

# PREA Facility Audit Report: Final

**Name of Facility:** Riverside House  
**Facility Type:** Community Confinement  
**Date Interim Report Submitted:** NA  
**Date Final Report Submitted:** 08/10/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> James Kenney	<b>Date of Signature:</b> 08/10/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kenney, James
<b>Email:</b>	kenney.consult@gmail.com
<b>Start Date of On-Site Audit:</b>	08/01/2024
<b>End Date of On-Site Audit:</b>	08/02/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Riverside House
<b>Facility physical address:</b>	968 Northwest 2nd Street, Miami, Florida - 33128
<b>Facility mailing address:</b>	p.o.box 2325, miami, Florida - 33101

Primary Contact
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<b>Name:</b>	Dafeny Iglesias
<b>Email Address:</b>	diglesias@riverside-house.org
<b>Telephone Number:</b>	786-418-9647

<b>Facility Director</b>	
<b>Name:</b>	Candido Tejada
<b>Email Address:</b>	ctejada@riverside-house.org
<b>Telephone Number:</b>	786-972-0011

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	89
<b>Current population of facility:</b>	58
<b>Average daily population for the past 12 months:</b>	48
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	21-70
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with</b>	26

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Riverside Christian Ministries, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	968 Northwest 2nd Street, Miami, Florida - 33128
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Dafeny Iglesias	<b>Email Address:</b>	diglesias@riverside-house.org
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

2

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.241 - Screening for risk of victimization and abusiveness

**Number of standards met:**

39

**Number of standards not met:**

0

<b>POST-AUDIT REPORTING INFORMATION</b>	
<b>GENERAL AUDIT INFORMATION</b>	
<b>On-site Audit Dates</b>	
<b>1. Start date of the onsite portion of the audit:</b>	2024-08-01
<b>2. End date of the onsite portion of the audit:</b>	2024-08-02
<b>Outreach</b>	
<b>10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b>	Roxcy Bolton Rape Treatment Center
<b>AUDITED FACILITY INFORMATION</b>	
<b>14. Designated facility capacity:</b>	89
<b>15. Average daily population for the past 12 months:</b>	48
<b>16. Number of inmate/resident/detainee housing units:</b>	28
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	74
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>26</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>6</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The Riverside House has no volunteers in the facility.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor randomly selected residents from the full resident roster, careful to select residents from different races, ages, genders, and time in the facility. The facility houses very few female residents, so the auditor was very careful to select a number of females to ensure interviews led to complete information about the facility.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor verified through an interview with the PREA coordinator there were no residents in the facility in this targeted population.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>5</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor verified through an interview with the PREA coordinator there were no residents in the facility in this targeted population.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor verified through an interview with the PREA coordinator there were no residents in the facility in this targeted population.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor verified through an interview with the PREA coordinator there were no residents in the facility in this targeted population.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor verified through an interview with the PREA coordinator there were no residents in the facility in this targeted population.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Riverside House is a community confinement facility, and there is no confinement area for the segregation of residents.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>13</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Grievance coordinator, Mail staff.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Riverside House has no volunteers approved for entry to the facility.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor reviewed intake paperwork, risk screening assessments, employee records, and sexual abuse and sexual harassment investigation files.

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	2	0	2	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

The agency had zero reported allegations and investigations of sexual abuse in the 12 months prior to the audit.

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

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Non-certified Support Staff

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

- Yes
- No

### AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. <i>Standard Operating Procedure (SOP) Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Riverside House Organizational Chart</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> <li>2. PREA compliance manager</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.211(a).</b> Riverside House is a residential reentry center in Miami, Florida. The agency provided for the auditor <i>Standard Operating Procedure (SOP) Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP is written to ensure a safe, humane, and</p>

	<p>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, which is achieved through prevention, detection, and response to such behaviors. The SOP outlines the prohibition of sexual abuse and sexual assault of residents by other residents, staff, volunteers, and contractors, the disciplinary actions for offenders of such abuse, the reporting options for allegations of such behavior, and the actions taken upon receiving an allegation of such behavior. The SOP also lists the definitions for the prohibited behaviors to meet the definitions listed in the PREA Standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.211(b).</b> Riverside House is operated by Riverside Christian Ministries, Inc. The Chief Operations Officer, David McSherry is the agency PREA coordinator. The agency provided the <i>Riverside House Organization Chart</i> in the PAQ. The PREA coordinator is a direct report to the Chief Executive Officer and President, indicating clearly Mr. McSherry has the proper authority level to lead the agency’s zero tolerance efforts. The agency also assigns Operations Assistant Dafeny Iglesias as the PREA compliance manager, which is not a requirement under this provision, but makes sense for this agency, as the PREA coordinator is not based locally. The PREA compliance manager handles the day-to-day operations.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator regarding his duties and responsibilities. Mr. McSherry is clear that his main responsibility is the oversight of the agency’s PREA compliance. Although he works remotely, he is in control of the agency’s efforts to prevent, detect, and respond to prohibited behaviors at Riverside House. Mr. McSherry spends one week every month at the facility to personally meet with staff and take action if any concerns with PREA compliance are noted. The Operations Assistant’s role as PREA compliance manager is vital to ensure daily compliance for the facility. She is available as the first contact for staff if questions arise or as a point of contact if a staff member or resident reports an allegation of sexual abuse or sexual harassment.</p> <p>Throughout the PREA audit, the auditor had direct contact with the PREA coordinator and the PREA compliance manager. Both are knowledgeable about the PREA Standards and have shown to have the required time and authority for the job position. When information was requested, it was provided to the auditor quickly. Based on this information and the agency assigning a PREA compliance manager when it is not required, the auditor considers the agency to have exceeded this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.212(a).</b> The facility has indicated in the PAQ that it does not contract with any other entity to provide supervision of its residents.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, who confirmed that Riverside House does not contract with any other agency or institution to house the residents assigned to them by the Federal Bureau of Prisons (BOP). In fact, the auditor was told, Riverside House is under a contract themselves with the BOP to house Federal incarcerated individuals upon their release from custody. Their contract forbids Riverside House from subcontracting for housing of the residents. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.212(b).</b> The facility has indicated in the PAQ that it does not contract with any other entity to provide supervision of its residents.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, who confirmed that Riverside House does not contract with any other agency or institution to house the residents assigned to them by the BOP. He did confirm, however, that any contract for housing would include a requirement that the facility be PREA compliant and maintain their compliance. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.212(c).</b> The facility has indicated in the PAQ that it does not contract with any other entity to provide supervision of its residents.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, who confirmed that Riverside House does not contract with any other agency or institution to house the residents assigned to them by the BOP. The CEO was clear that they would only contract with another agency if they were PREA compliant. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *Prison Rape Elimination Act (PREA) Staffing Plan*
  2. *Riverside House Staffing Pattern*
  3. *Floor Plan and Camera Count 2024*
  4. *Leadership Team Meeting Minutes - 12/11/2023*
  5. Communication with BOP
2. Interviews:
  1. Specialized staff
  2. PREA coordinator
3. Observations:
  1. Housing areas
  2. Dining area
  3. Staff offices

**Findings (by provision):**

**115.213(a).** The auditor was provided with a copy of the *Prison Rape Elimination Act (PREA) Staffing Plan* in the PAQ. The staffing plan is complete and covers each of the required points of this provision. Specifically, the plan is predicated on adequate staffing coverage to ensure the safety and security of up to 89 residents, the maximum number of available beds at Riverside House. The auditor was provided with a copy of the *Riverside House Staffing Pattern*, which outlines the number of staff members per day, per shift, and job responsibility. The plan states there are over 50 cameras deployed throughout the Riverside House property to protect the staff and residents. The plan states the composition of the resident population, the number and placement of supervisory staff, institution programs, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors have been taken into consideration in the drafting of the staffing plan.

During the onsite phase of the audit, the auditor interviewed the facility director. The facility director confirmed the facility does have a staffing plan, which considers adequate staffing and video monitoring. The plan assesses the physical layout of the facility, the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The auditor also interviewed the PREA coordinator, who confirmed the plan considers the same factors. During the onsite phase of the audit, the auditor toured the entire facility and made observations throughout Units One and Two. The auditor noted the deployment of cameras throughout and the usage of mirrors in some places where additional viewing may be necessary to avoid potential blind or unsafe spots. The auditor noted staffing throughout for coverage of the main desk, the case management office, and the residence areas. The supervisors were seen throughout and were readily accessible for both staff and residents. The auditor noted adequate staffing to allow for meals in the chow hall and residents to attend required programs.

	<p>Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.213(b).</b> The auditor was provided with documentation in the PAQ that showed correspondence between Riverside House and the BOP when staffing levels fell below the required minimum levels in both the staffing plan and in the BOP contract.</p> <p>During the onsite phase of the audit, the auditor interviewed the facility director, who confirmed that Riverside House is fully staffed at this time. There have been incidents where case managers have resigned and left the facility under the required staffing levels. These incidents were properly communicated to the BOP as required in their contract and the shortages were filled immediately. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.213(c).</b> The facility provided a copy of the <i>Leadership Team Meeting Minutes - 12/11/2023</i> in the PAQ. Included in the meeting minutes was the annual review of the staffing plan. The review included a check of the current staffing patterns, the deployment of video monitoring, and the current resources available to ensure adequate staffing levels. The review noted no changes were necessary to the current plan.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator confirmed that Riverside House completes this review annually to ensure that any changes to the plan are completed as soon as possible to ensure the safety of the resident population. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. SOP Prison Rape Elimination Act (PREA)</li> <li>2. Course completion records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. Specialized staff</li> <li>3. Random residents</li> <li>4. Targeted residents</li> </ol> </li> <li>3. Observations:</li> </ol>

1. Intake area
2. Resident living areas
3. Restroom areas

**Findings (by provision):**

**115.215(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.” In the PAQ, Riverside stated there have been no such searches in the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed two (2) staff members, who stated they are forbidden to perform cross-gender searches of the residents.

The auditor was told they generally do not perform strip searches at all, and body cavity searches could only be approved by the facility director and be performed by medical staff outside the facility. In informal discussions with residents, the auditor was told that residents are pat searched for contraband upon returning to the facility in the intake area. Those searches are always performed by female staff on female residents and male staff on male residents. This is possible because there is always a male and a female staff member on duty. The auditor was shown the area where these searches are performed. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.215(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside does not permit cross-gender pat-down searches of female residents. Riverside does not restrict female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision.” In the PAQ, Riverside stated there were no cross-gender pat-down searches of female residents performed by male staff in the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the seven staff members told the auditor that only female staff members were allowed to perform pat-down searches of female residents. The policy does not allow for male staff to search female residents in exigent circumstances, even though this allowable in the PREA standards. The auditor interviewed eleven (11) random residents during the onsite phase of the audit, three (3) of which are females. Each of the three female residents confirmed that pat-down searches are always performed by female staff. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.215(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “All cross-gender pat-down searches of female residents must be documented.” There were no such searches during the 12 months prior to the onsite phase of the audit, so there is no documentation for the auditor to review. Based upon this analysis, the auditor finds the facility in compliance with this provision.



**115.215(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside 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).” The SOP goes on to state, “Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.”

During the onsite phase of the audit, the auditor interviewed eleven (11) random residents. Each of the 11 interviewed stated that resident monitors and supervisors always make an announcement before they enter the housing areas of the opposite gender. They are especially careful when entering the group restrooms to perform headcounts. The auditor interviewed seven (7) random staff members during the onsite phase of the audit. All 7 staff members stated they were required to make an announcement if they entered the housing area of the opposite gender, especially in the restroom areas where the residents may be without clothes. During the site review, the auditor observed all housing areas and restroom areas. In Unit One, the resident apartments have multiple beds and their own restroom area, with a toilet, sink, and shower. The shower has a shower curtain, which provides additional privacy and modesty for the resident if a staff member of the opposite gender was to enter the room for any reason. In Unit Two, the resident apartments all hold multiple beds. The restrooms are at the end of the hall and have multiple sinks and toilets. The toilets are in enclosed dividers with swinging doors. The showers are lined along two walls, each with its own shower curtain. The shower curtain provides privacy and modesty for the resident to allow staff to enter and avoid viewing the resident. The auditor made observations throughout the facility and noted no cameras placed in such a way to view residents when they would be in a state of undress. The auditor also reviewed the camera viewing available on the monitor and could see no camera views of restrooms or showers. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.215(e).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.” In the PAQ, Riverside stated there have been no such searches in the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed eleven (11) random residents. Each of the 11 interviewed stated they are forbidden to search transgender individuals to determine their genital status. The auditor was unable to interview any transgender individuals relative to this provision because there were no transgender individuals housed at Riverside House during the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.215(f).** The facility provided the auditor with Course Completion records for the training course, *PREA-What You Need to Know, Cross Gender and Transgender Pat Searches*. This course is well known to the auditor, and it includes clear

	<p>instructions for staff members to perform cross-gender searches and pat-down searches of transgender individuals. The records show course completion for each of the current staff members at Riverside House.</p> <p>During the onsite phase of the audit, the auditor interviewed eleven (11) random residents. Each of the staff members confirmed they had completed the required training on how to properly perform cross-gender and transgender searches. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>End the Silence - Sexual Abuse Awareness Brochure - Spanish</i></li> <li>3. <i>Riverside House Resident Handbook - Spanish</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Targeted residents</li> </ol> </li> <li>3. Observations:       <ol style="list-style-type: none"> <li>1. Resident housing areas</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.216(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Disabled residents have equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer. The facility head stated that all residents are provided PREA education in a format that allows them to learn the information, which includes video with captions, written documents for those that cannot hear, ability to sit closer if hard of hearing, or a staff reader if unable to read or blind. Actions are also taken to provide all residents who are limited English proficient with access to information printed in Spanish or in other languages. If necessary, staff can utilize the Language Line for translation. The auditor interviewed two (2) individuals with a physical disability, one (1) individual who is hard of hearing, and one (1) individual who is partially blind. Each of the four individuals were clear they understood the</p>

	<p>facility’s zero tolerance policy, knew their right to be free from sexual abuse, and how to report sexual abuse allegations if it were necessary. The two individuals with physical disabilities are able to easily access telephones and visualize signs throughout the facility. They told the auditor they are housed on the first floor in Unit One, with easy in and out access from their apartments. The individual who is hard of hearing read the captions while watching the PREA education video and had no problem understanding the information provided. The individual with partial blindness sat near the video and could see and hear the video with no problems. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.216(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Residents with limited English proficiency have equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” The auditor was provided copies of the <i>Riverside House Resident Handbook</i> and the <i>End the Silence - Sexual Abuse Awareness Brochure</i>, both printed in Spanish.</p> <p>During the onsite phase of the audit, the auditor interviewed five (5) individuals who are limited English proficient. All five speak Spanish. The auditor was able to speak with two (2) of the residents and the auditor used a staff translator to interview the other three (3) residents. All five residents understand the facility’s zero tolerance policy and how to file allegations of sexual abuse or sexual harassment if it is necessary. Four (4) of the five viewed the PREA education video in Spanish and the last resident viewed the video in English but was able to understand the information. All five told the auditor that PREA information is posted in the facility in English and Spanish and documents are also available to them in Spanish. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.216(c).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties or the investigation of the resident’s allegations.”</p> <p>During the onsite phase of the audit, the auditor interviewed auditor interviewed five (5) individuals who are limited English proficient. All five speak Spanish. All five told the auditor they were never asked to interpret for another resident. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
  2. *Candidate Promotion, Hire, & Volunteers Questionnaire Form*
  3. *Request for Contract Staff Background Investigation Authorization to Release Confidential Information*
  4. Employment records
2. Interviews:
  1. Specialized staff

**Findings (by provision):**

**115.217(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside House will not hire or promote the following: (a) Anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who; 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in (a)(2) of this section.”

During the onsite phase of the audit, the auditor reviewed the records of ten (10) staff members. The auditor was able to confirm the facility’s requirement to ask applicants and promotional applicants the questions in this provision. The questions are asked on the *Candidate Promotion, Hire, & Volunteers Questionnaire Form*.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.217(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside House shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.”

During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that Riverside House considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, including contractors. This information would likely come out during oral interviews with the applicant. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.217(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Before hiring new employees who may have contact with residents, Riverside will: 1) Perform a criminal background records check; and 2) Consistent with Federal, State, and local law, make its best efforts to contact all

prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.” In the PAQ, Riverside House stated there were twelve (12) individuals hired during the 12 months prior to the onsite audit, and all twelve had the full criminal background check completed.

During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that a full background check is required for all applicants before they can be approved for hire. Riverside House would also contact all prior employers listed on the application, especially those corrections employers, and ask specifically about past sexual abuse allegations. All applications are sent to the Federal Bureau of Prisons for processing, which includes the full criminal background check. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.217(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside House shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with residents.” In the PAQ, Riverside House stated there were twelve (12) records checks completed for contractors during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that before a contractor can be approved for work on the facility grounds, a background check must be completed through the BOP. BOP form - *Request for Contract Staff Background Investigation Authorization to Release Confidential Information*, must be completed and submitted and a positive response must be received before the contractor can be approved for work on the facility grounds.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.217(e).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside House shall either conduct criminal background records checks at least every five years or current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.”

During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that criminal background checks are performed for all staff members at least every five (5) years. The requirement to perform these checks is included in the Riverside House contract with the BOP. She completes a form for each staff member and sends it to the BOP, who will complete the check and send back confirmation that the staff member is clear to continue employment. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.217(f).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside House asks all applicants and employees who may have contact with residents directly about previous misconduct described in

	<p>paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Riverside also imposes upon employees a continuing affirmative duty to disclose any such misconduct.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed applicants for hire and promotion are asked these questions during oral interviews. The information is also included in annual performance evaluations. The employee handbook imposes the continuing affirmative duty to disclose sexual misconduct. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.217(g).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that applications include this statement, so all applicants are aware that omissions or false information can lead to automatic termination. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.217(h).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Unless prohibited by law, Riverside will 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.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Operations Assistant, who handles human resources functions at Riverside House. She confirmed that Riverside House will provide potential corrections employers with this information. They would not want other institutions to hire someone who has sexual abuse or sexual harassment in their history and potentially subject their incarcerated population to abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>

	<ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Facility head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.218(a).</b> The agency indicated in the PAQ that it has not expanded or modified the facility since the last PREA audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the facility head, and the facility director. Both confirmed that any substantial modifications at Riverside House would be performed in such a way to ensure the modifications enhanced the agency’s ability to protect the residents from sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.218(b).</b> The facility indicated in the PAQ that there were upgrades to video monitoring system in 2023. The auditor was provided with a copy of an invoice for 40 additional cameras.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the facility head, and the facility director. In 2023, there was a significant upgrade to the video monitoring system, which included changing out some old cameras and adding additional cameras. This brought the total deployed cameras to just over 50. The auditor was told that camera deployment takes into account the sexual safety of the resident population. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Memorandum of Understanding</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. PREA coordinator</li> <li>3. Targeted residents</li> </ol> </li> </ol>

**Findings (by provision):**

**115.221(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “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.” The SOP goes on to state, “Riverside House falls under the jurisdiction of the City of Miami Police. The City of Miami Police will be called in or notified in the event of an occurrence of sexual abuse/assault. All criminal investigations will be conducted by the City of Miami Police.”

During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members confirmed that criminal investigations are performed by the Miami Police Department and internal administrative investigations are performed by the PREA compliance manager and the Federal Bureau of Prisons. The auditor contacted the local office of the Miami Police and talked with a Captain. The Captain was familiar with Riverside House. He stated that if the department was called to Riverside House to respond to an incident of sexual abuse, they would treat the resident victim as they would any individual in the community. The department utilizes a standard evidence protocol for all criminal investigations. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.221(b).** During the onsite phase of the audit, the auditor contacted the local office of the Miami Police and talked with a Captain. The Captain was familiar with Riverside House. He stated that if the department was called to Riverside House to respond to an incident of sexual abuse, they would treat the resident victim as they would any individual in the community. The department utilizes a standard evidence protocol for all criminal investigations. The protocol is 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.*” Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.221(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “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.” The auditor was provided a copy of the *Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center* in the PAQ. The MOU allows for the Roxcy Bolton Rape Treatment Center (RTC) to provide a SANE to perform a forensic medical examination for resident victims at Riverside House. In the PAQ, Riverside House stated there were no forensic medical examinations performed during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor contacted a nurse director at the RTC. She confirmed the existence of the MOU and the requirement of the RTC to perform the forensic examination if a resident is brought to the RTC. A SANE nurse



would always be available at the RTC, or an individual could always be taken to the hospital's emergency room to have the forensic examination performed, if necessary. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.221(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, "Crisis counseling is provided by a team of clinicians, advocates and therapists all sensitively trained to work with rape victims. All the counselors at the Rape Treatment Center are masters-level trained clinicians." The auditor was provided a copy of the *Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center* in the PAQ. The MOU allows for the Roxcy Bolton Rape Treatment Center (RTC) to provide a victim advocate to accompany the resident during the forensic examination and during the remainder of the investigative process.

During the onsite phase of the audit, the auditor contacted a nurse director at the RTC. She confirmed the existence of the MOU and the requirement of the RTC to perform the forensic examination if a resident is brought to the RTC. She also confirmed the RTC would have readily available a victim advocate to support the victim during the forensic examination. All advocates at the RTC have been through training on sexual abuse advocacy programs from the Florida Council Against Sexual Violence, Advocacy Core Training. The availability of the advocate is included in the agency's MOU with the RTC. The auditor interviewed the PREA coordinator, who also confirmed the existence of the MOU with the RTC. The MOU has been in place since 2021. The auditor was unable to interview a resident who had reported an incident of sexual abuse, as no one was currently housed at Riverside House at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.221(e).** The MOU that was provided to the auditor includes a provision for victim advocates to be available to provide the services required in this provision.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator stated they were fortunate to have the RTC available to provide these services to the residents if it were necessary. The auditor was unable to interview a resident who had reported an incident of sexual abuse, as no one was currently housed at Riverside House at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.221(f).** The auditor was provided with communication between the agency and the Miami Police Department to confirm the needs of the agency regarding this provision. Unfortunately, the Department failed to respond to their request.

During the onsite phase of the audit, the auditor contacted the local office of the Miami Police and talked with a Captain. The Captain was familiar with Riverside House. He stated that if the department was called to Riverside House to respond to an incident of sexual abuse, they would treat the resident victim as they would any individual in the community. When asked specifically, he confirmed the Miami Police Department would transport a victim resident to the Roxcy Bolton Rape

	<p>Treatment Center for a forensic medical examination, where a victim advocate would be provided to the victim. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.221(g).</b> The auditor is not required to audit this provision.</p> <p><b>115.221(h).</b> The agency has provided full documentation to show compliance with the provision of a victim advocate to its residents. Therefore, there is no need to provide trained agency staff members or other community-based staff members to provide such advocacy. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. Agency website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. PREA coordinator</li> <li>3. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.222(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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.” In the PAQ, Riverside House stated there have been two (2) allegations of sexual harassment and no allegations of sexual abuse during the 12 months prior to the onsite audit. There were no incidents forwarded for potential criminal investigation.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the agency head, who confirmed that Riverside House will actively investigate any allegation made regarding incident of sexual abuse or sexual harassment of a resident. Staff are fully aware that all information regarding abuse of a resident must be forwarded for investigation, no matter the source of the information or how impossible the allegation may sound. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

	<p><b>115.222(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “All incidents of sexual abuse will be documented on an incident report. Sexual abuse/assault/harassment is a code level 205-206 violation under the Bureau of Prisons rules and regulations and Riverside House will send an incident report to the Federal Bureau of Prisons Residential Reentry Manager for administrative investigations. Riverside House will also conduct an in house administrative investigation.”</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator and PREA compliance manager. Both stated that administrative investigations are started with the PREA compliance manager and forwarded to the BOP. The BOP will forward information back to the facility following the investigation. The criminal investigation would be completed by the City of Miami Police Department. This information is posted on the Riverside House website, which is available for viewing at: <b>PREA - Riverside House   Coed community residential reentry facility in Miami, Florida</b>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.222(c).</b> The criminal investigations for sexual abuse allegations at Riverside House would be completed by the City of Miami Police Department. This information is posted on the Riverside House website, which is available for viewing at: <b>PREA - Riverside House   Coed community residential reentry facility in Miami, Florida</b>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.222(d).</b> The auditor is not required to audit this provision.</p> <p><b>115.222(e).</b> The auditor is not required to audit this provision.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. Training curriculum</li> <li>3. Annual training calendar</li> <li>4. Course training records</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> </ol> </li> </ol>

	<p><b>Findings (by provision):</b></p> <p><b>115.231(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Riverside trains all employees who may have contact with residents on:..” The SOP goes on to list the ten (10) points that are required in this provision. The auditor was provided with a copy of the agency’s training curriculum for PREA in the PAQ. The auditor reviewed the curriculum and could locate each of the required points in the curriculum.</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members confirmed their attendance in training annually, which included PREA training. Each staff member was able to tell the auditor several of the points included in the PREA training. They all confirmed having attended this training earlier in 2024. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.231(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Such training is tailored to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.”</p> <p>The Riverside House is a single-facility agency that houses male and female residents. Since there is no additional facility that houses a separate population, there is no need to provide additional training tailored toward that population.</p> <p>Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.231(c).</b> The facility provided the auditor with a copy of the annual training calendar in the PAQ. The calendar shows scheduling for the annual training requirement for PREA education.</p> <p>During the onsite phase of the audit, the auditor confirmed the requirement for PREA education for staff every year. This exceeds the requirement in this provision for education every two years. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.231(d).</b> The facility provided the auditor with course training records in the PAQ. The records show the completion of <i>PREA-What You Need to Know</i>, an education course that is provided to the Riverside House staff. The course is well known to the auditor and includes the required education points for PREA. The training records show completion of the course by all current Riverside House staff members. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
  2. Training curriculum
  3. *PREA Training for Volunteers/Contractors*
2. Interviews:
  1. Specialized staff

**Findings (by provision):**

**115.232(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside ensures that all volunteers and contractors who have contract with residents are trained on their responsibilities under Riverside’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.” The auditor was provided with a copy of the agency’s training curriculum for PREA in the PAQ. The auditor reviewed the curriculum and determined the curriculum to be complete and appropriate. In the PAQ, Riverside House indicated there are six (6) contractors with resident contact currently trained.

The auditor was unable to interview a contractor during the onsite phase of the audit to confirm this provision. The auditor reviewed the completed training records for the six approved contractors. Each of the six completed the required training and signed an acknowledgement on the *PREA Training for Volunteers/Contractors* form. The training was completed between January and May of 2024. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.232(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “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, but all volunteers and contractors who have contact with residents shall be notified of Riverside’s zero-tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.” In the PAQ, Riverside House indicated all contractors are always accompanied by an employee of Riverside House, but all contractors receive the same level of training.

The auditor was unable to interview a contractor during the onsite phase of the audit to confirm this provision. The auditor reviewed the completed training records for the six approved contractors. Each of the six completed the required training and signed an acknowledgement on the *PREA Training for Volunteers/Contractors* form. The training was completed between January and May of 2024. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.232(c).** The facility provided the auditor with the completed training records for the six approved contractors. Each of the six completed the required training and signed an acknowledgement on the *PREA Training for Volunteers/Contractors*

	form. The training was completed between January and May of 2024. Based upon this analysis, the auditor finds the facility in compliance with this provision.
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy - Handout</i></li> <li>3. PREA education video</li> <li>4. <i>Riverside House Resident Guidebook - English and Spanish</i></li> <li>5. <i>End the Silence - Sexual Abuse Awareness Brochure - English and Spanish</i></li> <li>6. <i>Know Your Rights - Sexual Abuse Flyer - English and Spanish</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random residents</li> </ol> </li> <li>3. Observations: <ol style="list-style-type: none"> <li>1. Resident housing areas</li> <li>2. Intake area</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.233(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “During the intake process, residents receive information explaining Riverside’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 Riverside’s policies and procedures for responding to such incidents.” The auditor was provided with a copy of the agency’s initial PREA education handout, <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy</i>, in the PAQ. In the PAQ, Riverside House stated there were 182 residents admitted to the facility who had received the intake education during the 12 months prior to the onsite audit.</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members confirmed receiving a handout during their intake to the facility. This provided them with basic information about PREA. The auditor also interviewed a staff member assigned to the control desk, who</p>

	<p>processes individuals when they arrive at the facility for intake. He confirmed that all individuals receive the handout as part of the intake process. He told the auditor he reads to the new residents the high points from the handout to ensure they understand the importance of the PREA policy. The auditor was able to witness the intake process for two (2) individuals who had just arrived at Riverside House for admission. The staff member provided several documents to them as well as a schedule and basic facility rules. Each also received the <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy</i> handout. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(b).</b> The Riverside House is a single-facility agency, there would not be a requirement to provide education upon transfer from another facility. Any resident that is transferred to the Riverside House would be a new intake direct from the BOP and would be treated as a new intake. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(c).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Riverside 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.”</p> <p>During the onsite phase of the audit, the auditor confirmed the availability of the various PREA educational documents and signs throughout the facility that are available in different languages and formats. The auditor confirmed this availability in Standard 115.216. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(d).</b> The auditor verified resident education through completed <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy</i> handouts, which are maintained in the resident files. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(e).</b> The auditor was provided with copies of the <i>Riverside House Resident Guidebook</i> (English and Spanish), <i>End the Silence - Sexual Abuse Awareness Brochure</i> (English and Spanish), and the <i>Know Your Rights - Sexual Abuse Flyer</i> (English and Spanish) in the PAQ.</p> <p>During the onsite phase of the audit, the auditor viewed these items throughout the facility, readily available for the residents to see and read. They were also available on the inmate tablets. PREA signage was also posted in resident housing areas. Residents were also asked to watch the PREA education video in the case management office. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li>1. None</li> </ul> </li> <li>2. Interviews: <ul style="list-style-type: none"> <li>1. None</li> </ul> </li> </ul> <p><b>Findings (by provision):</b></p> <p><b>115.234(a).</b> Administrative investigations of sexual abuse and sexual harassment are completed by the Federal Bureau of Prisons and completed reports are submitted to the agency. The agency does complete an incident report and complete an internal investigation. Criminal investigations of sexual abuse and sexual harassment are completed by the City of Miami Police Department. Therefore, the agency is not responsible for investigations and this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(b).</b> Although the agency does not complete administrative or criminal investigations, they do complete internal investigations following the completion of the administrative investigation by the BOP. With that in mind, there are three (3) current staff members that have completed the Specialized Investigations course that is provided through the BOP. Currently, the PREA coordinator, PREA compliance manager, and the facility director have completed the investigations course. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(c).</b> The agency is not responsible for investigations and this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.233(d).</b> The auditor is not required to audit this provision.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/>



	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.235(a).</b> The agency does not employ medical or mental health practitioners, so this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.235(b).</b> The agency does not employ medical or mental health practitioners, so this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.235(c).</b> The agency does not employ medical or mental health practitioners, so this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.235(d).</b> The agency does not employ medical or mental health practitioners, so this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>PREA Checklist</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. PREA coordinator</li> <li>3. Random residents</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p>

**115.241(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “All residents upon admission to Riverside or transfer to another facility are to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.”

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. She explained that residents are scheduled for a case management meeting on their second day at Riverside House, usually within 48 hours of their arrival. The case management meeting provides the resident with several items, including a plan for employment, access to the community, transportation, potential for home confinement, and the required risk screening.

The auditor was present in the case manager’s office during the intake meeting for a new resident during the onsite audit. The case manager went through the full intake process then completed the risk screening using the screening assessment, *PREA Checklist*. The case manager clearly read an introduction to the screening, then read each question to the resident. The auditor was able to determine that this is a normal process for all residents. The auditor interviewed eleven (11) random residents during the onsite audit. All 11 residents confirmed sitting through the assessment and being asked the required questions. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “All residents upon admission to Riverside or transfer to another facility are to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.” In the PAQ, Riverside House stated there were 152 residents whose length of stay in the facility was for 72 hours or more and all 152 residents had received the intake risk screening within the 72-hour time period.

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. She explained that residents are scheduled for a case management meeting on their second day at Riverside House, usually within 48 hours of their arrival. The auditor interviewed eleven (11) random residents during the onsite audit. All 11 residents confirmed sitting through the assessment and being asked the required questions, normally on the second day at the facility.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “The risk assessment is conducted using an objective screening instrument.” The auditor was provided a copy of the screening instrument, *PREA Checklist*, in the PAQ. The *PREA Checklist* has the items for the risk of sexual victimization on the front page and the potential predatory factors on the back page. The instrument’s instructions require scoring based on yes or no answers with a clear number or yes answers. This scoring system is objective because it is a standard scoring system and not based on individual decision

making. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(d).** The auditor was provided a copy of the screening instrument, *PREA Checklist*, in the PAQ. The *PREA Checklist* has the items for the risk of sexual victimization on the front page and the potential predatory factors on the back page. The risk of sexual victimization lists each of the criteria listed in this provision.

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. The auditor reviewed the *PREA Checklist* with the case manager and verified each of the criteria from this provision as part of the risk of sexual victimization. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(e).** The auditor was provided a copy of the screening instrument, *PREA Checklist*, in the PAQ. The *PREA Checklist* has the items for the risk of sexual victimization on the front page and the potential predatory factors on the back page. The risk of being sexually abusive lists each of the criteria listed in this provision.

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. The auditor reviewed the *PREA Checklist* with the case manager and verified each of the criteria from this provision as part of the risk of being sexually abusive. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(f).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, "The Case Managers will reassess each resident's risk within a set time period, not to exceed 30 days from the resident's arrival. The Case Managers will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." In the PAQ, Riverside House stated there were 152 residents whose length of stay in the facility was for 30 days or more and all 152 residents had received the reassessment risk screening within the 30-day time period.

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. The case manager explained to the auditor that all residents are scheduled for a case management meeting every two (2) weeks. This allows the case manager to perform a reassessment well before the required 30 days and makes it easier to identify any safety concerns. The auditor interviewed eleven (11) random residents during the onsite audit. All 11 residents confirmed sitting through the assessment and being asked the required questions, normally on the second day at the facility. All 11 also confirmed a reassessment and being asked the questions again by the case manager. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(g).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “A resident’s risk level is to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.”

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. The case manager explained to the auditor that the case managers are asked and encouraged to perform a reassessment of the residents at any time based on new information that may impact the risk of sexual victimization or sexual abusiveness. The auditor interviewed eleven (11) random residents during the onsite audit. None of the 11 residents confirmed could recall a time that they were subjected to an additional reassessment. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(h).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to: Whether or not the resident has a mental, physical, or developmental disability; Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether or not the resident has previously experienced sexual victimization; and The resident’s own perception of vulnerability.”

During the onsite phase of the audit, the auditor interviewed a case manager, who is responsible for performing the risk screening with new residents upon their arrival at Riverside House. The case manager stated they are not allowed to discipline a resident if they choose to answer or fail to disclose information related to these specific questions. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.241(i).** The agency has implemented controls on the dissemination of the information collected on the *PREA Checklist* to ensure that only case managers, the facility director, the PREA compliance manager, and the PREA coordinator, have access to the information.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator stated the information collected on the *PREA Checklist* is held in the case management system and available only to the case management team and those other staff members that may need the information for investigative reasons. The auditor interviewed a case manager that is responsible for performing the risk screening. She confirmed that only case managers can access this information. Based upon this analysis, the auditor finds the facility in compliance with this provision.

The auditor has reviewed the information collected related to this Standard, and based on the *PREA Checklist*, the overall work of the case managers, and the set schedule of the case managers meeting with the residents every two weeks, thus performing a reassessment much earlier than the required 30 days, the auditor considers the facility to have exceeded this Standard.

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="329 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="329 247 596 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="329 319 1271 388"><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li data-bbox="386 457 1222 489">1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li data-bbox="483 495 1068 527">1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ul> </li> <li data-bbox="386 533 596 564">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="483 571 764 602">1. Specialized staff</li> <li data-bbox="483 609 776 640">2. PREA coordinator</li> <li data-bbox="483 646 792 678">3. Targeted residents</li> </ul> </li> <li data-bbox="386 684 631 716">3. Observations: <ul style="list-style-type: none"> <li data-bbox="483 722 854 753">1. Resident housing areas</li> </ul> </li> </ul> <p data-bbox="329 800 683 831"><b>Findings (by provision):</b></p> <p data-bbox="329 867 1433 1056"><b>115.242(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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.”</p> <p data-bbox="329 1092 1433 1551">During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He stated the ultimate goal is to ensure the facility does not house residents that are at risk of being sexually abused with residents that are at risk of being sexually abusive. That is what makes the risk screening so important in the intake process. The risk screening is also used when scheduling individuals for programming onsite. The auditor also interviewed a case manager, who is responsible for performing the risk screening. She told the auditor the outcome of the risk screening is important when matching roommates in the apartments. They will never match individuals in the same apartment if someone scores as potentially at risk for sexual victimization with someone who scores at risk for being sexually abusive. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="329 1587 1450 1696"><b>115.242(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Individualized determinations are made on how to ensure the safety of each resident.”</p> <p data-bbox="329 1732 1433 1921">During the onsite phase of the audit, the auditor interviewed a case manager, who performs the risk screening with residents. The case manager stated all housing determinations are made on an individual basis. The determination is based on the risk screening results, prior criminal history, length of stay, and room vacancies. Based upon this analysis, the auditor finds the facility in compliance with this</p>

provision.

**115.242(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Riverside makes housing and program assignments for transgender and intersex residents in the facility on a case-by-case basis.”

During the onsite phase of the audit, the auditor interviewed the PREA coordinator.

The PREA coordinator stated that all housing determinations are on a case-by-case basis, but especially for transgender and intersex individuals. The agency would never predetermine for housing for a transgender individual before interviewing the individual and asking the individual’s preference. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.242(d).** During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator stated the transgender or intersex resident’s view with respect to their safety would be given consideration when determining housing. The auditor also interviewed a case manager relative to this provision. She also agreed that a transgender individual’s views of their own safety would be considered when determining housing. Both told the auditor the transgender individual would likely be housed in an apartment in Unit One, on the first floor. These apartments provide the best viewing by staff for the maximum safety of the residents. The apartments open to an open airway directly in front of the facility control desk, and not onto a closed hallway. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.242(e).** During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator stated the transgender or intersex resident would likely be housed in an apartment in Unit One. These apartments have their own private bathroom, including a private shower with a shower curtain. This would provide private modesty and the required separation for the shower. The auditor also interviewed a case manager relative to this provision. She also stated the transgender individual would likely be housed in an apartment in Unit One, on the first floor, confirming the same information provided by the PREA coordinator. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.242(f).** During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator stated the facility does not have a dedicated housing for gay, lesbian, bisexual, transgender, or intersex individuals. The residents are assigned separate apartments and there are no dedicated housing units or sections. The auditor was unable to interview gay, lesbian, or transgender

	residents relative to this provision, as there were no such residents in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Third Party Reporting Form</i></li> <li>3. <i>Riverside House Resident Guidebook</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Random staff</li> <li>2. Random residents</li> </ol> </li> <li>3. Observations: <ol style="list-style-type: none"> <li>1. Resident housing areas</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.251(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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 chooses).”</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members told the auditor residents could report sexual abuse or sexual harassment several ways including talking directly to a staff member or in writing by submitting a grievance. The auditor interviewed eleven (11) random residents during the onsite audit. The residents told the auditor they were able to report sexual abuse or sexual harassment several ways including talking directly to a staff member, the case manager, resident monitor, the director, the PREA compliance manager, in writing, submitting a grievance, or by submitting a grievance directly to the BOP. The department utilizes a standard evidence protocol for all criminal investigations. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.251(b).</b> Residents are provided phone numbers to contact the Federal Bureau of Prisons and the Roxcy Bolton Rape Treatment Center to directly report incidents of sexual abuse and sexual harassment. Both agencies are outside entities and not part of Riverside House. The residents are provided contact information in the</p>

	<p>intake PREA documentation and in the <i>Riverside House Resident Guidebook</i>.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator. The PREA coordinator confirmed the MOU between Riverside House and the Roxcy Bolton Rape Treatment Center (RTC) includes a provision for the RTC to take calls from residents to report sexual abuse incidents then immediately report those back to the facility so investigations can begin appropriately. The BOP would take the information from any call and immediately begin an investigation on their own. The auditor interviewed eleven (11) random residents during the onsite audit. Each of the 11 residents told the auditor they had access to telephone numbers to report sexual abuse to the BOP and to the rape center. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.251(c).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Staff are to accept reports made verbally, in writing, anonymously and from third parties. All verbal reports shall be documented within 24 hours.”</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members told the auditor residents could report sexual abuse verbally, in writing, anonymously, or through a third party. Staff are required to document verbal reports on an incident report within 24 hours, but as soon as possible. The auditor interviewed eleven (11) random residents during the onsite audit. The residents told the auditor they were able to report sexual abuse or sexual harassment several ways including talking directly to a staff member or in writing. They also knew they could submit anonymous reports and also report through a third party. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.251(d).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Staff having knowledge of resident-on-resident or staff-on-resident sexual abuse must report immediately and privately to the Facility Director or Chief Executive Officer, while keeping the victim safe.”</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members told the auditor residents could privately report sexual abuse of a resident directly to the facility director or to the Chief Executive Officer, the facility head. This information is included in the PREA policy. The auditor was told the staff member would first safeguard the resident to ensure their safety, then make the notification immediately to the appropriate individual. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard



## Auditor Discussion

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
  2. *Riverside House Resident Guidebook*
2. Interviews:
  1. Targeted residents

### Findings (by provision):

**115.252(a).** Riverside House is not exempt from this Standard, as they have in place a procedure for residents to submit grievances included in their policy. Therefore, they are required to be in compliance with this standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.252(b).** The facility provided the *Riverside House Resident Guidebook* in the PAQ. The Guidebook states, "In order to ensure the safety of all, residents are encouraged to report instances of sexual assault to any program staff member. Residents may also report a sexual assault/abuse through a grievance form or contacting the agency PREA coordinator. Residents can obtain a grievance form from any Case Management Office. After the form is completed, the resident must submit the grievance to the Case Management Office in the locked box on the third floor by the stairwell. Residents may submit any grievances regarding sexual abuse or sexual harassment at any time, without a time limit." Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.252(c).** The facility provided the *Riverside House Resident Guidebook* in the PAQ. The Guidebook states, "If the grievance is related to a Riverside House staff member that engaged in sexual misconduct, the resident is not required to submit the grievance to the staff member who is involved in the complaint." Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.252(d).** The facility provided the *Riverside House Resident Guidebook* in the PAQ. The Guidebook states, "Riverside House Administration will provide a response to grievances within 90 days of the initial submission of the grievance. Riverside House may claim an extension of up to 70 days if necessary, to reach an appropriate decision. The resident will be notified in writing if the extension is needed." In the PAQ, Riverside House stated there were no grievances submitted for sexual abuse or sexual harassment during the 12 months prior to the onsite audit. There were no requests for extension of time to complete the grievance response.

During the onsite phase of the audit, the auditor was unable to interview a resident who had filed an allegation of sexual abuse or sexual harassment, as there were no residents housed in the facility who had filed an allegation. Therefore, the auditor

	<p>was not able to collect additional information relative to this provision. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.252(e).</b> The facility provided the <i>Riverside House Resident Guidebook</i> in the PAQ. The Guidebook states, “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates may assist residents in filing grievances, with the consent of the resident. Residents may also submit grievances on behalf of another resident if the complaint is related to sexual abuse or sexual misconduct. Alleged victims have the right to decline the processing of grievances made on their behalf, and Riverside House must document their decision.” In the PAQ, Riverside House stated there were no grievances submitted for sexual abuse or sexual harassment during the 12 months prior to the onsite audit.</p> <p>There were no grievances submitted for sexual abuse or sexual harassment during the 12 months prior to the onsite audit. This includes grievances filed by a third party. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.252(f).</b> The facility provided the <i>Riverside House Resident Guidebook</i> in the PAQ. The Guidebook states, “Residents may also submit an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse. The emergency grievance will be addressed immediately by the staff member receiving it, and it will be forwarded to Riverside House’s Case Manager and/or Facility Director for immediate corrective action. The resident will receive a response within 48 hours and will receive a final determination within five (5) calendar days.” In the PAQ, Riverside House stated there were no emergency grievances submitted for sexual abuse or sexual harassment during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.252(g).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “A resident will not be disciplined for filing a grievance alleging sexual abuse where it has been demonstrated that the resident filed the grievance in bad faith.” In the PAQ, Riverside House stated there were no residents disciplined for filing a false allegation of sexual abuse during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
  2. *Riverside House Resident Guidebook*
  3. *Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center*
2. Interviews:
  1. Specialized staff
  2. Random residents
  3. Targeted residents

**Findings (by provision):**

**115.253(a).** The facility provided the auditor with a copy of the *Riverside House Resident Guidebook* in the PAQ. The Guidebook states, “Case Managers at Riverside House must conduct detailed inquiries into the background and history of residents, which could potentially evoke past traumatic experiences among them. In such instances, Riverside House offers access to specialized emotional support services to residents who have undergone sexual abuse at any stage of their lives.” The *Guidebook* goes on to provide the name of the Roxcy Bolton Rape Treatment Center, along with the Center’s phone number, address, and website address.

During the onsite phase of the audit, the auditor interviewed eleven (11) random residents. Ten of the eleven residents were aware of the services that were available to the residents through the Rape Treatment Center (RTC). The auditor was unable to interview a resident who had filed an allegation of sexual abuse during the onsite audit, as there were no residents housed in the facility who had filed an allegation during the audit. The auditor did note the name and address of the RTC on zero-tolerance posters during the site review. The information is also available for residents in the *End the Silence - Sexual Abuse Awareness Brochure*. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.253(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “The agency mission is to provide sensitive, patient-centered comprehensive, confidential care 24 hours a day, seven days a week to all victims of sexual assault from the age of 11 years old and up, regardless of gender, race, ethnicity, nationality, sexual orientation, social and economic status. Social workers provide crisis intervention, short term counseling, recommendations and referrals.”

During the onsite phase of the audit, the auditor interviewed eleven (11) random residents. Ten of the eleven residents were aware of the services that were available to the residents through the Rape Treatment Center (RTC). The residents understood that communication with staff at the RTC would be confidential, even by telephone. When asked by the auditor, they understood that confidentiality would be waived if they were to report an incident of sexual abuse or sexual harassment that is alleged to have occurred at Riverside House. The auditor was unable to

	<p>interview a resident who had filed an allegation of sexual abuse during the onsite audit, as there were no residents housed in the facility who had filed an allegation during the audit. The auditor understands resident communications with the RTC would be confidential, as telephone calls are not recorded or monitored, and mail is not monitored. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.253(c).</b> The facility provided a <i>Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center</i> in the PAQ. The MOU allows for the Roxcy Bolton Rape Treatment Center (RTC) to provide access for the residents to contact advocates at the RTC for confidential emotional support services by telephone or mail. As noted in the MOU, the facility is to provide the residents with the RTC telephone number and mailing address so they can access such services if they choose to do so. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>Third Party Reporting Form</i></li> <li>2. Riverside House Website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.254(a).</b> The auditor reviewed the Riverside House website during the pre-audit phase of the audit and located the page dedicated to PREA. This page describes the agency’s zero-tolerance policy and outlines the investigative process if an allegation of sexual abuse or sexual harassment is reported on behalf of a resident. The page includes a Third Party Reporting Form for citizens to complete if they have information regarding potential sexual abuse or sexual harassment of a resident. The form states to submit it by mail or email. The auditor completed a test copy of the form and submitted it to the email address shown. The auditor received a response from the PREA compliance manager within eleven (11) hours of the time it was submitted (note that it was submitted at ten o’clock in the evening). The PREA compliance manager noted the steps that normally would be taken. This information is posted on the Riverside House website, which is available for viewing at: <b>PREA - Riverside House   Coed community residential reentry facility in</b></p>

	<p><b>Miami, Florida.</b> Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<p><b>115.261</b></p>	<p><b>Staff and agency reporting duties</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Random staff</li> <li>3. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.261(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP requires that all staff immediately report all knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a resident that occurred in a facility. The SOP also states, “Retaliation against staff or residents that report sexual abuse/harassment is prohibited. All allegations of retaliation will go through the facility’s investigation process by filling out an incident report.”</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members confirmed their requirement to immediately report allegations of sexual abuse or sexual harassment of a resident. They also confirmed an obligation to report retaliation of a resident or staff member who reported an allegation of sexual abuse or participating in an investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.261(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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.”</p> <p>During the onsite phase of the audit, the auditor interviewed seven (7) random staff members. Each of the 7 staff members confirmed a prohibition to keep information regarding sexual abuse allegations confidential unless it is necessary to share the information for the investigation or for screening purposes. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

	<p><b>115.261(c).</b> Riverside House does not employ medical or mental health practitioners, so this provision is not applicable to this agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.261(d).</b> Riverside House does not house individuals under the age of eighteen (18) at any time. Therefore, this provision is not applicable to this agency.</p> <p>During the onsite phase of the audit, the auditor interviewed the facility director and the PREA coordinator. Both confirmed Riverside House would never house individuals under the age of eighteen. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.261(e).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Sexual abuse/assault/harassment is a code level 205-206 violation under the Bureau of Prisons rules and regulations and Riverside House will send an incident report to the Federal Bureau of Prisons Residential Reentry Manager for administrative investigations. Riverside House will also conduct an in house administrative investigation. A criminal incident of sexual abuse that occurs must immediately be reported to the City of Miami Police for investigation.”</p> <p>During the onsite phase of the audit, the auditor interviewed the facility director. The director stated that all allegations of sexual abuse and sexual harassment will always be sent for investigation, regardless of the source of the report or how unbelievable the report may sound. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Agency head</li> <li>3. Random staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.262(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “An emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse will be filed if such is determined by the</p>

	<p>Case Managers during intake or at any time during the residents' stay.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the agency head. He stated he expects all staff to take immediate action if they were to learn a resident was at imminent risk of sexual abuse. The auditor interviewed the facility director and seven (7) random staff members. The director and each of the 7 staff members all clearly stated they were required to take immediate action to separate the resident from the housing areas and safeguard the resident until the situation could be reviewed, the potential abuser could be identified, and the safety of the resident could be determined. Staff could then make a decision regarding housing, programming, and job opportunities that would ensure the resident stays free from sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.263(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Upon receipt of an allegation of sexual abuse by a resident while confined at another facility, the Facility Director must notify FBOP and the head of the facility where the alleged sexual abuse occurred within 72 hours after receipt of the allegation. The notification of allegation must be in writing.” In the PAQ, Riverside House stated they had received no notifications from residents of abuse that had occurred in another facility during the 12 months prior to the onsite audit.</p> <p>The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.263(b).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Upon receipt of an allegation of sexual abuse by a resident</p>

	<p>while confined at another facility, the Facility Director must notify FBOP and the head of the facility where the alleged sexual abuse occurred within 72 hours after receipt of the allegation. The notification of allegation must be in writing.” In the PAQ, Riverside House stated they had received no notifications from residents of abuse that had occurred in another facility during the 12 months prior to the onsite audit.</p> <p>The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.263(c).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Upon receipt of an allegation of sexual abuse by a resident while confined at another facility, the Facility Director must notify FBOP and the head of the facility where the alleged sexual abuse occurred within 72 hours after receipt of the allegation. The notification of allegation must be in writing.” In the PAQ, Riverside House stated they had received no notifications from residents of abuse that had occurred in another facility during the 12 months prior to the onsite audit.</p> <p>The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.263(d).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “All allegations received from other facilities are investigated in accordance with PREA standards.” In the PAQ, Riverside House stated they had received no notifications from other facilities or agencies during the 12 months prior to the onsite audit.</p> <p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the agency head, and the facility director. Both told the auditor if they were to receive such notification from another facility or the BOP, they would immediately open an investigation, just as they would if the resident was still in custody in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>



1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
2. Interviews:
  1. Random staff
  2. Specialized staff

**Findings (by provision):**

**115.264(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Staff First Responder Duties: (1) Separate the alleged victim and abuser. (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3) 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, changing clothes, urinating, defecating, smoking, drinking, eating; and/or (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.” In the PAQ, Riverside House stated there had been no such allegations received from residents during the 12 months prior to the onsite audit, therefore, no steps were taken to preserve evidence or preserve a crime scene. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.264(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “If the first responder is not a security staff member (Facility Director/Supervision), the first responder shall request that the alleged victim not take any actions that could destroy physical evidence; and/or notify security staff.” In the PAQ, Riverside House stated there had been no such allegations received from residents during the 12 months prior to the onsite audit, therefore, no steps were taken to preserve evidence or preserve a crime scene.

During the onsite phase of the audit, the auditor interviewed two (2) staff members, one security and one non-security, who had not been a first responder, but were able to easily tell the auditor the proper steps to take if a resident did report an allegation directly to them. The auditor interviewed eleven (11) random staff members, and all 11 described all four (4) required steps in this provision. Based upon this analysis, the auditor finds the facility in compliance with this provision.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance</b>

	<p><b>determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.265(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “All incidents of sexual abuse will be documented on an incident report. Sexual abuse/assault/harassment is a code level 205-206 violation under the Bureau of Prisons rules and regulations and Riverside House will send an incident report to the Federal Bureau of Prisons Residential Reentry Manager for administrative investigations. Riverside House will also conduct an in house administrative investigation. The investigative procedures and first responder procedures must be followed. Riverside falls under the jurisdiction of the City of Miami Police. A criminal incident of sexual abuse that occurs must immediately be reported to the City of Miami Police for investigation and the victim taken to Roxcy Bolton Rape Treatment Center for medical treatment and mental health care.”</p> <p>During the onsite phase of the audit, the auditor interviewed the facility director. The director talked with the auditor about the coordinated response plan and the importance of all parties knowing their role when an allegation of sexual abuse is reported. The failure to take the proper actions can negatively affect the outcome of an investigation or cause the loss of evidence. Riverside House reminds staff during annual training of the proper steps to ensure these steps are taken. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p>

	<p><b>115.266(a).</b> The facility indicated in the PAQ they have no collective bargaining agreement for their staff.</p> <p>During the onsite audit, the auditor interviewed the Chief Executive Officer, the facility head. He stated Riverside House has no collective bargaining agreement for their staff members. Therefore, this standard is not applicable for this agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.266(b).</b> The auditor is not required to audit this provision.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. PREA coordinator</li> <li>3. Specialized staff</li> <li>4. Targeted residents</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.267(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Retaliation against staff or residents that report sexual abuse/harassment is prohibited. All allegations of retaliation will go through the facility’s investigation process by filling out an incident report. Sanctions will be imposed on those that are found guilty of retaliation.” Riverside House stated in the PAQ that the PREA coordinator is assigned as the agency’s retaliation monitor. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.267(b).</b> During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the agency head. He stated that retaliation for a staff member or a resident is never allowed, and the agency would take immediate action upon learning that something has happened. Some of the protective measures discussed for residents would be to change the housing assignment, work with the resident to find new employment, work with the BOP to move the resident to home confinement, or work with the BOP to move the resident who engaged in</p>

retaliation to another facility or back into confinement. The auditor interviewed the facility director, and he repeated many of the same protective measures as the agency head. He also told the auditor that steps could be taken to protect a staff member who was experiencing retaliation for taking part in an investigation. The auditor also interviewed the designated retaliation monitor, the PREA coordinator. He told the auditor the same protective measures. The auditor was unable to interview a resident who had reported an allegation of sexual abuse as there were no residents in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.267(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “For at least 90 days following a report of sexual abuse, the local PREA coordinator shall monitor and document the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviewed or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.” In the PAQ, Riverside House stated there were no cases of reported retaliation by a resident or a staff member during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed the facility director, who confirmed the 90-day retaliation monitoring time frame. He was unaware of any case of reported retaliation during the last 12 months. The auditor also interviewed the designated retaliation monitor, the PREA coordinator. He told the auditor he checks with any individual who reports an incident of sexual abuse or sexual harassment every 30 days, up to the 90-day mark, to ensure they do not experience any concerns with retaliation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.267(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “In the case of residents, such monitoring shall also include periodic status checks, which will be documented and maintained in the resident’s file.”

During the onsite phase of the audit, the auditor interviewed the designated retaliation monitor, the PREA coordinator. He told the auditor he checks with any individual who reports an incident of sexual abuse or sexual harassment every 30 days, up to the 90-day mark, to ensure they do not experience any concerns with retaliation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.267(e).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the local PREA coordinator shall take appropriate measures to protect that individual against retaliation.”

	<p>During the onsite phase of the audit, the auditor interviewed the Chief Executive Officer, the agency head. He stated that retaliation monitoring would take place for any individual that participated in the investigation, for example, the person who reported it or a witness. The same protective measures would be utilized for those individuals. The auditor interviewed the facility director, and he repeated many of the same protective measures as the agency head. He also told the auditor that steps could be taken to protect a staff member who was experiencing retaliation for taking part in an investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.267(f).</b> The auditor is not required to audit this provision.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. PREA coordinator</li> <li>3. Specialized staff</li> <li>4. Targeted residents</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.271(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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. 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.”</p> <p>Although the agency states clearly in policy that allegations of sexual abuse or sexual harassment will be investigated, the investigations are performed by either the City of Miami Police or the Federal Bureau of Prisons. Staff at Riverside House will perform an internal investigation following the completion of the administrative investigation by the BOP. Therefore, this standard is not applicable to the agency. The auditor was unable to interview an investigator relative to this provision. The</p>

PREA coordinator told the auditor investigations are completed promptly and thoroughly by the BOP and results are immediately sent to the agency for completion of the investigative process. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(b).** Administrative investigations are performed by the Federal Bureau of Prisons. The auditor is aware that investigators at the BOP always gather the listed evidence. The City of Miami Police would gather the same type of evidence if they were performing a criminal investigation. The auditor was unable to interview an investigator relative to this provision. Therefore, this standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(c).** Administrative investigations are performed by the Federal Bureau of Prisons. The auditor is aware that investigators at the BOP have all received specialized training for investigations in confinement. The auditor was unable to interview an investigator relative to this provision. Therefore, this standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(d).** Criminal investigations are performed by the City of Miami Police. As stated earlier, the agency would refer all potentially criminal allegations to the Miami Police for that investigation. The auditor was unable to interview an investigator relative to this provision. Therefore, this standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(e).** Criminal and administrative investigations are performed by outside investigators. The auditor was unable to interview an investigator relative to this provision. The auditor was not able to interview a resident relative to this provision, as there were no residents housed in the facility who had reported an allegation of sexual abuse. This standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(f).** Criminal and administrative investigations are performed by outside investigators. The auditor was unable to interview an investigator relative to this provision. This standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(g).** Criminal and administrative investigations are performed by outside investigators. The auditor was unable to interview an investigator relative to this provision. This standard is not applicable to the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.271(h).** Criminal and administrative investigations are performed by outside investigators. The auditor was unable to interview an investigator relative to this provision. In the PAQ, the agency stated there were no substantiated allegations that were referred for criminal charges during the 12 months prior to the onsite audit. This standard is not applicable to the agency. Based upon this analysis, the

	<p>auditor finds the facility in compliance with this provision.</p> <p><b>115.271(i).</b> The agency maintains copies of all criminal and administrative investigations. The PREA compliance manager told the auditor they would maintain copies of the reports for at least five (5) years past the date a resident was released from Riverside House, or a staff member left the employ of Riverside House. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.271(j).</b> The agency maintains copies of all criminal and administrative investigations. The PREA compliance manager told the auditor Riverside would continue with any investigation, even if the resident was released from Riverside House, or a staff member left the employ of Riverside House. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.271(k).</b> The auditor is not required to audit this provision.</p> <p><b>115.271(l).</b> Criminal and administrative investigations are performed by outside investigators. The investigations are performed by either the City of Miami Police or the Federal Bureau of Prisons. The PREA coordinator and the facility director were interviewed during the onsite phase of the audit. Both stated that Riverside has a good working relationship with both agencies. Both understand the requirement to provide complete reports following the investigation back to Riverside and they have had no problem receiving them. It is their responsibility to provide full cooperation to both agencies so a full and complete investigation can be carried out. The auditor was unable to interview an investigator relative to this provision. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Sexual Harassment Investigation Files</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> <li>2. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.272(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the</p>

	<p>PAQ. The SOP states, “The level of evidence required to sustain criminal cases is different from what is required to sustain an administrative case. 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).”</p> <p>The auditor was unable to interview an investigator relative to this provision because investigations are performed by outside agencies. During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed the standard of evidence for administrative investigations is the preponderance of the evidence. The auditor reviewed two (2) of the agency’s sexual harassment investigations from the 12 months prior to the onsite audit. The outcome of both was determined by the preponderance of the evidence. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>)       <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Sexual Harassment Investigation Files</i></li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>1. Specialized staff</li> <li>2. Targeted residents</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.273(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Any resident who makes an allegation of sexual abuse will be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the third party.” In the PAQ, Riverside House stated there were two (2) completed investigations and one (1) where the resident was notified of the outcome of the investigation during the 12 months prior to the onsite audit. One resident had already been released from the facility when the investigation was completed, so the notification was not completed.</p> <p>During the onsite phase of the audit, the auditor interviewed the facility director who confirmed the requirement to notify the resident when the investigation is completed. The PREA compliance manager usually notifies the resident. The</p>



auditor was unable to interview an investigator relative to this provision because investigations are performed by outside agencies. The auditor also was unable to interview a resident who had reported an allegation of sexual abuse or sexual harassment, as there were no residents housed in the facility at the time of the audit. The auditor reviewed the facility's two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. One (1) file contained written proof of notification to the resident and the other file had a note showing the resident was released from the facility when the investigation was completed. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.273(b).** Criminal and administrative investigations are performed by outside investigators. The investigations are performed by either the City of Miami Police or the Federal Bureau of Prisons. The PREA coordinator was interviewed during the onsite phase of the audit. He stated that Riverside has a good working relationship with both agencies. Both understand the requirement to provide complete reports following the investigation back to Riverside and they have had no problem receiving them. These reports allow Riverside to properly notify the residents as required by the standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.273(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, "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 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 learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or Riverside learn that the staff member has been convicted on a charge related to sexual abuse within the facility." In the PAQ, Riverside House stated there had been no substantiated allegations of sexual abuse by a staff member and no notifications to a resident during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse, as there were no residents housed in the facility who had made such a report at the time of the audit. The auditor reviewed the facility's two (2) sexual abuse investigation files from the 12 months prior to the onsite audit. There were no cases of substantiated sexual harassment allegations against a staff member. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.273(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, "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."

	<p>During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse, as there were no residents housed in the facility who had made such a report at the time of the audit. The auditor reviewed the facility's two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. There were no cases of substantiated sexual abuse allegations against another resident. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.273(e).</b> The facility provided SOP Prison Rape Elimination Act (PREA) in the PAQ. The SOP states, "Notifications of the above will be sent to the resident."</p> <p>During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse, as there were no residents housed in the facility who had made such a report at the time of the audit. The auditor reviewed the facility's two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. There were no notifications to a resident as there were no substantiated allegations. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.273(f).</b> The auditor is not required to audit this provision.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. SOP Prison Rape Elimination Act (PREA)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.276(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, "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." Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.276(b). The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, "Staff will be subject to disciplinary action up to and including</p>

	<p>termination of employment if the policy on sexual abuse and sexual harassment is violated.” In the PAQ, Riverside House stated there were no cases where a staff member had violated the agency’s sexual abuse or sexual harassment policies and no cases where a staff member had been terminated during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.276(c).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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.”</p> <p>During the onsite audit, the auditor confirmed with the PREA coordinator the agency would discipline any staff member for violating the sexual abuse or sexual harassment policies commensurate with policy and any other incidents of discipline that have occurred. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.276(d).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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) are reported to relevant licensing bodies.” In the PAQ, Riverside House stated there were no such notifications during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Sexual Harassment Investigation Files</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.277(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Volunteers and contractors who violate the policy will be prohibited from entering the facility to prevent further contact with the resident.</p>

	<p>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) are reported to relevant licensing bodies.” In the PAQ, Riverside House stated there were no volunteers or contractors reported to law enforcement or licensing bodies during the 12 months prior to the onsite audit.</p> <p>The auditor reviewed the agency’s two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. There were no allegations or investigations related to a volunteer or contractor. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.277(b).</b> During the onsite audit, the auditor interviewed the facility director. The facility director stated the agency would not consider remedial measures for any contractor or volunteer who had been found in violation of the agency’s sexual abuse or sexual harassment policies. Instead, they would just prohibit future work at the facility to protect the residents from any future potential abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy</i></li> <li>3. <i>Riverside House Resident Guidebook</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.278(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “Residents 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 the resident violates the Facility’s policy on PREA. This is a code level 200 violation and an incident report has to be written and submitted to the FBOP Residential Reentry Manager followed by an administrative hearing.” In the PAQ, Riverside House stated there had been no residents found responsible of sexual abuse violations in either administrative or criminal findings during the 12 months</p>

	<p>prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(b).</b> During the onsite audit, the auditor interviewed the facility director. The facility director stated that all discipline and sanctions for the resident would be determined by the BOP. The auditor is aware the BOP complies with the PREA standards, so they would comply with this provision for a resident of Riverside House. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(c).</b> During the onsite audit, the auditor interviewed the facility director. The facility director stated that all discipline and sanctions for the resident would be determined by the BOP. The auditor is aware the BOP complies with the PREA standards, so they would comply with this provision for a resident of Riverside House. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(d).</b> Riverside House does not employ full-time or part-time medical or mental health staff. Therefore, they would not be able to meet this provision. The BOP would have to require the resident to be placed back into custody to take part in any intervention program. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(e).</b> Riverside House does not discipline a resident for sexual contact with a staff member unless a determination is made the staff member did not consent to such contact. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(f).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “A resident will not be disciplined for filing a grievance alleging sexual abuse where it has been determined that the resident filed the grievance in bad faith.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.278(g).</b> The auditor was provided with the <i>Prison Rape Elimination Act (PREA) Sexual Abuse/Assault and Prevention Policy</i> resident education handout in the PAQ. The handout states, “Sexual acts or contacts between clients, even when no objections are raised, are prohibited acts.” The auditor was also provided with a copy of the <i>Riverside House Resident Guidebook</i> in the PAQ. The <i>Guidebook</i> states, “All forms of sexual contact and sexual harassment between residents and between residents and employees / volunteers / contractors are prohibited by Riverside House.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. *SOP Prison Rape Elimination Act (PREA)*
  2. *Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center*
2. Interviews:
  1. PREA coordinator
  2. Specialized staff
  3. Targeted residents

### Findings (by provision):

**115.282(a).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “A criminal incident of sexual abuse that occurs must immediately be reported to the City of Miami Police for investigation and the victim taken to Roxcy Bolton Rape Treatment Center for medical treatment and mental health care.”

During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor interviewed the PREA coordinator who confirmed the requirement to transport a resident victim of sexual abuse to the Roxcy Bolton Rape Treatment Center for care following a report of abuse at the facility. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.282(b).** During the onsite phase of the audit, the auditor interviewed a security staff member and a non-security staff member who would be a first responder to an incident of sexual abuse. Both indicated that, although they had not been a first responder, they would immediately safeguard the victim and request the victim preserve any potential evidence. The Miami Police Department would be contacted to conduct the investigation, and the victim would then be transported to the Rape Treatment Center as part of the investigation to gather the evidence and provide medical and mental health care, if needed. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.282(c).** During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor made telephone contact with a representative at the Roxcy Bolton Rape Treatment Center (RTC), who

	<p>confirmed that a victim of sexual abuse would be provided emergency contraception and sexually transmitted infections prophylaxis, which is standard practice during the forensic medical examination. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.282(d).</b> The facility provided the auditor with a copy of the <i>Memorandum of Understanding (MOU) between Riverside Residential Reentry Center and The Roxcy Bolton Rape Treatment Center</i> in the PAQ. The MOU includes a provision for the Rape Treatment Center to provide care for resident victims at no cost. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ul style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ul style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> </ul> </li> <li>2. Interviews: <ul style="list-style-type: none"> <li>1. PREA coordinator</li> <li>2. Specialized staff</li> </ul> </li> </ul> <p><b>Findings (by provision):</b></p> <p><b>115.283(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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 work with rape victims.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.283(b).</b> During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor interviewed the PREA coordinator who confirmed the requirement to transport a resident victim of sexual abuse to the Roxcy Bolton Rape Treatment Center (RTC) for care following a report</p>

of abuse at the facility. The auditor made telephone contact with a representative at the RTC, who confirmed that a victim of sexual abuse would be provided follow-up services and referrals, if needed, from the caregivers at the RTC. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.283(c).** During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor made telephone contact with a representative at the RTC, who confirmed that all services provided at the RTC would be consistent with the community level of care. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.283(d).** During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor made telephone contact with a representative at the RTC, who confirmed that female victims of sexual abuse would be provided a pregnancy test at the RTC. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.283(e).** During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor made telephone contact with a representative at the RTC, who confirmed that female victims of sexual abuse would be provided information about lawful pregnancy-related services at the RTC. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.283(f).** During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor made telephone contact with a representative at the RTC, who confirmed that a victim of sexual abuse would be provided tests for sexually transmitted infections prophylaxis at the RTC. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.283(g).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, "All residents sent to Jackson Memorial's Roxcy Bolton Rape



	<p>Treatment Center for sexual abuse will be treated at no cost to the resident for all related exams to include emotional services.”</p> <p>During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.283(h).</b> During the onsite phase of the audit, the auditor was unable to interview anyone from medical or mental health as the agency does not employ staff for medical or mental health at the facility. The auditor interviewed the PREA coordinator who confirmed that anyone identified as a resident-on-resident abuser would be offered treatment from mental health practitioners available at the Roxcy Bolton Rape Treatment Center. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>Sexual Harassment Investigation Files</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. Specialized staff</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.286(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the PAQ. The SOP states, “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.” In the PAQ, Riverside House stated there was one such incident review during the 12 months prior to the onsite audit.</p> <p>During the onsite phase of the audit, the auditor reviewed the agency’s two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. One (1) of the files included the required incident review, as the second file’s outcome was unfounded, and the incident review was not required. Based upon this</p>

analysis, the auditor finds the facility in compliance with this provision.

**115.286(b).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “Such review will ordinarily occur within 30 days of the conclusion of the investigation.” In the PAQ, Riverside House stated there was one such incident review during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor reviewed the agency’s two (2) sexual harassment investigation files from the 12 months prior to the onsite audit.

One (1) of the files included the required incident review, as the second file’s outcome was unfounded, and the incident review was not required. The completed incident review was completed within 30 days of the conclusion of the investigation.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.286(c).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.”

During the onsite phase of the audit, the auditor interviewed the facility director.

The facility director confirmed being part of the incident review team and participating in the review meeting. Based upon this analysis, the auditor finds the facility in compliance with this provision.

**115.286(d).** The facility provided *SOP Prison Rape Elimination Act (PREA)* in the PAQ. The SOP states, “The review team will: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) through (d)(5) of this section, and any recommendations for improvement, and submit such report.”

During the onsite phase of the audit, the auditor interviewed the PREA coordinator, who confirmed they hold an incident review meeting following the completion of the investigation. The facility director was interviewed as well, and he also told the auditor the incident review meeting is held to review the closed investigation. Both told the auditor they look at the allegation, the outcome of the investigation, and if there were any motivations of the abuser that led to the incident of sexual abuse.

Part of the review is to evaluate where the incident occurred, the level of staffing, and evaluate available video monitoring. If the review finds the need for a recommendation, that would be part of the final report. The auditor also

	<p>interviewed the PREA compliance manager, who would also participate in the incident review meeting. She told the auditor the review would include each of the items listed in this provision of the standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.286(e).</b> During the onsite phase of the audit, the auditor interviewed the agency head. He stated he would review the report from the incident review and any included recommendation, which would definitely be implemented to help to avoid future incidents of sexual abuse in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. 2023 PREA Annual Report</li> <li>2. 2023 Survey of Sexual Violence (SSV)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. None</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.287(a).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency's annual sexual abuse and sexual harassment incident data from calendar year 2023. The data lists the allegations under a standardized set of definitions that mirror the definitions set in the PREA standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.287(b).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency's annual sexual abuse and sexual harassment incident data from calendar year 2023. The data lists the allegations under a standardized set of definitions that mirror the definitions set in the PREA standards. The agency has only one (1) facility, so there is no need to aggregate the data from multiple facilities. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.287(c).</b> The facility provided the auditor with a copy of the <i>2023 Survey of Sexual Violence (SSV)</i>, which was completed and submitted to Bureau of Justice Statistics. The definitions of sexual abuse and sexual harassment from the SSV are</p>

	<p>utilized in the agency’s annual report. The data shown on the SSV matches the data included in the <i>2023 Annual Report</i>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.287(d).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency's annual sexual abuse and sexual harassment incident data from calendar year 2023. The auditor reviewed the report and can see the report includes the data from the available sexual abuse and sexual harassment allegations, the outcomes, and the incident reviews. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.287(e).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The agency has only one (1) facility, so there is no need to aggregate the data from multiple facilities. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.287(f).</b> The facility provided the auditor with a copy of the <i>2023 Survey of Sexual Violence (SSV)</i>, which was completed and submitted to Bureau of Justice Statistics. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>2023 PREA Annual Report</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. Agency head</li> <li>2. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.288(a).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency’s annual sexual abuse and sexual harassment incident data from calendar year 2023. The PREA coordinator identifies problem areas (there were none noted), states corrective action taken (no corrective action was necessary), and includes this information in the agency’s annual report, as required. There is only one annual report for Riverside House, as there is only one facility for the agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

	<p><b>115.288(b).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency’s annual sexual abuse and sexual harassment incident data from calendar year 2023. The report highlighted the 2023 data and compared it to the sexual abuse and sexual harassment data from calendar year 2022. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.288(c).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency’s annual sexual abuse and sexual harassment incident data from calendar year 2023. The report was signed by the agency head, the Chief Executive Officer.</p> <p>The auditor reviewed the agency’s website and located the signed annual report, posted on the webpage dedicated to PREA information for the public. During the onsite phase of the audit, the auditor interviewed the agency head, the Chief Executive Officer. He confirmed he reviews the annual report and signs and approves the report once it is completed. The report is then posted to the agency website as required. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.288(d).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. There are no redactions of data on the 2023 report.</p> <p>During the onsite phase of the audit, the auditor interviewed the PREA coordinator. He stated there is a requirement to redact personal data from the annual report. The report is routinely prepared without personal data to avoid the need to add redactions to the report. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. <i>SOP Prison Rape Elimination Act (PREA)</i></li> <li>2. <i>2023 PREA Annual Report</i></li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.289(a).</b> The facility provided <i>SOP Prison Rape Elimination Act (PREA)</i> in the</p>

	<p>PAQ. The SOP states, “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 Manage Database.”</p> <p>The auditor interviewed the PREA coordinator during the onsite phase of the audit. He confirmed the sexual abuse data and files are securely stored in the facility director’s office. He also told the auditor all sexual abuse and sexual harassment investigations are maintained for at least ten (10) years as required under this standard. The auditor viewed the stored files during the facility review. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.289(b).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. The report shows the agency’s annual sexual abuse and sexual harassment incident data from calendar year 2023.</p> <p>The auditor reviewed the agency’s website and located the signed annual report, posted on the webpage dedicated to PREA information for the public. The report is posted to the agency website as required. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.289(c).</b> The facility provided the auditor with a copy of the <i>2023 PREA Annual Report</i> in the PAQ. There are no redactions of data on the 2023 report and no personal identifiers in the report. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p><b>115.289(d).</b> The auditor interviewed the PREA coordinator during the onsite phase of the audit. He confirmed the sexual abuse data and files are securely stored in the facility director’s office. He also told the auditor all sexual abuse and sexual harassment investigations are maintained for at least ten (10) years as required under this standard. The auditor viewed the stored files during the facility review. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> <li>1. Agency website</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>1. PREA coordinator</li> </ol> </li> </ol>

3. Observations:
  1. Housing areas
  2. Public areas

**Findings (by provision):**

**115.401(a).** This was the third audit completed by the Riverside House. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.401(b).** This is the second year of the fourth PREA audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.401(h).** During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and residents. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.401(i).** During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.401(m).** During the onsite phase of the audit, the auditor requested to interview a total of 20 residents. The institution provided a private room for the auditor to meet with each resident for the interview, without interruption. The auditor was able to interview more than the required minimum number of residents. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.401(n).** The institution posted the required audit notice throughout the housing areas, on colored paper, printed in two languages. The notices were also seen in public areas throughout the facility, including the entrance area where visitors might enter and all staff areas. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>

1. Documents: (*Policies, directives, forms, files, records, etc.*)
  1. Agency website
2. Interviews:
  1. PREA coordinator

**Findings (by provision):**

**115.403(f).** This was the third audit completed by the Riverside House. The prior audit report is posted to the Riverside House webpage as required by this provision and the auditor understands that this audit report will be posted properly after the agency receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.



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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</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 inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</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
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	yes



	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na



	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes



	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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?	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?	no
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	no
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes



	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	no

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes



<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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