPC). The MOU states that if a resident reports to VPC, VPC will notify the BSS PREA Coordinator. BSS agrees not to require any information beyond confirmation that a crime occurred and will not require identifying information, allowing residents to remain anonymous. The auditor contacted VPC, who confirmed awareness of the MOU and the anonymity option. Postings throughout the facility included contact information for VPC. **115.251(c)** The PREA Policy states, “Staff will accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously and from third parties.” The auditor reviewed the PREA flyer and brochure, which explained the various ways someone may report an incident on behalf of a resident. The PAQ states that staff can contact the management team 24/7 upon receiving information. Staff interviews confirmed they accept reports verbally, in writing, anonymously, and from third parties, and document verbal reports immediately. **115.251(d)** The PAQ states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The PREA Policy states, “All Program Directors/PREA Managers have private offices and will provide their office for a staff or offender to report an incident. Further, reporting can be accomplished via a sealed note/letter that is provided to the Program Director/PREA Manager confidentially.” The facility reported that staff are informed of private reporting options. Each staff member receives a PREA Reporting Chart, which they sign upon hire. Several completed charts were provided as documentation. The chart explains reporting methods including BOP, the Agency PREA Coordinator, Program Director, third parties, and any BSS staff. It also states residents can report anonymously during visitation, job searches, work, passes, or by calling 911. Staff interviews confirmed awareness of private reporting options and the requirement to maintain confidentiality. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy **Interviews Conducted** • Program Director **115.252(a)** The PAQ states that the agency has an administrative procedure for addressing resident grievances regarding sexual abuse. The PREA Policy states, “Any offender may file a grievance following BOP BP 9.10.11 procedures or CDCR 602 procedures in regards to sexual abuse/sexual harassment. The offender may send the grievance directly to the RRM office or Parole Agent/ Program Manager’s office without going through the facility mail. The RRM office number is also posted on the offender information boards thus allowing offenders to make telephonic contact with the RRM office, privately.” The auditor observed grievance forms and a locked grievance box onsite. **115.252(b)** The PAQ states that agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident occurred. Interviews with the Program Director confirmed there is no time limit for filing a sexual abuse grievance and no informal resolution requirement. **115.252(c)** The PAQ states that agency policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and the grievance will not be referred to that staff member. The PREA Policy states grievances may be sent directly to the RRM office or Parole Agent/Program Manager. The Program Director stated she would never give a grievance to the staff member who is the subject of the complaint. She responds to all grievances and immediately refers sexual abuse grievances to the Agency PREA Coordinator for next steps and investigative referral.

115.252(d)

The PREA Policy states, “The agency responding to the grievance is mandated to provide a response within 30 days of receipt of the grievance. Should an extension be needed beyond agency defined time frames, a written notification will be made to the offenders.” This exceeds the standard’s requirement of a response within 90 days.

The facility reported no sexual abuse grievances in the past twelve months. The Program Director demonstrated understanding of the requirement.

115.252(e)

The PAQ states that agency policy permits third parties—including fellow residents, staff, family members, attorneys, and outside advocates—to assist residents in filing grievances and to file grievances on their behalf. It also states that if a resident declines third-party assistance, the agency documents the resident’s decision.

The facility reported no sexual abuse grievances in the past twelve months in which a resident declined third-party assistance.

115.252(f)

The PREA Policy 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 48 hours with a final decision to be made within 5 days, via the RRM office.”

The facility reported no emergency grievances alleging imminent sexual abuse in the past twelve months.

The Program Director stated that all PREA-related grievances would be responded to immediately.

115.252(g)

The PAQ states that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only if the agency demonstrates the grievance was filed in bad faith.

The PREA Policy states, “Should an offender file a grievance in bad faith, the BOP and CDCR will provide BSS with appropriate response to action.“

There was no indication that any resident had been disciplined for filing a sexual abuse grievance.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every

	provision of this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • MOU with Southern Arizona Center Against Sexual Assault (SACASA) **Interviews Conducted** • Program Director • Random Staff • Random Residents • SACASA Representative • Just Detention International Representative **115.253(a)** The PAQ states that the facility provides 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—of local, state, or national victim advocacy or rape crisis organizations, and by enabling reasonable, confidential communication with these organizations. The auditor contacted a representative from Just Detention International, who reported that their database did not indicate receiving any information from the facility in the past twelve months. An MOU with SACASA was provided to the auditor, which states, “The purpose of this Memorandum of Understanding (MOU) is to formalize a partnership between Florence RRC and SACASA to ensure that individuals in custody who experience sexual abuse or sexual harassment have access to confidential emotional support services, consistent with the requirements of the Prison Rape Elimination Act (PREA) and PREA standards 115.21, 115.53, and 115.73.” The MOU explains that SACASA will provide 24/7 confidential crisis hotline accessibility to individuals in custody. The auditor observed information about SACASA, including contact information on PREA boards throughout the facility. The auditor also spoke with a representative from SACASA, who verified that they provide services to residents at the facility. She stated they agreed to provide

outside emotional support services and to have residents informed of their contact information.

115.253(b)

The PAQ states that the facility informs residents, prior to giving them access, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws.

The auditor verified that no calls are monitored or recorded, and most residents have access to their own phones.

The MOU states, “Advocates will maintain confidentiality consistent with state law, organizational policy, and ethical standards. Advocates will clearly explain the limits of confidentiality, including mandatory reporting requirements. The facility will not request or require disclosure of confidential survivor communications. No identifying information about survivors will be shared without informed consent unless required by law.”

The representative from SACASA confirmed that she recently signed the MOU with the facility. The auditor verified that no phones at the facility record calls.

The Program Director stated that mail to and from SACASA is treated as confidential and not opened prior to distribution. The facility does not read resident mail and only checks bulky mail for contraband.

115.253(c)

The PAQ stated that the agency had not attempted to enter into an MOU with community service providers because services related to sexual harassment and sexual abuse are free to the public. This approach had been found compliant in previous audits.

The auditor explained that the standard requires the agency to attempt to enter into an MOU even if services are otherwise available. The purpose is to formalize the agreement.

After consulting with the National PREA Resource Center, the agency took immediate action on June 22, 2026, to contact local rape crisis centers and attempt to enter into an MOU.

An MOU was signed between the facility and SACASA. The MOU discusses the purpose of the MOU, parties to the agreement, services to be provided by SACASA, responsibilities of BSS, confidentiality, training and collaboration, term review and termination, and non-discrimination. The MOU states, “This MOU becomes effective on June 22, 2026, and remains in effect until replaced. The MOU will be reviewed annually to ensure alignment with PREA standards and operational needs.”

	Conclusion The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Report Chart • PREA MOU Valley Psychology Center (VPC) • PREA Training **Interviews Conducted** • Random Staff • Random Residents • Representative from VPC **115.254** The PAQ states that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes information on how to report on behalf of a resident. It also states that residents receive a document outlining all third-party reporting options, which is also posted on the PREA board. The PREA Reporting Chart explains several reporting methods, including third-party reporting. It states that residents can report to a family member, friend, colleague, law enforcement, USPO/DPPS, social worker, teacher, employer, supervisor, medical professional, or anyone. Each resident signs acknowledging receipt of this information. PREA training for staff states, “BSS will post notices throughout our facilities that provide third-party notification numbers (ex: TDAT, RRM office).” The auditor reviewed the agency’s website, which lists PREA information under “newsletters.” It is recommended that “newsletters” be renamed “PREA Information” to improve public access. The website lists: “BSS 3rd Party Reporters are as follows: Van Nuys – Kim Wynia, DTR Granada Hills, (818) 893-5021 Los Angeles – Kim Wynia, DTR Long Beach, (562)423-6888 Riverside – Jonathan Dolan, Dolan Mental Health Services, (954) 608-1403 Florence – Stacey

	Hoyt, Valley Psychology Center (619) 203-5336 Florence – Stacey Hoyt, Valley Psychology Center (619) 203-5336” Random staff and resident interviews confirmed that residents may have a friend or family member report on their behalf. The facility reported no third-party reports since the last PREA audit. The auditor observed multiple postings throughout the facility containing third-party reporting information. The auditor contacted Valley Psychology Center (VPC) to verify that they agree to be a third-party reporting option for residents at the facility. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Retaliation Monitoring Report • PREA Training • Mandatory Reporter Training **Interviews Conducted** • Program Director • Investigators • Random Staff **115.261(a)** The PAQ states that the agency requires all staff to report immediately—and according to agency policy—any knowledge, suspicion, or information regarding: sexual abuse or sexual harassment occurring in any facility, retaliation against residents or staff who reported such incidents, and staff neglect or violations that may have contributed to an incident or retaliation.

	The PREA Policy states, “Any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the PREA Manager and/or PREA Coordinator.” PREA training states, “All BSS staff are mandatory reporters of sexual abuse and sexual assault. Staff are required to notify BSS Management, BSS Corporate, BOP or CDCR and/or law enforcement. BSS staff are free from retaliation for reporting any behavior.“ The PREA Retaliation Monitoring Report form was provided to demonstrate active monitoring for retaliation. All staff interviewed understood they must immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. Staff accurately described the reporting process and their responsibilities. The Program Director and supervisors interviewed understood that every allegation must be reported and investigated. There were no residents who had reported sexual abuse during the audit period; however, all residents interviewed stated they believed the facility would take any allegation seriously. **115.261(b)** The PAQ states that, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report except to the extent necessary to make treatment, investigation, security, or management decisions. The PREA Policy states, “Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary (ex: security/ management decisions) Note: reporting can be accomplished confidentially or not.” Staff interviews confirmed a clear understanding of confidentiality requirements. Staff were able to articulate who may need information for legitimate purposes. There was no indication during the audit that PREA information had been inappropriately disclosed. **115.261(c)** The facility understands that unless otherwise precluded by law, medical and mental health practitioners must report sexual abuse and inform residents of their duty to report and the limits of confidentiality. The facility does not employ or contract with medical or mental health professionals; therefore, this provision is not applicable. **115.261(d)**

	The facility understands that if the alleged victim is under age 18 or considered a vulnerable adult under state law, the agency must report the allegation to the designated state or local services agency under mandatory reporting laws. Mandatory Reporter Training is provided to all staff and includes definitions of vulnerable adults and reporting requirements. In Arizona, Adult Protective Services (APS) is the reporting entity. All staff interviewed understood their mandatory reporting obligations. The auditor reviewed the Arizona statute defining “vulnerable adult” and “incapacitated person” (A.R.S. § 46-451(A)(10) and § 14-5101). The facility reported no allegations meeting mandatory reporting criteria in the past twelve months, though they had made reports in prior years. The auditor found no allegations during the audit period that met the criteria. **115.261(e)** Staff understood that reports of sexual abuse and sexual harassment—including third-party and anonymous reports—must be forwarded to designated facility investigators. The facility had no allegations in the past twelve months. The administrative investigator interviewed explained that all PREA allegations, regardless of how they are received, are reported to investigators. Random staff interviews confirmed that staff knew who the investigator was and understood their obligation to report all allegations immediately. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • First Responder Duties

Interviews Conducted

- PREA Coordinator/Agency Head/Designee
- Program Director
- Random Staff

115.262

The PAQ states that when the agency learns a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The PREA Policy 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.”

The PREA Policy also states, “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.”

The auditor reviewed the First Responder Duties, which outline the steps staff must take to protect victims and preserve evidence.

The facility reported that in the twelve months preceding the audit, there were no instances in which a resident was determined to be at substantial risk of imminent sexual abuse.

Discussions with the Agency PREA Coordinator, Program Director, and random staff confirmed a clear understanding of immediate protective actions, including separating the resident from the alleged perpetrator.

No allegations meeting this criterion occurred during the audit period.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

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

- PREA Policy

Interviews Conducted

- PREA Coordinator/Agency Head/Designee
- Program Director

115.263(a)

The PAQ states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility receiving the allegation shall notify the head of the facility or appropriate office where the alleged abuse occurred.

The PREA Policy states, “Staff will immediately notify the Program Director of any reported sexual abuse that occurred either in BOP custody or not, prior to placement at a BSS facility. BSS staff will not contact the facility where the abuse occurred directly. The Program Director or designee will immediately notify BOP/ CDCR, via duty phone/email and Serious Incident Report and/or local law enforcement.”

During discussions, the PREA Coordinator and Program Director confirmed understanding of this requirement.

The PAQ states that there had been no residents who had reported sexual abuse at another confinement facility in the twelve months preceding the audit.

115.263(b)

The PAQ states that notification must occur as soon as possible, but no later than 72 hours after receiving the allegation.

115.263(c)

The PAQ states that the agency shall document that it has provided such notification.

The Program Director understood this requirement.

115.263(d)

The PAQ states that if the facility receives such notification, it will ensure the allegation is investigated in accordance with PREA standards.

The facility reported no instances in the past twelve months in which an allegation was received from another facility.

The Agency Head Designee, Agency PREA Coordinator, and Program Director all understood this requirement and stated that such allegations would be investigated.

	Conclusion The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • First Responder Duties • PREA Binder **Interviews Conducted** • Staff Who Have Acted as First Responders • Random Staff **115.264(a)** The PREA Policy states, “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.” The First Responder Duties document further outlines steps including notifying supervisors, calling 9-1-1, preserving the crime scene, preventing destruction of evidence, remaining with the victim, and maintaining confidentiality. The facility reported no allegations of sexual abuse in the past twelve months; therefore, no incidents occurred within a timeframe allowing for physical evidence collection. All staff interviewed understood their first responder duties and

	evidence-preservation responsibilities. Every staff member is issued a PREA binder containing these procedures, which the auditor reviewed. **115.264(b)** The PAQ states that if the first responder is not security staff, the responder must request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The facility reported that all staff are trained as first responders. Due to the small size of the facility, any staff member may need to act in a security role. The auditor interviewed several non-security staff, and all were able to describe first responder duties and evidence-preservation steps. The facility reported no sexual abuse allegations in the past twelve months. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Institutional Plan • PREA Coordinated Response to Sexual Abuse Incidents **Interviews Conducted** • Random Staff **115.265** The auditor reviewed the PREA Institutional Plan, which outlines the purpose of the plan, the agency’s zero-tolerance policy, PREA leadership and oversight, definitions, prevention strategies, reporting mechanisms, response to allegations, investigations, victim support services, retaliation prevention, data collection and review, audits and compliance, documentation, resident rights, and continuous improvement.

	The auditor also reviewed the BSS PREA Coordinated Response to Sexual Abuse Incidents. This checklist is used for each PREA-related incident and includes actions taken by first responders and facility leadership to ensure timely and consistent notifications. It includes contacting law enforcement, ensuring medical and mental health services (including referral to SANE/SAFE), ensuring the victim is placed in suitable housing in the least restrictive option possible, and completing required notifications. The checklist also indicates that an incident review will be completed within 30 days of case closure. Together, these documents serve as the written institutional plan required to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership. There were no allegations of sexual abuse during the audit period for the auditor to review. The facility provides quarterly refresher training to ensure staff remain prepared. Interviews with random staff and facility leadership indicated a strong understanding of the coordinated response plan. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy **Interviews Conducted** • PREA Coordinator/Agency Head Designee 115.266(a–b) The PAQ reports that BSS does not engage in collective bargaining; therefore, this standard is not applicable.

	The PREA Policy states, “If an allegation of sexual abuse or harassment is filed against a staff person, BOP must be contacted immediately. BOP disallows any BSS staff to conduct an investigation for allegations related to integrity, of which sexual harassment/sexual abuse would fall. Based on the information provided to the BOP, the BOP may preclude the employee from working with offenders in which case the employee would be placed on suspension. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal or state offenders, from BOP/CDCR, pending investigation of the allegation.” Interviews with the PREA Coordinator/Agency Head Designee confirmed that the facility does not enter into collective bargaining agreements that would limit its ability to remove alleged staff abusers from contact with residents pending an investigation or disciplinary determination. The facility is aware that nothing in this standard restricts the ability to enter into or renew agreements governing disciplinary processes, provided they are not inconsistent with §§115.272 or 115.276, or agreements governing whether a no-contact assignment is retained or expunged following an unsubstantiated allegation. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • PREA Retaliation Monitoring Report • Employee Handbook **Interviews Conducted** • PREA Coordinator • Program Director • Designated Staff Member Responsible for Retaliation Monitoring

115.267(a)

The PAQ states that the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment—or who cooperate with investigations—from retaliation by other residents or staff.

It also states that Case Managers and the Assistant Program Director are responsible for monitoring retaliation.

The facility uses the PREA Retaliation Monitoring Report to track monitoring efforts.

The PREA Policy states, “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 a disciplinary action taken against staff or offenders, observing body language of staff and offenders, following up on any information provided regarding suspected retaliation. BSS will monitor staff and offenders following a report and response to suspected retaliation.”

The Agency PREA Coordinator and Program Director confirmed that retaliation concerns would be addressed immediately.

There were no residents who had reported sexual abuse during the audit period for the auditor to interview.

115.267(b)

The PAQ states that the facility employs multiple protection measures, such as:

- Housing changes or transfers
- Removal of alleged staff or resident abusers from contact with victims
- Emotional support services for residents or staff who fear retaliation

The Employee Handbook states, “If an allegation of sexual abuse or harassment is filed against a staff person, BOP must be contacted immediately. Based on the information provided to the BOP, the BOP may preclude the employee from working with offenders. During an investigation, the employee will be placed on unpaid suspension. If the allegation is lodged against a volunteer or contractor, their services will be suspended. Should the allegation be substantiated, the employee’s employment will be terminated.”

Interviews with staff responsible for retaliation monitoring confirmed they would employ multiple protection measures to prevent retaliation.

115.267(c)

The PAQ states that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of residents or staff who reported the abuse, and of residents who were reported to have suffered abuse, to identify changes that may suggest retaliation. Monitoring includes:

	• Disciplinary reports • Housing or program changes • Negative performance reviews or staff reassignments The PREA Retaliation Monitoring Report indicates monitoring occurs every two weeks for 20 weeks. The PAQ states that BSS policy is to monitor for retaliation until discharge or release. The Agency PREA Coordinator confirmed that monitoring continues until the resident leaves the facility. There were no allegations of sexual abuse during the audit period; therefore, no monitoring records were available for review. The designated retaliation-monitoring staff members understood this requirement. **115.267(d)** The PAQ states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The facility's policy is to monitor until discharge or release. Staff interviews confirmed understanding of this requirement. **115.267(e)** The PREA Coordinator and Program Director stated that the agency would take appropriate measures to protect any individual against retaliation and would respond immediately to any concerns. **115.267(f)** The PREA Coordinator and Program Director understood that monitoring shall terminate if the agency determines the allegation is unfounded. **Conclusion** The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed

- PREA Policy

Interviews Conducted

- PREA Coordinator/ Investigator

115.271(a)

The PREA Policy states, “BSS conducts administrative investigations into allegations of sexual harassment. BSS shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. BSS does not conduct sexual abuse investigations. Local law enforcement will be contacted for all allegations of sexual abuse.”

The PREA Coordinator, who is also an agency investigator for sexual harassment allegations, understood that all investigations must be prompt, thorough, and objective, including third-party and anonymous reports.

The facility reported they have no allegations of sexual abuse and two allegations of sexual harassment in the 12 months preceding the audit.

The auditor reviewed both investigative reports and both were prompt, thorough, and objective.

115.271(b)

The facility does not conduct sexual abuse investigations. The PREA Policy states, “Where sexual harassment is alleged, BSS shall use investigators who have received special training in administrative sexual abuse investigations pursuant to § 115.234. Should the investigation indicate a crime has been committed, the matter will be referred to local law enforcement for investigation.”

The agency has designated agency investigators who conduct administrative sexual harassment (not sexual abuse) investigations. The auditor reviewed training records showing investigators completed NIC’s PREA: Investigating Sexual Abuse in Confinement Settings.

The investigator interviewed confirmed receiving specialized training.

115.271(c)

The facility does not conduct sexual abuse investigations; however, staff were aware of the requirement to gather and preserve evidence, interview all parties, and review prior complaints if they ever conducted such investigations.

115.271(d)

The investigator interviewed understood that when evidence appears sufficient to support criminal prosecution, compelled interviews may only occur after consulting prosecutors to avoid jeopardizing criminal proceedings.

There were no examples for the auditor to review.

115.271(e)

The PREA Policy states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination.”

The agency understood this requirement, though the facility does not conduct sexual abuse investigations.

115.271(f)

The PREA Policy states administrative investigations:

“Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

The agency understood these requirements; however, there were no examples for the auditor to review.

115.271(g)

The facility does not conduct criminal investigations but is aware that such investigations must be documented thoroughly and include all evidence.

No criminal investigations occurred during the audit period.

115.271(h)

The PREA Policy states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

The facility is aware of this requirement. No criminal investigations occurred during the audit period.

115.271(i)

The PREA Policy states, “BSS will retain all documentation regarding sexual abuse and sexual harassment allegations and investigations for as long as the alleged abuser is a resident at BSS, plus five years.”

The PREA Coordinator stated that investigative reports are stored securely for the required retention period.

115.271(j)

The PREA Policy states, “BSS will not terminate or request that local law enforcement terminate an investigation solely because the source of the allegation recants or the alleged abuser or victim is no longer employed or a resident.”

The investigator interviewed understood this requirement.

115.271(k)

There was no indication that any state entity or DOJ component conducted investigations at this facility during the audit period. BOP may conduct investigations, and such investigations would follow PREA standards.

115.271(l)

The PREA Policy states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

The Program Manager explained a good relationship with law enforcement and said they would cooperate fully and receive regular updates.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.272	Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed

- PREA Policy
- Investigation Packet

Interviews Conducted

- PREA Coordinator/Investigator

115.272

The PREA Policy states, “BSS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

The PREA Coordinator confirmed that the preponderance of the evidence standard is used when determining the outcome of sexual abuse and sexual harassment allegations.

	The facility reported they have no allegations of sexual abuse and two allegations of sexual harassment in the 12 months preceding the audit. The facility is aware of this requirement. No criminal investigations occurred during the audit period. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • Closure Letters **Interviews Conducted** • Program Director **115.273(a)** The PAQ states that following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Program Director demonstrated understanding of this requirement; however, there were no examples for the auditor to review. **115.273(b)** The facility understands that if it did not conduct the investigation, it must request relevant information from the investigative agency in order to inform the resident. There were no examples of this occurring during the audit period. **115.273(c)** The PAQ states that following a resident's allegation that a staff member committed

	sexual abuse, the agency shall inform the resident (unless the allegation is unfounded) whenever: 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns the staff member has been convicted of a charge related to sexual abuse within the facility. There were no circumstances requiring such notifications during the audit period. The Program Director was aware of this requirement. **115.273(d)** The PAQ states that following a resident's allegation that they were sexually abused by another resident, the agency shall inform the alleged victim whenever: 1. The alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. The alleged abuser has been convicted of a charge related to sexual abuse within the facility. All notifications or attempted notifications must be documented. There were no circumstances requiring such notifications during the audit period. **115.273(e)** The PAQ states that all notifications required by this standard are documented. The Program Director understood this requirement. The facility documents notifications via letters to residents. **115.273(f)** The Program Director understood that the agency's obligation to report under this standard terminates if the resident is released from custody. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.276	**Disciplinary sanctions for staff**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed

- Employee Handbook
- PREA PolicyBOP Statement of Work

Interviews Conducted

- Program Director
- Random Staff

115.276(a)

The PAQ states that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The Employee Handbook states, “Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination. If the employee engages in sexual abuse, the employee will be terminated.”

The Program Director confirmed that staff would be disciplined or terminated for violating sexual abuse or sexual harassment policies.

115.276(b)

The PAQ states there were no terminations for violating sexual abuse or sexual harassment policies, but termination would be the presumptive disciplinary sanction for staff who engage in sexual abuse.

Staff interviewed during the onsite audit stated they could be terminated for violating sexual abuse or sexual harassment policies.

The Employee Handbook clearly states that termination will occur if an allegation of sexual abuse is substantiated.

The Program Director confirmed that termination would be the presumptive sanction.

115.276(c)

The PAQ states that disciplinary sanctions for violations of sexual abuse or sexual harassment policies (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by other staff.

The facility reported no staff discipline for such violations during the audit period. The Program Director understood this requirement.

115.276(d)

The PAQ states that all terminations for violations of sexual abuse or sexual harassment policies—or resignations by staff who would have been terminated—are reported to law enforcement (unless clearly not criminal) and to relevant licensing bodies.

The PAQ states no staff was reported to law enforcement following termination for violating sexual abuse or sexual harassment policies.

The PAQ also states that the BOP Statement of Work indicates BOP is solely responsible for investigating standards of conduct violations, including PREA, and has sole authority to preclude staff from working with federal offenders.

The PREA Policy states, “Should an employee or volunteer/contractor choose to resign/leave their position due to an allegation of sexual abuse/assault, law enforcement will be notified.”

The facility reported that no staff were referred to licensing bodies during the audit period.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.277	Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed

- PREA Policy
- BOP Statement of Work

Interviews Conducted

- Program Director
- Volunteers

115.277(a)

The PAQ states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement

	(unless clearly not criminal) and to relevant licensing bodies. The PAQ also states that the BOP Statement of Work indicates BOP is solely responsible for investigating standards of conduct violations, including PREA, and has sole authority to preclude volunteers or contractors from working with federal offenders. The PREA Policy states, “If the allegation is lodged against a volunteer or contractor, that volunteer or contractor’s services will be suspended and they will have no access to any BSS facility or offender pending investigation.” The facility reported no substantiated allegations of sexual abuse involving contractors or volunteers in the past twelve months. The Program Director stated that any contractor or volunteer who engaged in sexual abuse would be immediately prohibited from resident contact. A volunteer interviewed understood the requirements and consequences of violating sexual abuse or sexual harassment policies. The facility did not have contractors at the time of the audit. **115.277(b)** The PAQ states the facility shall take appropriate remedial measures and consider prohibiting further contact with residents for any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. The PREA Policy states, “Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.” The Program Director stated she would take appropriate corrective action. Volunteers interviewed understood remedial measures that may be taken, including termination of their ability to provide services. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed

- BOP Statement of Work
- BOP Prohibited Acts
- Facility Rules and Regulations

Interviews Conducted

- Random Staff
- Program Director

115.278(a)

The PAQ states that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt.

The facility provided the BOP Statement of Work and BOP Prohibited Acts, which outline the disciplinary process. Sexual assault and engaging in sexual acts are listed as available sanctions under the greatest severity level.

The facility reported no substantiated allegations of resident-to-resident sexual abuse during the twelve months preceding the audit.

115.278(b)

The PAQ states that sanctions are commensurate with the nature and circumstances of the abuse, the resident’s disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories.

There were no substantiated allegations of resident-to-resident sexual abuse during the audit period.

115.278(c)

The facility reported that the disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to the behavior when determining sanctions.

There were no substantiated allegations of resident-to-resident sexual abuse during the audit period.

115.278(d)

The PAQ states that if the facility does not offer therapy, counseling, or other interventions designed to address underlying motivations for the abuse, it shall consider requiring the offending resident to participate in such interventions as a condition of access to programming or other benefits.

The Program Director reported that the facility does not provide sex offender treatment.

	115.278(e) The PAQ states the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent. The PREA Policy states, “At no time is any sexual relationship between staff and offenders, offenders and offenders of a consensual nature (review BOP Prohibited Acts).” The Facility Rules and Regulations state, “Under no circumstances is any sexual behavior between a resident and staff consensual.” There was no indication that any resident had been disciplined when an employee consented to sexual conduct. Staff interviews confirmed an understanding that consent with a resident is never appropriate due to the inherent power differential. **115.278(f)** The PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith, even if the investigation does not substantiate the allegation. The facility reported no instances of residents being disciplined for filing a false PREA allegation. **115.278(g)** The agency prohibits all sexual activity between residents and may discipline residents for such activity; however, consensual sexual activity is not considered sexual abuse unless coerced. Staff interviews confirmed that consensual sexual activity between residents is treated as a rule violation, not sexual abuse, unless coercion is involved. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

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

- PREA Policy
- First Responder Duties
- Initial PREA Allegation Notification

Interviews Conducted

- Random Staff
- Program Director
- SANE

115.282(a)

The PAQ states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, determined by medical and mental health practitioners according to professional judgment.

The PREA Policy states, “BSS does not provide any on site medical and/or mental health care. All medical and/or mental health care will be provided in the community by clinics/centers whose specialty is related to sexual assault/abuse and or other public medical center hospitals.

Any offender who has been a victim of sexual assault/sexual abuse will have unimpeded access to medical and mental health care, via 9-1-1 or an itinerary system, depending on the situation.

BSS has developed a list of local rape crisis clinics/centers which provide all medical/ mental health care, free of charge to the victim. The listing is contained in the Offender Handout, as well as posted on the PREA board in each facility.”

The First Responder Duties instruct staff to contact 9-1-1 in the event of sexual assault.

The Program Director confirmed that all medical and mental health treatment is conducted offsite, with referrals provided as needed.

The auditor was provided with examples of initial PREA allegation notifications that are provided to the residents when they make a PREA allegation. In the notification the residents can select if they would like to have counseling provided for them, free of charge.

115.282(b)

Since the facility does not have onsite medical or mental health staff, first responders ensure evaluation and treatment with outside providers.

Staff interviews confirmed this practice.

115.282(c)

	The PAQ states that resident victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. The Program Director stated these services would be provided at a hospital or offsite medical facility. No such incidents occurred during the audit period. A SANE nurse confirmed these services would be offered as part of the forensic examination when needed. **115.282(d)** The PAQ states treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The PREA Policy states, “BSS does not employ medical and/or mental health care practitioners. Therefore, the victim will be referred to a Rape Crisis Counseling agency free of charge. Each local Rape Crisis Clinic can be contacted at no cost to the victim. Further, the Rape Crisis Clinic will provide all on-going medical/mental health services at no cost to the victim.” **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy **Interviews Conducted** • Program Director **115.283(a–b)** The Program Director explained that the facility has no medical or mental health

staff or contractors. All services are provided offsite at hospitals or community providers.

115.283(c)

The facility provides victims with medical and mental health services consistent with community standards of care, as all services are delivered in the community.

There were no medical or mental health staff on site to interview.

115.283(d)

The PAQ states that female resident victims of sexually abusive vaginal penetration shall be offered pregnancy tests.

The facility reported that this is done in the community.

115.283(e)

The PAQ states that victims who become pregnant shall receive timely and comprehensive information about, and access to, all lawful pregnancy-related medical services.

115.283(f)

The PAQ states that resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

The Program Director stated these services would be completed at a hospital or offsite medical facility at no cost to the resident.

There were no examples to review.

115.283(g)

The PAQ states that treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

The Program Director confirmed this practice.

115.283(h)

The Program Director stated that if a resident-on-resident abuser were identified, they would be released from the program; therefore, an evaluation would not be completed at the facility. Referrals to outside mental health practitioners would be provided as needed.

Conclusion

The auditor has determined the facility is in ***substantial compliance*** with every

	provision of this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • Critical Incident Review **Interviews Conducted** • PREA Coordinator • Program Director • Incident Review Team Member **115.286(a)** The PAQ states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including unsubstantiated allegations, unless the allegation is determined to be unfounded. The PREA Policy states, “BSS will conduct a sexual abuse incident review at the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.” The Agency PREA Coordinator and the Program Director understood that a post-conclusion incident review must be completed for every substantiated and unsubstantiated allegation of sexual abuse. One member of the incident review team was interviewed and confirmed that a critical incident review would be completed. The facility documents incident reviews using a Critical Incident Review form, which was provided to the auditor. There have been no allegations of sexual abuse since the last PREA audit. 115.286(b) The PAQ states that the review shall ordinarily occur within 30 days of the conclusion of the investigation. The PREA Policy states, “Said sexual abuse incident review will be conducted within 30 days of the conclusion of the administrative or criminal sexual abuse

investigation."

The Incident Review Team member interviewed understood this requirement.

115.286(c)

The PAQ states that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The PREA Policy states, "The incident review team will consist of the agency-wide PREA coordinator, the PREA Manager and the management team of the facility where the incident occurred."

The Incident Review Team member interviewed stated that input from investigators and line supervisors would be included.

115.286(d)

The PAQ states the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice;
2. Consider whether the incident was motivated by race, ethnicity, gender identity, sexual orientation, intersex status, gang affiliation, or other group dynamics;
3. Examine the area where the incident allegedly occurred to assess physical barriers;
4. Assess staffing levels during different shifts;
5. Assess whether monitoring technology should be deployed or augmented;
6. Prepare a report of findings and recommendations and submit it to the facility head and PREA Coordinator.

There were no sexual abuse allegations during the audit period; therefore, no incident reviews were available for evaluation.

The auditor reviewed a critical incident review completed for a non-PREA matter. It did not include all considerations required under this standard; however, the PREA Coordinator verified that these elements would be covered in any PREA-related incident review.

The Incident Review Team member interviewed stated that these considerations would be included for sexual abuse allegations.

115.286(e)

The PAQ states the facility shall implement recommendations for improvement or document reasons for not doing so.

Staff interviewed understood that if recommendations are not implemented, the

	reasons must be documented. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • BSS Standardized PREA Data Collection Instrument **Interviews Conducted** • Agency Head • PREA Coordinator **115.287(a)** The PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Policy states, “BSS will maintain, review and collect data as needed from all available incident-based documents, including reports and sexual abuse incident reviews.” The PREA Coordinator explained the agency’s tracking mechanism for sexual abuse and sexual harassment allegations. **115.287(b–c)** The PAQ states the agency aggregates incident-based sexual abuse data at least annually. The PREA Policy states, “All BSS facilities will collect PREA data and will complete an annual compilation of said data. The data collected will be adequate to answer all questions from Department of Justice Survey of Sexual Violence Report.” The auditor reviewed the BSS Standardized PREA Data Collection Instrument, which shows annual data collection. The completed instrument for 2025 was provided to

	the auditor. The PREA Coordinator described how data is collected and aggregated annually through the annual report and the SSV when requested. **115.287(d)** The PAQ states the agency maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Policy states, “BSS will maintain, review and collect data as needed from all available incident-based documents, including reports, and sexual abuse incident reviews.” **115.287(e)** Florence Residential Reentry Center is a private facility but does not contract with other entities to house residents; therefore, this provision is not applicable. **115.287(f)** The PREA Coordinator stated that the SSV is submitted by the due date each year when requested. The facility has not received a request since the last PREA audit but is aware of the requirement. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • PREA Policy • 2025 Annual PREA Report • 2024 Annual PREA Report **Interviews Conducted** • PREA Coordinator

115.288(a)

The PREA Policy states, “BSS reviews collected data and aggregates pursuant to section 115.287 in order to assess and improve the effectiveness of our sexual abuse prevention, detection, response policies and training including identifying problem areas, taking corrective action on an ongoing basis and preparing our annual report of our findings from our data review and corrective actions for each facility, as well as BSS as a whole. BSS will compare the current year data and corrective actions with those from prior years.”

The auditor reviewed the 2024 and 2025 annual PREA reports. Each report assessed the PREA program at each facility, identified problem areas, and documented corrective actions such as staff discipline, reminders, and additional training.

The PREA Coordinator explained the process for completing the annual report.

115.288(b)

The PREA Coordinator prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. This report shall include a comparison of the current year’s aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.”

The annual report included:

- Comparison of current and prior year data
- Assessment of agency progress
- PREA background and zero-tolerance commitment
- Breakdown of PREA incidents by facility and outcome
- Trends in allegations
- PREA definitions
- Facilities audited that year
- Corrective actions taken

The report was thorough and met all requirements.

115.288(c)

The President of Behavioral Systems Southwest approves the report annually, and it is posted on the public website.

115.288(d)

The PREA Coordinator understood that specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.

There were no materials in the report requiring redaction.

	The PREA Coordinator stated that no sensitive data would be posted without appropriate redaction. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed • Behavioral Systems Southwest PREA Policy • Behavioral Systems Southwest 2024 and 2025 PREA Annual Reports **Interviews Conducted** • PREA Coordinator **115.289(a)** The PREA Policy states, “BSS will ensure that incident based and aggregate data are security stored in the EVP office. BSS will retain all sexual abuse data collected for at least 10 years after the data of initial collection.” The PREA Coordinator stated that PREA information is securely retained under lock and key. **115.289(b)** The PREA Policy states, “The annual report provides an assessment of BSS’s progress in addressing sexual abuse and the annual reports will be made available at www.behavioralsystemssouthwest.com on an annual basis.” The auditor reviewed the agency’s website prior to the onsite audit and confirmed that PREA data was posted. **115.289(c)** The PREA Policy states, “All personal identifiers will be removed from the report prior to posting.”

	The auditor reviewed the website and verified that no personal identifiers were included. **115.289(d)** The PREA Policy states, “BSS will ensure that incident-based and aggregate data are security stored in the EVP office. BSS will retain all sexual abuse data collected for at least 10 years after the data of initial collection.” The PREA Coordinator verified that incident-based and aggregated data are retained for at least 10 years. **Conclusion** The auditor has determined the facility is in ***substantial compliance*** with every provision of this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed • Behavioral Systems Southwest Website • Standard Analysis **115.401(a)** Behavioral Systems Southwest ensures each facility operated by the agency receives a PREA audit at least once every three years. Audit reports are posted on the agency’s website. **115.401(b)** Behavioral Systems Southwest ensures that at least one-third of each facility type is audited every year. Audit reports are posted on the agency’s website. **115.401(f)** The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation documents. These materials were provided prior to the onsite audit. **115.401(g)**

	The auditor reviewed a sampling of relevant documents. The methodology for document review is described at the beginning of the report. **115.401(h)** The auditor had access to and observed all areas of the audited facility. A comprehensive site review was conducted on the first day of the onsite audit. **115.401(i)** The auditor received all relevant documents. These are detailed in the standard-by-standard analysis. **115.401(j)** The auditor will retain and preserve all documentation and will provide it to the Department of Justice upon request. **115.401(k)** The auditor interviewed a representative sample of residents, staff, supervisors, and administrators, following all guidelines in the PREA Auditor Handbook. **115.401(l)** The auditor reviewed videotapes (including the PREA video) and electronic data such as watch tour records. **115.401(m)** The auditor conducted private interviews with residents. **115.401(n)** Notice of the audit was posted at the facility six weeks prior to the onsite audit, and residents were permitted to send confidential information or correspondence to the auditor. **115.401(o)** The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f)

	The agency ensured that the auditor’s final report is published on the agency’s website or otherwise made readily available to the public at: https://behavioralsy-stemssouthwest.com

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.)	yes
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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.)	na
	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.)	na
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	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?	
	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	yes

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

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	na

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

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

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
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	yes

	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?	
	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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct 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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
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.)	na
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes