

**Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities**

Interim Final

Date of Report August 1, 2021

Auditor Information

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| Name: Robert Manville | Email: robertmanville9@gmail.com |
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| Company Name: Correctional Management and Communication |
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| Mailing Address: 168 Dogwood Drive | City, State, Zip: Milledgeville, Ga. |
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| Telephone: 912-486-0004 | Date of Facility Visit: July 8 - 9, 2021 |
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Agency Information

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| Name of Agency: Riverside Christian Ministries Inc. | Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text. |
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| Physical Address: 968 NW 2nd Street | City, State, Zip: Miami FL 33128 |
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| Mailing Address: 968 NW 2nd Street | City, State, Zip: Miami FL 33128 |
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| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |

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| Agency Website with PREA Information: www.riversidehouse.org |
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Agency Chief Executive Officer

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| Name: Cleveland Bell III |
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| Email: cbell@riverside-house.org | Telephone: 305-326-9799 ext. 107 |
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Agency-Wide PREA Coordinator

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| Name: David McSherry | |
| Email: dmcsherry@riverside-house.org | Telephone: 305-326-9799 |
| PREA Coordinator Reports to: Cleveland Bell III CEO | Number of Compliance Managers who report to the PREA Coordinator: 1 |

Facility Information

Name of Facility: Riverside Christian Ministries, Inc. dba Riverside House

Physical Address: 968 NW 2nd Street **City, State, Zip:** Miami FL 33128

Mailing Address (if different from above): P.O. BOX 2325 **City, State, Zip:** Miami, FL 33101-2325

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| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |

Facility Website with PREA Information: www.riversidehouse.org

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA
 NCCHC
 CALEA
 Other (please name or describe: [Click or tap here to enter text.](#))
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
 BOP Contracting audit

Facility Director

Name: Candido Tejada

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| Email: ctejada@riverside-house.org | Telephone: 305-326-9799 |
| Facility PREA Compliance Manager | |
| Name: Dafeny Iglesias | |
| Email: diglesias@riverside-house.org | Telephone: 305-326-9799 |
| Facility Health Service Administrator <input checked="" type="checkbox"/> N/A | |
| Name: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |

| Facility Characteristics | |
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| Designated Facility Capacity: | 115 |
| Current Population of Facility: | 48 |
| Average daily population for the past 12 months: | 80 |
| Has the facility been over capacity at any point in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Which population(s) does the facility hold? | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males |
| Age range of population: | 21 + |
| Average length of stay or time under supervision | 180 days |
| Facility security levels/resident custody levels | Minimum |
| Number of residents admitted to facility during the past 12 months | 250 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i>: | 250 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i>: | 250 |
| Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | |
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| <p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: United State Probation Office <input type="checkbox"/> N/A |
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| Number of staff currently employed by the facility who may have contact with residents: | 32 |
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| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 11 |
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| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 1 |
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| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 1 |
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| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |
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| Physical Plant |
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| <p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p> | <p>2</p> |
| <p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p> | <p>26 Room and 2 single room (total 29 rooms)</p> |

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| Number of single resident cells, rooms, or other enclosures: | 2 |
| Number of multiple occupancy cells, rooms, or other enclosures: | 26 |
| Number of open bay/dorm housing units: | 0 |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| Medical and Mental Health Services and Forensic Medical Exams |
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| Are medical services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are mental health services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Where are sexual assault forensic medical exams provided? Select all that apply. | <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) |

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| Investigations |
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| Criminal Investigations |
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| Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: | 0 |
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity |

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| <p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p> | <p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p> |
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Administrative Investigations

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| <p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p> | <p>0</p> |
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| <p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p> | <p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p> |
|--|---|

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|---|---|
| <p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p> | <p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p> |
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Audit Findings

Audit Narrative

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

Overview:

The Riverside Christian Ministries entered a contract for the Prison Rape Elimination Act (PREA) auditing services with Corrections Management and Communication Group. The primary sole auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The agency and contracting staff determined that the agency would utilize the Paper Online Audit System portal for completion of the audit. The agency documents and the auditor documentation were uploaded on a flash drive and provided to the auditor. Prior to the on-site visit, the PREA Coordinator and facility staff uploaded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials. Policies and documentation are in the form of agency directives and policies. Institution Supplements (IS) are provided in the form of Facility Directives. Updates of the Pre audit questionnaire, investigations and Institutional Supplements were also discussed prior to the beginning of the audit. The auditor reviewed the agency website for PREA reports and updated policies. The auditor reviewed the February 2019 Audit Report posted on the Agency website and notated all previously recommended corrective action responses. The website also included data collection reports from 2015 through 2020 and the auditor noted all statistical data throughout the review. The intent of the Riverside Christian Ministries, Inc. dba Riverside House (Riverside House) program is to provide a transition process from prison to full integration back into the community, for male and female residents through reentry program and at home supervision for Bureau of Prisons and Office of Federal Probation.

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Riverside house during the period of July 8 through July 9, 2021. The audit was conducted by U.S. Department of Justice certified PREA auditor Robert Manville on behalf of Correctional Management and Communications. The standards used for this audit became effective August 20, 2012.

The auditor conducted an opening meeting on July 8, 2021. Those in attendance at the entrance meeting included with Chief Operational Officer (Agency PREA Coordinator), Operational Assistant (Facility PREA Compliance Manager) Facility Director and Maintenance Manager. The auditor spent two days on-site. Upon completion of the on-site audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and post audit expectations. The Center posted notice of audit throughout the center on May 27, 2021, and remained available until August 25, 2019. There were no correspondence received from resident, staff or third parties received by the auditor.

Facility Characteristics

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

Pre-Audit Phase:

On May 27, 2021, PREA Audit Notices (in English and Spanish) were posted in strategic locations throughout the facility where residents routinely live, enter and exit buildings, and participate in programming. Postings of the PREA Audit Notices were verified by the auditor and were posted in a timely manner prior to the on-site portion of the audit. The facility will continue to Post Audit Notices and will provide any updates to PREA auditor copy of any correspondences. No correspondence was received from any residents.

The Riverside staff were asked to complete the Pre-Audit Questionnaire (PAQ) which was received from the facility on June 19, 2021. Supportive documentation was received by the auditor on July 8, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards.

On July 8, 2021, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, resident rosters - including any residents characterized as being included in "targeted" categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the onsite audit. Prior to the on-site visit, the auditor discussed the information conveyed in the Preaudit Questionnaire (PAQ) with the Riverside Operations Assistant (PREA Compliance Manager (PCM)). As part of the pre-audit process, a review of the agency's PREA referenced policies, applicable local supplemental instructions, as well as submittals of supporting documentation was conducted. Documentation submittals and reported data generally covered the 12 months period from June 2020 until June 2021. Training records, staffing reports, and meeting minutes were reviewed during the pre-audit period. The auditor and communicated with the PREA Compliance Manager (PCM) regarding any concerns. A tentative schedule for specialized staff interviews was also formulated and submitted to the audited facility.

Site Review:

Immediately following the opening meeting, a tour of facility was conducted. The auditor was escorted by the facility's PREA Compliance Manager, Agency PREA coordinator and staff from maintenance manager. The auditor toured all resident living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to a community correctional confinement requirement. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the facility. The tour revealed adequate camera coverage, and physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds. The facility director and executive staff make continuous rounds throughout the center. Case management team members are located in the housing area of the facility and have an open-door policy for all residents to meet with the Director and Case management staff.

The maintenance staff have updated the restrooms in parts of the facility that provided privacy for all residents that utilize the restroom or showers.

Riverside House exists to guide men and women convicted of crime into becoming productive citizens through a nondenominational, faith-based approach to provide participants with the knowledge and skills necessary to lead a productive lifestyle prior to reintegration into their communities. There are three programs housed at the facility. They include a transition process from Federal Bureau of Prisons (BOP), Federal Probation and Parole Office and a at home supervision program. The facility consists of a 115 bed, two story facility for adult males and females.

The facility is located in an urban section of Miami Florida. There is no Special Housing Unit (protective custody. River house utilizes 52 cameras (with recording capabilities) and several mirrors to monitor activities. The auditor found no "blind spots" (areas lacking adequate camera coverage or staff supervision) during the tour.

There are two housing units for residents. Building one is located as part of the administrative area and previously was a 13-room apartment area. Rooms are designed to be a one-bed rooms and then 10 two to four bedrooms. Each of the sleeping area contains a curtained shower, sink and toilet. Each of these areas include a door to provide privacy. These rooms are utilized to house female residents. Some of these rooms also include males which do not do not share rooms with female residents. The second living unit is 18 two, one single and the remainder are three- or four-man rooms without showers, toilets or sinks. At the end of this housing unit is five showers that include an area to change clothing. There are also 5 (five)

toilets that have privacy partitions located between each toilet. Only males are housed in this building.

There are recreational activities at the facility, and religious services. The facility also has classrooms, leisure activity areas, a computer lab and a Visiting Room. Food is prepared away from the center and is served by a vendor who is under constant supervision while serving meals. There is a food service area that includes preparation area and dining room.

Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, work area, visitation room and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and cooperate office address and phone number.

Programs address the re-entry needs of each resident individually, and include instruction in Raising Awareness, Problem Solving, Relationships, Finances/Employment, Criminal Attitudes and several others. Additional services include Individual Assessment Programs, Employment Assistance and Housing Placement Assistance. Residents receive these services at the facility or in the community.

The facility is accredited by the American Correctional Association. The on-site audit tour did not reveal any resident privacy concerns. Toilet and shower areas throughout the facilities were located in a manner to prohibit the possibility of non-incident cross gender viewing.

Staff Interviews:

The center is staffed by 32 persons. This includes center director, Chief Operations Officer (PREA coordinator), and operations assistants (PREA compliance manager). The center has a senior case manager that supervises 4 case managers. There is a full-time maintenance manager. There is always a minimum of two direct care staff on duty. There is always one female and one male staff and the center attempts to always have one bilingual staff on duty.

A total of 15 staff were interviewed. Eight (8) random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Ten specialized staff were interviewed. The specialized staff included the PREA Compliance Manager, the Human Resource Manager, Agency PREA Coordinator. Telephone interviews were conducted by Hospital and Victim Advocacy program staff. The Agency Chief Operational Officer provided a response to PREA questionnaire.

Resident Interviews:

Resident interviewees were selected from a housing roster dated July 7, 2021. The rosters categorized residents by housing, programming and gender. Additional information was provided for PREA targeted categories such as disabled, limited English proficient (LEP), etc.

Staff were able to identify residents in targeted categories, or the lack of residents in targeted groups. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 18 residents that are not of the PREA targeted group were interviewed. These interviews included residents from each living unit, each program area and each gender. There were 4 targeted residents who were privately interviewed. The targeted residents were as follows; limited English proficient-2; LGBTI-0; disclosed victimization at screening- 1; disabled-1; reported sexual abuse-0.

Staff File Review

During interviews with specialized staff, the auditor reviewed twelve (12) training files, nine (9) background clearance files including three (3) new hired staff, three (3) staff that had been employed at Riverside Ministries more than five (5) years, and three (3) files of staff that had been promoted during the last 12 months.

Resident Files:

Fifteen (15) resident's records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation

Staff Training:

The auditor requested specific and some random training files for employees. Included in the specific list was training staff, Superintendent, PCM, and five random monitors. All training records contained yearly training. Specialized staff had received yearly training specific to their duties.

Investigations

During the audit period, there were no allegations of sexual abuse or sexual harassment.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the facility PREA Compliance Manager and Riverside Ministries PREA coordinator staff as required. PAQ entries were verified, and any modification were corrected by Riverside House Compliance Manager. The center completed a revision of the centers personnel policies and personnel handbook.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Corrective Action Plans

During the onsite audit the center completed one corrective action plan. During the last year the client began signing residents up for Federal Insurance. While the advocate and victim emotional support team provide free access to the Advocate program. However, in interview with the victim advocate, it was determined that the agency receives funding from Jackson Hospital and would provide SANE services for any resident, however the MOA did not address funding of the SANE services. The facility revised the PREA standard and updated the MOA to mandate that the facility would provide all medical services involved in a sexual forensic examination and crisis intervention.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded:

Standard 115.221: Evidence protocol and forensic medical examination

Standard 115.241: Screening for risk of victimization and abusiveness

Standard 115.253: Resident access to outside confidential support services

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: [Click or tap here to enter text.](#)

List of Standards Not Met: [Click or tap here to enter text.](#)

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- ✦ Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- ✦ Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- ✦ Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- ✦ Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- ✦ 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 facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
Agency Organization Chart
Riverside House) Organization Chart

Riverside House residential reentry center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault ensures a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all residents and employees, volunteers, and contractors. Riverside House policy on all forms of sexual abuse mandates zero tolerance of such violations.

Any sexual contact between a resident and an employee, volunteer, or contractor is sexual abuse. All forms of sexual contact and sexual harassment i.e., resident on resident sexual abuse/assault; staff on resident sexual abuse assault; and volunteers/contractors sexual abuse/assault on resident are prohibited by Riverside House. Any employee, supervisor or manager who violates this policy, and in accordance with the company Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors and their representatives shall also comply with this policy or the working relationship/contract may be severed. A member of the incident review team may jointly or individually decide if it necessary to prohibit further resident contact until HR can be reached.

All claims of sexual assault will be immediately reported to the contracting supervisory staff and when violation of law to law enforcement agency. By contract BOP office of Inspector general conduct all allegation of sexual abuse or sexual harassment.

The Companies Chief Operations Officer serves as the PREA coordinator. He reports directly to the Chief Executive Officer. Interviews with the PREA coordinator indicated he had time and resources to oversee and implement PREA mandates. The facility Operations Assistant serves as the Facilities PREA compliance managers.

Zero-tolerance posters are displayed throughout every area of the institution. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during additional admission and orientation presentations. The video is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures.

Compliance was determined by review of policies, orientation power point presentations, posters and interviews with staff and residents.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) Yes No NA

115.212 (b)

- 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.) Yes No NA

115.212 (c)

- ✦ If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- ✦ In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not contract with any other entity to provide supervision of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- ✦ 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 No
- ✦ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- ✦ 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 No
- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault

Staff Training Curriculum

Memo searches of female inmates

Memo cross gender searches

In-service training

PREA Staff Training Curriculum

Riverside House PREA staffing plan was developed and implemented to ensure that staff are well trained staff that provide 24-hour coverage, seven days a week. Riverside House shall concentrate staff in areas that most residents are available for example, program activities that occur during the evening hours. The staffing ratio will be maintained throughout the contract unless indicated differently by the Reentry Residential Manager from the Federal Bureau of Prisons.

There are 52 cameras at River House, with recording capabilities, and are monitored by staff.

The facility does not deviate from their established staffing plan and when vacancies occur, the facility uses overtime and endeavors to quickly fill open positions with qualified employees. A monthly roster of staffing was provided to document that daily staff report to the Chief Operational Officer. The facility must provide the contracting agencies anytime they do not meet the required staffing plan. The PREA coordinator provided copy of the latest staffing analysis from 2019 to 2020.

Whenever necessary, but no less frequently than one year, the facility shall, in consultation with the PREA coordinator, assess, determine, and document whether staffing plan adjustments are needed; review of prevailing staffing patterns; whether the facility's video monitoring system needs to be upgraded and other technologies; whether to increase the resources that the facility has available to ensure adherence to the staffing plan.

Riverside House shall ensure that supervisory staff conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse/assault and sexual harassment. Staff shall be prohibited from alerting other staff members that these supervisory rounds are occurring.

The chief operational officer and facility director were interviewed concerning this standard and confirmed compliance. Further compliance was determined by review of the facility staffing plan, monthly report of staffing and review of Facility staffing plan.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.215 (b)

- ✦ 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 residents.) Yes No 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 residents.) Yes No NA

115.215 (c)

- ✦ Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- ✦ Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- ✦ Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- ✦ Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical 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 No

- ✦ 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 No

115.215 (e)

- ✦ Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- ✦ If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- ✦ Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- ✦ Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. Riverside House Standard Operating Procedure

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault - Searches

Riverside House residential reentry center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault; SEARCHES: Policy limits to cross-gender viewing and searches and establishes the following mandates:

- Riverside House does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
- Riverside House does not permit cross-gender pat-down searches of female residents.
- Riverside House does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision
- All cross-gender pat-down searches of female residents must be documented.
- Riverside House 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 (this includes viewing via video camera).
- Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
- Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The facility has not conducted any strip searches in the last 12 months. All staff reported that they received cross-gender pat search training, during their initial in-service training and biannually. Interviews with staff and residents confirmed that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. During the tour of the facility, the auditor observed staff members announcing their presence, verbally, when entering all areas holding male residents. This practice was also confirmed by residents and staff, during individual interviews. Staff were aware of River House policy prohibited the searching of a transgender or intersex resident solely to determine their genital status. PREA notifications (English and Spanish) are posted in each housing area and throughout the facility. Interviews with staff, residents and an examination of policy confirm compliance to this standard. Showers and toilets are partitioned by doors and/or curtains to provide privacy for all residents.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who have speech disabilities? Yes No
- ✦ 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 No
- ✦ Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- ✦ 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 No

- ✦ 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 No
- ✦ 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 No
- ✦ 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: Are blind or have low vision? Yes No

115.216 (b)

- ✦ 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 No
- ✦ Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Language Line Services, Inc.

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault

ADA Training

Power point training

Statement of Fact

Through policy and practice, the facility ensures that inmates with all disabilities listed in §115.16 (a) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency's training curriculum address implementation of Agency Mandates. All PREA related information, including postings, brochures and handouts are available in English and Spanish languages. Staff also may read information to inmates when necessary. Translation services are available through trained staff and a contracted language service for inmates who are not English proficient for any language. All training documents and video are provided in English and Spanish versions. The PREA coordinator utilizes the PREA Resource Center to provide much of the information that is utilized at the facility for inmate training.

Communication services are available for inmates who use sign language. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. The center attempts to have a bilingual staff on duty at all time. The facility has several methods of providing services for deaf or hard of hearing residents based on the resident's preference to include sign languages. There are several agencies in Miami that provides services for the deaf. Interviews with staff, residents and an examination of policy confirm compliance to this standard.

Compliance was determined by reviewing inmate training, and interviews with PREA coordinator and facility PREA compliance manager.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 question immediately above? Yes No
- ✦ Does the agency prohibit the enlistment of 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 No
- ✦ Does the agency prohibit the enlistment of 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 No
- ✦ Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (b)

- ✦ Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No

- ✦ Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- ✦ Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- ✦ 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- 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 No

115.217 (f)

- ✦ Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- ✦ 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 No
- ✦ Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault Staffing Plan
PRE Audit Questionnaire
Promotion PREA Form

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault

require Pre-employment background checks, a minimum of background checks within five (5) years of initial employment and background checks for all promotions prior to being offered a promotion. Policy mandates upon employees a continuing affirmative duty to disclose any misconduct involving engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above. Additionally Riverside Center requires staff to report any criminal or civil activities. Nebraska Department of Correctional Services central personnel office completes all background checks. Fifteen (15) local personnel files were examined by the Auditor to ensure compliance with all aspects of this standard. This included five new hires, five promotions, and five staff with over 5 years tenure with the agency. All backgrounds had been conducted. All employees who have contact with inmates have had a full field background. Based on contract the facility must conduct background checks utilizing BOP requirements for each new employee, persons that are promoted and person have been employed for more than five years.

Submission of false information by any applicant is grounds for not hiring the applicant. The Human Resource Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed the agency provides 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. Policy provides that the facility notify appropriate licensing/certifying agencies when professional staff members are terminated for substantiated allegations of sexual abuse or sexual harassment.

A review of personnel files and relevant supporting documentation, including interview with personnel manager and volunteer coordinator confirm compliance with this standard. The human resources director maintains a spread sheet with all staff, dates they were hired, dates background check were completed, when five year reviews are scheduled, date five year background were completed, dates promotions were announced, date promotion backgrounds were requested, date backgrounds were completed, and date staff were offered the promotion. A review of background checks, policy and interviews with Human Resources staff determined the agency meets the expectation of this standard.

Nine (9) employee personnel files were reviewed. This includes three new hires, three staff that have been employed more than five years and three staff that have been promoted in the last 12 months. Each files contained background checks that included Federal background checks.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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.) Yes No NA

115.218 (b)

- 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 a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Riverside Ministries has not made any substantial changes or began any new programs in since the last PREA audit. The center did update the camera system in June 2016 which included 52 additional cameras and upgraded monitoring system. The facility has upgraded the restroom and showers. In making these upgrades the center modified showers, toilets and

wash basins to ensure residents are able to shower, use the toilet and change clothing without being viewed by staff. Compliance was determined by review of installed cameras, monitoring equipment, review of the camera layout system and upgrades to the restrooms.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (b)

- ✦ Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- ✦ Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- ✦ Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- ✦ 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 No
- ✦ Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- ✦ Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- ✦ If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- ✦ Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- ✦ 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 No
- ✦ As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- ✦ 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 No NA

115.221 (g)

- ✦ Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
Memo for MOU with Hospitals
Memo for SANE examinations
MOU Roxcy Bolton Rape Treatment Center
Statement of Fact

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses this standard. Riverside House has a

MOU with The Roxcy Bolton Rape Treatment Center victim advocacy service from resident's that have been a victim of sexual abuse and with Miami Police Department for investigation of sexual abuse. The Rape Treatment Center provided copies for advocacy staff credentials which includes training on sexual abuse advocacy programs from Florida Council Against Sexual Violence Advocacy Core Training. Roxcy Bolton Rape Treatment Center (RTC) is a non-profit, hospital-based sexual assault crisis center located on the campus of Jackson Memorial Hospital.

While Miami Police Department will be responsible for the initial investigation, the BOP office of Inspector General is responsible for coordinating criminal action involving residents assigned to a BOP contracting facility. This investigation will include trained sexual abuse investigator from Office of Inspector General investigators or in such criminal action could be preferred to Federal Bureau of Investigations.

Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolate the witnesses; follow the chain of command notifications; make appropriate referrals and secure and obtain usable physical evidence, when an allegation of sexual abuse has been made. All allegations of sexual abuse/sexual harassment are referred to the BOP. If necessary, residents will be transported to Jackson Memorial Hospital's Roxcy Bolton Rape Center emergency room to receive a forensic examination in compliance with this standard. The auditor talked with the emergency room nursing supervisor, who indicated the hospital was more than willing to examine and treat residents from the facility and that SANE (Sexual Abuse Nurse Examiner) nurses were available on site. Interviews with staff from victim advocacy group and Jackson Memorial Hospital's Roxcy Bolton Rape Center and an examination of documentation from Miami Police Department and MOUs confirm compliance to this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- ✦ Does the agency have a policy and practice 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 No
- ✦ Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- ✦ Does the agency document all such referrals? Yes No

115.222 (c)

- ✦ 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 No NA

115.222 (d)

- ✦ Auditor is not required to audit this provision.

115.222 (e)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

- Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
- PRE Audit Questionnaire
- Memo for MOU with Hospitals
- Memo for SANE examinations
- Roxcy Bolton Rape Treatment Center
- Annual Assessment for 2020
- River House website
- Statement of Fact

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses this standard. Policy mandates all allegations of sexual abuse and sexual harassment will be investigated, with all allegations of sexual abuse/assault and rape referred to law enforcement for criminal investigation. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolate the witnesses; follow the chain of command notifications; make appropriate referrals and secure and obtain usable physical evidence, when an allegation of sexual abuse has been made. All allegations of sexual abuse/sexual harassment are referred to the BOP. All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment. All administrative staff were aware of their responsibility to report all allegations for responsible investigative unit. Incident that need immediate investigations that are criminal in nature are referred to Miami Police through agreement with Miami Police Department. All administrative investigations are referred to BOP for determination of investigative responsibility. There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Compliance was determined by review of the facility's policy and interviews with PCM, and Office of Inspector general.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- ✦ Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- ✦ Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- ✦ 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 No
- ✦ Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- ✦ Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- ✦ 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 No

115.231 (b)

- ✦ Is such training tailored to the gender of the residents at the employee's facility? Yes No

- ✦ 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 No

115.231 (c)

- ✦ Have all current employees who may have contact with residents received such training? Yes No
- ✦ 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 No
- ✦ 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 No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Pre-service PREA 2021
In-Service PREA 2021
PREA Completion
Training Curriculum
Pat Search with Cross Gender Considerations
PREA Signature of Understanding
PREA Staff Training Records
PREA Training Requirements

Riverside House has developed and implemented a Center Training Plan for all staff. Contractors, volunteers and residents. The training for staff includes the following.

- Its zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under Riverside House's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct cross gender pat down searches

Such training is tailored to the gender of the residents at the employee's facility. All employees receive training for managing including communication for male and female residents. Riverside House will provide each employee with refresher training each year and Inservice training every two years to ensure that all employees know Riverside House's current sexual abuse and sexual harassment policies and procedures. A review of training include a video provided by the PREA Resource Center and BOP training curriculum.

The facility training plan includes a test to determine if staff understand the training. Staff are required to complete the test and their personnel files document test and staff acknowledge

that they have received the training. Compliance was determined by review of 9 employee files, review of the centers training calendar, review of the center's training curriculum, interviews with staff and administrator. All staff were well aware of required training curriculum.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 No

115.232 (b)

- 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 No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Contractor training records

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault and the Center's Training Plan includes training for all volunteers or contractors that have contact with residents. The center utilizes volunteers for special events and ministry activity programs. All of these volunteers receive a background check and approved PREA training program. Volunteers are required to attend PREA training that is provided by the Volunteer coordinator. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation for contractor and volunteers. Interviewed contracting supervisor and staff indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well. The Volunteer Coordinator maintains training records for volunteers and contractors. The facility only utilized volunteers that conduct special events. There is one contractor assigned to the facility. This contractor has received the same training as required of full time staff He was extremely knowledgeable about PREA. Compliance was determined through review of the Volunteer training program, volunteer files and interviews with the centers volunteer coordinator and contractor

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- ✦ During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- ✦ During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- ✦ During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- ✦ During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- ✦ During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.233 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Resident Files
Training Curriculum

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault mandates that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The provides refresher information whenever a resident is transferred to a different facility. The center provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Documentation of resident participation in these education sessions is maintained in the resident's file. In addition

to providing such education, key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center has implemented policies for engaging local resources to provide residents with limited English abilities, hearing and seeing impaired and residents that may have cognitive disabilities. Residents receive information during the intake process that includes a PREA handout printed in both English and Spanish. Residents also receive information during the intake process that includes PREA verbal orientation, and the intake screening process also addresses PREA issues. The information explains the facilities zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. During the tour, the auditor observed PREA posters throughout the facility and in resident housing areas. A PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment was also posted on the bulletin boards. Interviews with residents confirmed they not only received the information but were required to acknowledge in writing they completed PREA education. Interviews with Case Manager supervisor, residents and an examination of documentation including training curriculum and resident files confirm compliance to this standard. Three residents that are ESL were interviewed utilizing staff interpreter. The PCM advised he had access to sign language.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- ✦ Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- ✦ Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

- ✦ Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No 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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- ✦ 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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Riverside House staff do not conduct investigations. All investigations are conducted by BOP or Miami Police. BOP utilizes BOP investigators, Office of Inspector General or Office of Professional Responsibility staff. BOP has staff received Sex abuse investigative training. The Miami Police department has a sex abuse investigative team that is located in proximity of the

Jackson Medical center and the Roxcy Crisis Center. In cases of sexual assaults the city has a Sexual Assault Response Team with trained staff. Compliance was determined by previous interviews with BOP trained investigators and interviews with the Miami Response team member

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.235 (b)

- 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.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- ✦ Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Riverside House does not have medical or mental health staff.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

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 No

- 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 No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

- ✦ 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 No
- ✦ 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 No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

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 No

- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

115.241 (f)

- 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 No

115.241 (g)

- ✦ Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- ✦ Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- ✦ Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- ✦ 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 No

115.241 (h)

- 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 No

115.241 (i)

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
 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Screening Instrument
12 Screening and Rescreening

Riverside House provides several intake screening instrument during the first 48 hours of residents being assigned to the facility. One of the screening instrument includes an assessment of community placement and/or of immediate needs is included in the initial referral packet and is reviewed by staff upon arrival at the facility. Also, during the initial screening which is conducted within the first 72 hours is a screening instrument developed to provide an assessment of sexual abuse victimization or sexual abusiveness toward other residents. If the resident is admitted for more than 30 days periodic re-assessments shall be conducted and documented but immediately when a resident's risk may be affected due to a referral, new arrival, request, incident of sexual abuse, or based on additional relevant information since intake. Case Managers review all relevant information from other facilities and continue to immediately reassess within the first two weeks of the resident's arrival at the center and again within the next two weeks or when additional information is received. The center resident meets once every two weeks with the case manager to discuss progress in their release plans, overall safety at the center, and a review of any additional activities or information to assist resident in reentry into the community. The initial screening, two-week review and monthly screening is maintained in the resident's computerized files. The resident is required to sign each of these encounters.

Residents are not disciplined for refusing to respond or failing to fully disclose information during screening. Interviews with staff and an examination of the placement screening, initial screening instrument and thirty-day interview instrument. Resident files were reviewed to determine documents of placement screening, initial screenings and updates screening within the first 30 days those residents are housed at the facility. Compliance was determined by review of policy, placement screening documents, initial screening instruments, thirty-day screening instrument and resident files. Further Compliance was determined through interviews with case managers, residents, PCM, and company PREA coordinator.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- ✦ When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or

practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- ✦ When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- ✦ Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:
lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- ✦ Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- ✦ Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility,

unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Screening Instrument

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault mandates the Case Managers use information from the risk screening 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. Individualized determinations are made on how to ensure the safety of each resident. The contracting agency shall determine the gender of the resident by virtue of program assignment and Riverside House shall make individualized determinations about how to ensure the safety of each resident. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the center shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The center does not have

dedicated housing for Gay, Bisexual, Transgender or Intersex residents. Youthful offenders are not housed at the facility. The supervisor of Case Management provided information on how residents with history of victimization are placed closer to the officer's control. She also discussed that a transgender would be house in an area that felt most comfortable with the resident. Interviews with staff, resident and an examination of documentation confirm compliance to this standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- ✦ Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- ✦ 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 No
- ✦ 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 No

115.251 (b)

- ✦ 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 No
- ✦ Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- ✦ Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- ✦ Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- ✦ Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
 PRE Audit Questionnaire
 PREA hotline
 PREA website reporting
 Poster
 Resident Guidebook
 Roxcy Bolton Rape Treatment Center Reporting

Riverside House residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault mandates Staff having knowledge of resident-on-resident or staff-on resident sexual abuse or sexual harassment must report immediately and privately to the Facility Director or Chief Executive Officer, while keeping the victim safe. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff are to accept reports made verbally, in writing, anonymously and from third parties. Staff must report information received immediately and privately to the Facility Director or Chief Executive Officer. Friends and Family Friends and family of residents may report resident sexual abuse by calling the Center or City of Miami Police directly. The public can report by going to www.riversidehouse.org click on "About us" "PREA" then click on "Third Party Reporting Form" link to report sexual abuse/assault or sexual harassment. Residents had the center are authorized smart phones and can make allegations through the use of the agency's website. Posters for reporting are located throughout the facility.

Residents are encouraged to immediately report resident sexual abuse/assault to staff verbally and or in writing (by writing an incident report, filling out a grievance form or whatever written format the resident may choose to use). All verbal reports shall be documented within 24 hours. There are no time limits as to reporting the incident by the victim, but it should be reported timely to preserve evidence.

Resident are advised of how to report any knowledge of sexual abuse or sexual harassment during initial orientation and as part of the resident guidebook. The resident guidebook includes telephone numbers to report any knowledge of sexual abuse and sexual harassment. The telephone numbers include reporting to Riverside house or Roxcy Bolton Rape Treatment Center. Prior to reporting on behalf of a resident, the Roxcy Bolton Rape Treatment Center requires that that the residents provides permission to the Center. Compliance was determined by review of poster located throughout the center, review of resident guidebook, telephone conversation with Roxcy Bolton Rape Treatment Center, interviews with staff and residents and contacting center website.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

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

115.252 (b)

- ✦ 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 No NA
- ✦ 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 No NA

115.252 (c)

- ✦ 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 No NA
- ✦ 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 No NA

115.252 (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 No NA
- ✦ 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 of time to respond 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 No NA
- ✦ 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 No NA

115.252 (e)

- ✦ 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 No NA
- ✦ Are those third parties also permitted to file such requests on behalf of residents? (If a thirdparty 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 No NA
- ✦ 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 No NA

115.252 (f)

- ✦ Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA

- ✦ 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 No NA

115.252 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Grievance Procedures

Riverside House residential reentry center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault establishes an administrative remedy system. The system provides the following guidelines as required by this standard. A time limit shall not be imposed on when a resident may submit a grievance regarding an allegation of sexual abuse and all grievances alleging sexual abuse or sexual assault shall be considered an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse and

immediately reported to the contactor/investigative agency. Otherwise-applicable time limits may apply on any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Riverside House shall forward all grievances to the appropriate contractor and investigative agency. Riverside House shall provide an initial response within 48 hours. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Whenever possible and upon receipt of final decision, it will be shared with the victim on the merits of any portion of a grievance alleging sexual abuse. The investigative agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision Riverside House shall notify the resident in writing of any such extension and provide a date by which a decision will be made if available. A copy of the grievance is provided by BOP and the contracting authority has the ability in conduct an investigation on behalf of the resident or third party. There were no grievances filed involving any PREA related issue during the past 12 months. Interviews with administrative staff and review of policy confirmed compliance to this standard.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- ✦ 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 No
- ✦ Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- 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 No

115.253 (c)

- ✦ 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 No
- ✦ Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
MOU with The Roxcy Bolton Rape Treatment Center

Riverside House has a MOU with The Roxcy Bolton Rape Treatment Center victim advocacy service from resident's that have been a victim of sexual abuse and with Miami Police Department for investigation of sexual abuse. The Rape Treatment Center provided copies for advocacy staff credentials which includes training on sexual abuse advocacy programs from Florida Council Against Sexual Violence Advocacy Core Training. Roxcy Bolton Rape Treatment Center (RTC) is a non-profit, hospital-based sexual assault crisis center located on

the campus of Jackson Memorial Hospital. Staff at Roxcy Bolton Rape Center interviewed advised that they are required to report any allegation of sexual abuse to Miami Police department and would advise any person who alleged sexual assault or sexual abuse that the advocacy program is part of Jackson Memorial Hospital and are required by law to report sexual assault or sexual abuse.

As major role that the Treatment Center plays in Miami providing emotional support to victims of sexual abuse or domestic violence. The center has licensed social workers that provide support for victims of sexual abuse. Included in the resident orientation handbook is the telephone number and address of the Roxcy Bolton Rape Treatment Center. All staff and resident interviewed were aware of the services offered at the Center and how residents may call the center or make an appointment to receive a pass to go to the center for past victimization or in cases of sexual abuse while at the center. Compliance was determined by interview with the Victim Advocate and reviewing Roxcy Bolton Rape Treatment Center website

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- ✦ Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- ✦ Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Third Party Reporting Form
Riverside House Website

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault establishes several methods of third-party reporting of allegations of sexual assault and sexual harassment. Riverside House has always had a grievance policy for residents to voice and report their concerns including third party grievances. Family Friends and family of residents may report resident sexual abuse by calling the Facility or City of Miami Police directly. The public can report by going to www.riversidehouse.org click on "About us" "PREA" then click on "Third Party Reporting Form" link to report sexual abuse/assault or sexual harassment cases. The form provide way for third party to make anonymous reports by email, telephone or cooperate office's address.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

115.261 (b)

- 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 No

115.261 (c)

- ✦ 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 No
- ✦ 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 No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Staff Training
Posters

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault requires 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 or outside of a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. If the alleged victim is considered a vulnerable adult Riverside House shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse/sexual harassment and retaliation relevant to PREA standards and appropriate reporting methods. The interviewed volunteer coordinator indicated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Random interviews with first responders also confirmed that all staff are required to immediately report all allegation of abuse.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault mandates that upon learning that a resident is subject to a substantial risk of imminent sexual abuse, Riverside House shall take immediate action to protect the resident by separating the victim from perpetrator and attending the needs of the victim while not impeding in the investigation. The facility has not had a need to separate a resident for substantial risk of imminent sexual abuse. The facility contract mandate that the facility will immediately notify contracting supervisor upon learning that a resident is requires subject of risk of imminent sexual abuse. Compliance was determined by interview with the

Facility administrator and all interviewed staff including random interviews with first responders.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 No

115.263 (b)

- ✦ Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- ✦ Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault requires that any allegation by a resident that he or she was sexually abused, while confined at another facility, must be reported to the Bureau of Prisons and head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, the facility received no allegations that a resident was abused while confined at another facility. Review of the documentation and staff interviews confirm compliance to this standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

- ✦ 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 No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Upon learning of an allegation that a resident was sexually abused, the first staff responder shall separate the alleged victim and abuser, contact the contractor and document all efforts on the shift report, preserve and protect any crime scene until appropriate law enforcement investigations are complete and if the abuse occurred within a time period that still allows for

the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, brushing hair, changing clothes, urinating, defecating, smoking, drinking, or eating.

There were no allegations of sexual abuse made by residents in the past 12 months requiring first responder actions in compliance to this standard. Compliance was determined through review of the policy and interview with staff including random interviews with case managers, maintenance staff and direct care staff.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. In cases of a resident being sexual assault while at the center, the facility would immediately initiate a Sexual Assault Response Plan which includes transporting resident to the hospital and notifying Miami Police Department and BOP. Once at the hospital the Jackson Memorial Hospital and Roxcy Rape Center would implement the Sexual Abuse Response Team. Compliance was verified through interviews with first responders, staff from Roxcy Rape Center, PREA compliance manager and review of agreement with Miami Police and Victim Advocacy Center.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- ✦ 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 No

115.266 (b)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
BOP Contract

There is currently no collective bargaining agreement between the Riverside House and employees relative to this standard. Any collective bargaining would be required to provide appropriate stipulations from separating the victim and staff as part of the facility's Contracting agreement to comply with PREA Standards.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- ✦ 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 No
- ✦ Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- 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 No

115.267 (c)

- ✦ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 housing changes? Yes No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 reassignments of staff? Yes No
- ✦ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- ✦ 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 No

115.267 (f)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault mandates that retaliation by staff or residents against any staff or resident for reporting an alleged sexual abuse or sexual harassment case is strictly prohibited. The PREA Compliance Manager monitors all reported cases of sexual abuse or sexual harassment for at least 90 days following any such report to ensure retaliation does not occur. In the case of inmates, this monitoring will include periodic status checks by Retaliation Monitor. The facility has several protection and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-

mediation of any type of retaliation, moving resident who alleged suffering sexual abuse shall only be used after an assessment determines there is no other avenues for protecting the offender. A review of the retaliation monitoring confirmed that inmate that made allegation of sexual abuse were provided retaliation monitoring. Compliance was determined by review of policy, retaliation monitoring form, and interview with PREA Compliance Manager.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- ✦ 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 No NA
- ✦ Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- 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 No

115.271 (c)

- ✦ Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- ✦ Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- ✦ Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- ✦ 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 No
- ✦ 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 No

115.271 (f)

- ✦ Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- ✦ 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- 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 No

115.271 (j)

- ✦ Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- ✦ Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

All investigations are conducted by either BOP, or Miami Police Department. The facility staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency shall retain all written reports received for as long as the alleged abuser continues to participate in the program or is employed by River house plus five years. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. BOP and Miami Police Department have staff trained in conduct sexual assault that would conduct administrative or criminal investigations. Compliance was determined by review of agreement with Miami Police Department and by the PREA auditor BOP and is knowledgeable of BOP policy for investigating sexual assaults or sexual harassment.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. The level of evidence required to sustain criminal cases is different from what is required to sustain an administrative case. Criminal convictions are based on evidence that supports a finding "beyond a reasonable doubt." Administrative findings require a "preponderance of the evidence. (That is the superiority in the weight of the evidence that is more convincing, even if minimally than the evidence present by the other party). This is one reason that conducting administrative and criminal investigations concurrently can cause problems and possibly compromise an investigation. When a criminal investigation results in a conviction, then that conviction may be used as sufficient evidence to sustain an allegation of that act for the purpose of administrative investigations. There has been no investigation, therefore compliance was determined by review of the policy and interviews with center director and Chief Operational Officer.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.273 (c)

- ✦ 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 No

- ✦ Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- ✦ 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 No
- ✦ 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 No

115.273 (d)

- ✦ 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 No
- ✦ 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 No

115.273 (e)

- ✦ Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Statement of Fact

A resident who alleges sexual misconduct/assault /abuse of a staff shall not be referred to that same

staff who is subject of the complaint nor shall the resident be required to submit a sexual assault/abuse/harassment grievance to staff who is subject of the complaint, but a different staff member will be put over the case. Following a resident's allegation that a staff member has committed sexual abuse against the resident, Facility Director/Supervision subsequently informs the resident (unless Riverside House has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit.
- The staff member is no longer employed at the facility.
- Riverside House learns that the staff member has been indicted on a charge related to sexual abuse or
- Riverside House learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Notifications of the above will be sent to resident. Following a resident's allegation that he or she has been sexually abused by another resident, Riverside House will subsequently inform the alleged victim whenever it learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The facility has not had an incident of sexual abuse.

Compliance was determined by review of center policy and interviews with facility director and Chief Operational Officer.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- ✦ 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 No
- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Staff will be subject to disciplinary action up to and including termination of employment if the policy on sexual abuse and sexual harassment is violated. Under Riverside House policy, sexual relations between staff and residents is prohibited, even if it is consensual, both parties will be subject to discipline unless the sexual abuse was not consensual. Compliance was determined by review of policy and interviews with facility director and Chief Operational Officer

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- ✦ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following polices, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Staff will be subject to disciplinary action up to and including termination of employment if the policy on sexual abuse and sexual harassment is violated. Under Riverside House policy, sexual relations between staff and residents is prohibited, even if it is consensual, both patties will be subject to discipline. Volunteers and contractors who violate the policy will be prohibited from entering the facility to prevent further contact with the resident. Compliance was determined by review of policy and interviews with facility director and Chief Operational Officer.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 No

115.278 (b)

- 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 No

115.278 (c)

- 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 No

115.278 (d)

- 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 No

115.278 (e)

- 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 No

115.278 (f)

- 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 No

115.278 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Resident will be subject to disciplinary action up to and including termination from Riverside House Program if the policy on sexual abuse/assault is violated. A formal disciplinary process with the Federal Bureau of Prisons will take place if a resident violates the Facility's policy on PREA. An incident report has to be written and submitted to the FBOP Residential Reentry Manager followed by an administrative hearing. BOP would utilize the BOP disciplinary procedures that encompasses all elements of this standard. Compliance was determined by review of policy and interviews with facility director and Chief Operational Officer.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 No

115.282 (b)

- ✦ 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 No
- ✦ Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Jackson Memorial Hospital and Roxcy Rape Center MOU

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. If the first responder is not security staff member (Facility Director/Supervision), the responder shall request that the alleged victim not take any actions that could destroy physical evidence; and/or notify security staff. The center will transport victim of sexual abuse to Jackson Memorial Hospital and notify Roxcy Rape Center for victim advocacy services. A corrective action plan was required to clarify and mandate there are no charges for victim examination, treatment and advocacy services that result in a sexual assault of residents. Compliance was determined by review of updated policy, agreement with Miami Police and advocacy services and interviews with first responder, facility director and staff from Hospital and Roxcy Rape Center.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- 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 No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
Memorandum of Understanding with Jackson Memorial's Roxcy Bolton
Rape Treatment Center

Riverside House has a Memorandum of Understanding with Jackson Memorial's Roxcy Bolton Rape Treatment Center. It is hospital-based and staffed with SANE-trained (Sexual Assault Nurse Examiners), mid-level providers ready to provide comprehensive quality medical treatment. Crisis counseling is provided by a team of clinicians, advocates and therapists all sensitively trained to provide services for sexual assault persons. The Medical service staff

and representative for Roxcy Bolton Rape Treatment Center advised that Resident victims of sexual abuse shall 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. The center would be responsible to notify BOP reentry staff and coordinate services with the reentry staff for Post Release from the center's reentry program. Compliance was determined by review of MOU and interviews with facility director, medical staff from Jackson Memorial Hospital and staff from Bolton Roxcy Rape Treatment Center.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- ✦ 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 No
- ✦ Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- ✦ 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 No
- ✦ Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- ✦ Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- ✦ 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 No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. The facility shall 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. Such review will ordinarily occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in that area during different shifts. There have been no allegation of sexual harassment or sexual abuse during the last 12 months. Compliance was determined by review of policy and interviews with PREA compliance manager, facility director and Chief Operations Officer.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- 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 No

115.287 (e)

- 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.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Policy requires the company to collect and review data from all facilities in the company and to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions to provide to the BOP, The facility reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action, if needed. Interviews with staff and an examination of documentation confirm compliance to this standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

115.288 (b)

- 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 No

115.288 (c)

- 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 No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault
PRE Audit Questionnaire
<https://riversidehouse.org>

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. The PREA coordinators shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The company's report shall be approved by the contracting staff and made readily available to the public through its website. The company may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Interviews with staff and an examination of documentation including company website confirm compliance to this standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? Yes No

115.289 (b)

- 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 No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Riverside House Residential Reentry Center Standard Operating Procedure (SOP) Prison Rape Elimination Act Sexual Abuse/Assault addresses the mandates of this standard. Hard Copies of Sexual Abuse/ Assault data will be kept under lock and key in the Facility Director's office and also filed electronically in the Facility's Secure Manager Database. The company has a website to publish data, however, there have been no allegation of sexual abuse or sexual harassment.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- ✦ Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- ✦ If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- ✦ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- ✦ Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

www.riversidehouse.org contains information on past PREA audits. The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and residents and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. Riverside House policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

Cooperate offices and Riverside House staff are very enthusiastic about their role in providing a safe environment and a transitional program for resident that are working to become successful citizens. Residents that were interviewed had high praise for the openness with staff to help in their transitional life.

PREA training for staff and residents is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. The public has access to reporting mechanisms and PREA trends data via the company website.

Riverside Ministries Inc. and Riverside House was required to update and provide additional documentation to comply with all standards.

Riverside House currently meet all applicable PREA standards and no additional corrective actions are required

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

www.riversidehouse.org contains information on past PREA audits. The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation,

interviews with staff and residents and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. Riverside House policies are directly tied to the PREA standards and staff expectations. The facility's leadership is fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

Cooperate offices and Riverside House staff are very enthusiastic about their role in providing a safe environment and a transitional program for resident that are working to become successful citizens. Residents that were interviewed had high praise for the openness with staff to help in their transitional life.

PREA training for staff and residents is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. The public has access to reporting mechanisms and PREA trends data via the company website.

Riverside Ministries Inc. and Riverside House was required to update and provide additional documentation to comply with all standards.

Riverside House currently meet all applicable PREA standards and no additional corrective actions are required.

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| AUDITOR CERTIFICATION |
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I certify that:

- 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, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert L. Manville _____

August 1, 2021 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.