

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

Interim Final

Date of Report 01/16/19

Auditor Information

Name: Donald Chadwick Email: Donald.chadwick@nakamotogroup.com

Company Name: The Nakamoto Group Inc.

Mailing Address: 11820 Parklawn Drive, Suite 240 City, State, Zip: Rockville, MD 20852

Telephone: 301-468-6535 Date of Facility Visit: December 4-5, 2018

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Volunteers of America (VOA) Puerto Rico, Inc.

Physical Address: 1606 Manuel Fernandez Juncos Avenue City, State, Zip: Santurce, Puerto Rico 00909

Mailing Address: 1606 Manuel Fernandez Juncos Avenue City, State, Zip: Santurce, Puerto Rico 00909

Telephone: 787-919-0470 Is Agency accredited by any organization? Yes No

The Agency is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: VOA Puerto Rico Residential Reentry Center (RRC)- Casa Alborada is a faith-based organization committed to serve federal defendants and offenders in their re-entry process using evidence-based practices, models and community services support.

Agency Website with PREA Information: voapr.org/pages/prea.aspx

Agency Chief Executive Officer

Name: Barbara C. Banaszynski Title: President/CEO

Email: bbanaszynski@voa.org	Telephone: (502) 594-2205
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Agency-Wide PREA Coordinator

Name: Dr. Jerry C. Martinez	Title: Social Service/PREA Coordinator
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Email: jcmartinez@voapr.org	Telephone: (797) 919-0470
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PREA Coordinator Reports to: Alberto Maldonado, Facility Director	Number of Compliance Managers who report to the PREA Coordinator
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Facility Information

Name of Facility: Volunteers of America, Inc. – Puerto Rico Residential Reentry Center- Casa Alborada

Physical Address: 1606 Manuel Fernandez Juncos Avenue, Santurce, Puerto Rico 00909

Mailing Address (if different than above):

Telephone Number: (787) 919-0470

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

Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: VOA Puerto Rico Residential Reentry Center (RRC)- Casa Alborada is a faith-based organization committed to serve federal defendants and offenders in their re-entry process using evidence-based practices, models and community services support.

Facility Website with PREA Information: voapr.org/pages/prea.aspx

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Alberto Maldonado Sostre	Title: Facility Director
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Email: amaldonado@voapr.org	Telephone: (787) 607-6977
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Facility PREA Compliance Manager

Name: Dr. Jerry C. Martinez	Title: Social Service/PREA Coordinator
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Email: jcmartinez@voapr.org		Telephone: (787) 919-0470	
Facility Health Service Administrator			
Name: n/a		Title: n/a	
Email: n/a		Telephone: n/a	
Facility Characteristics			
Designated Facility Capacity: 111		Current Population of Facility: 98 In-house; 11 Home Confinement	
Number of residents admitted to facility during the past 12 months			408
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			361
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			405
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			124 days
Facility Security Level:			Minimum
Resident Custody Levels:			Community
Number of staff currently employed by the facility who may have contact with residents:			25
Number of staff hired by the facility during the past 12 months who may have contact with residents:			0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			25
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		11	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Cameras are placed strategically throughout common areas, recreation areas, and elevators, and stairways. Cameras are monitored in the Control Room and the director's office.			
Medical			

Type of Medical Facility:	n/a
Forensic sexual assault medical exams are conducted at:	Emergency Room at Pavia Hospital, Santurce PR
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	96
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

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

Overview:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Volunteers of America Puerto Rico Residential Re-Entry Center, also known as Casa Alborada (VOAPRRRC) located in Santurce, PR was conducted December 4-5, 2018. The audit was conducted by U.S. Department of Justice certified PREA auditor Donald Chadwick of The Nakamoto Group, Inc. The standards used for this audit became effective August 20, 2012.

The auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and residents, and reviewed PREA related supportive documentation. Upon completion of the on-site audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and post audit expectations.

Pre-Audit Phase:

On September 19, 2018, PREA Audit Notices (in English and Spanish) were posted in strategic locations throughout the facility where residents routinely enter and exit the building and participate in programming. Postings of the PREA Audit Notices were verified by the auditor and were posted in a timely manner prior to the on-site portion of the audit. No correspondence was received from any residents.

VOAPRRRC staff were asked to complete the Pre-Audit Questionnaire (PAQ) which was forwarded to the facility on October 5, 2018. The completed PAQ and supporting documentation was received by the auditor on October 31, 2018. The original PAQ was completed on October 26, 2018. An amended PAQ was received with a revision date of November 9, 2018. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards, describing overall objectives and procedures coupled with the requirements of their contractual obligations to adhere to the Federal Bureau of Prison's (BOP) Statement of Work (SOW). VOAPRRRC PREA policies correspond to community confinement standards. The policies describe the PREA objectives which correspond to the standard referenced and

describe implementing procedures applicable to Casa Alborada RRC. Additionally, some VOAPRRRC policies reference other Casa Alborada RRC implementing policies and documents which describe how the standards are implemented.

On November 21, 2018, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, resident rosters- including any residents characterized as being included in “targeted” categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the on-site audit. On November 27, 2018, Just Detention International reported no known reports from VOAPRRRC. On November 26, 2018, contact was also made with Centro de Apoyo a Víctimas de Violación (CAVV), the local governmental agency required to provide advocacy services to sexual assault victims. Follow-up was conducted during the on-site visit. Staff at CAVV reported no record of contact from residents of VOAPRRRC Casa Alborada.

On-Site Audit Phase:

The auditor held an opening meeting on the morning of December 4, 2018 at the VOAPRRRC Casa Alborada facility. The audit schedule and process were discussed during the entrance meeting. Those in attendance at the entrance meeting included the Casa Alborada facility Director, the facility Deputy Director, the Social Services/PREA Coordinator, the facility Business Manager, the facility Senior Resident Monitor, and a VOAPRRRC correctional consultant.

The auditor was provided a private office in which to work and conduct private confidential interviews. All requested files and rosters, both staff and residents, were made available on the first day of the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of the facility was conducted. The auditor was escorted by the agency PREA Compliance Coordinator, the Facility Director, the Deputy Director, the senior resident monitor, and the VOAPRRRC corrections consultant. The auditor toured all resident living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditors reviewed PREA related documentation and materials located on bulletin boards and pertinent entries made in manual and electronic logs as applicable. The auditor assessed camera surveillance, physical supervision requirement as applied to residential confinement, and electronic monitoring capabilities. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing – (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). Postings (in English and Spanish) regarding PREA violation reporting and the agency’s zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. External advocacy and “internal hotline” information was conspicuously displayed in all living and programs areas. The tour revealed adequate camera coverage, and physical supervision. A review of electronic records revealed documentation of security and PREA rounds. As this

was a review of a community confinement facility, there are no staff stationed on individual housing areas.

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

Resident Interviews:

Resident interviewees were selected from a housing roster dated December 4, 2018. The report indicated that 99 residents were assigned “in-house” at VOAPR Casa Alborada, and 11 offenders assigned to “home confinement”. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 15 random residents, and 2 targeted residents were privately interviewed. The targeted offenders were as follows; LGBTI-2; disclosed victimization at screening-0; physically disabled-0; reported sexual abuse-0. Due to the lack of residents in targeted categories, the auditor selected seven additional random residents for interview. Seventeen “in house” residents (17%) were interviewed; 11 males and 6 females. All residents were proficient in Spanish (primary spoken language); and some residents were proficient in English. Spanish translation was offered to all interviewees and used as necessary.

Staff Interviews:

There was a total of 25 staff employed at VOAPRRRC Casa Alborada during the on-site audit period. Twelve random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Five administrative/specialized staff were interviewed. The administrative staff included the Facility Director, the Social Services/PREA Coordinator, the Business/Human Resources Manager, Case Manager, and supervisory intake staff. The facility does not have positions in medical, training, or investigative staff.

It was also confirmed that the local hospital, Pavia Hospital Santurce, located ½ block from Casa Alborada RRC, provides forensic sexual assault medical exams if needed.

File Review:

During interviews with specialized discipline personnel having oversight of PREA operational issues, the auditor reviewed training files, background clearance files, offender intake and screening documentation, and offender PREA education documentation. This facility does not conduct investigations; therefore, it does not maintain investigative files. In accordance with the mission of the facility, there are no restricted housing documents maintained. There are no medical or mental health referral records applicable for this facility. While on-site, the auditor reviewed five personnel files (20%) to establish compliance with background checks and PREA training documentation for all staff to establish compliance with PREA training mandates. Personnel files reviewed were considered new hires or promotions during the applicable auditing period. The auditor reviewed documentation of 5 each, volunteers and

contractors to confirm completion of PREA training. Risk screening, resident PREA education, and intake procedures for 11 residents was reviewed.

Investigations

Since the last PREA audit conducted in December 2015, or specifically during the last 12 months, there have not been any PREA allegations received. Any allegations would be referred to the Federal Bureau of Prisons for processing.

Closeout

A closing meeting was held with the auditor and the administrative staff on December 5, 2018. Discussions centered around the audit process, preliminary findings, and the post-audit process for corrective actions prior to issuance of the final audit report. The auditor thanked the executive team for their efforts and dedication to becoming PREA compliant.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the agency PREA Coordinator were held. PAQ entries were verified, and submittals related to corrective actions were reviewed.

Facility Characteristics

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

The facility is operated under a contract with the Federal Bureau of Prisons (BOP) to house residents that are preparing for re-entry into the U.S. Territory of Puerto Rico. All admissions to the facility are screened by VOAPRRRC, BOP, and United States Probation Office officials prior to acceptance. The facility consists of 6 floors with open bay/dormitory housing on five floors for adult males and females. During the period of the on-site audit, there were 99 in-house residents, and 11 offenders assigned to home confinement. There are 32 cameras throughout the facility monitored real-time by staff in the main control room, with monitoring capability also located in Facility Director's office. Since the last PREA audit in December 2015, the number of contractual beds and authorized staffing has decreased. One contributing factor was Hurricane Maria, which had a major impact on the Territory of Puerto Rico in September 2017. Over time, the BOP has decreased the authorized number of contracted beds and staffing.

The VOAPRRRC Casa Alborada is located in a dense metropolitan area of greater San Juan, PR, primarily populated with commercial buildings and surrounding residential areas. The location is on a major bus route which leads directly to the transportation Hub and Metro lines and provides easy access to public major highways and employment opportunities. The facility is located within blocks of the Police Department and a hospital which could provide an added element of security for residential neighborhoods bordering the area. The building is comprised of six floors, each dedicated for specific services. The first-floor space has the main entrance, control room, and a multi-purpose room that is used for family/guest visitation areas, recreation, group meetings, food service and other leisure time activities. The first floor also has a “handicap room” which provides handicap accessibility and is the dedicated space for residents requiring special or enhanced supervision due to vulnerable PREA screening variables. This space also provides private bathroom and shower facilities. Resident’s living areas are located on floors two through five with the second floor restricted for female resident use only. The 6th floor provides space for resident supervised group activities and has an adjacent outdoor recreation area. Each floor provides for an independent-like living environment with amenities tailored to the needs of the residents. Each floor has open bay dormitory style sleeping accommodations with bathrooms, and laundry facilities. Bathrooms and showers on each resident living area are located adjacent to a dayroom and are separated by a wall and door. Inside each bathroom are sinks, toilet facilities and showers. The toilets and showers have walls and shower curtains as applicable. The building is equipped with elevator service to all floors and security cameras monitor all areas and access points to the property.

The facility provides a variety of services to residents to prepare them for release to the community. The facility oversees a home confinement program that provides an opportunity for offenders to assume increasing levels of responsibility while at the same time providing sufficient restrictions to promote community safety and convey the sanctioning value of the sentence. The resident remains at his or her residence during non-working hours and may be monitored by telephonic or electronic signaling devices.

VOAPRRRC Casa Alborada does not have investigative or medical staff. The facility’s investigative authority lies with the BOP and Department of Justice Office of the Inspector General (OIG). Since the last PREA audit, there have not been any reported sexual abuse or harassment allegations filed at VOAPRRRC.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Overview

When the on-site audit was completed, an exit briefing was held to discuss the audit findings. The meeting was held with the facility Deputy Director, the Social Service/PREA Coordinator, the facility Business Manager, and the VOA corrections consultant. Prior to the on-site audit, the auditor was provided documentation. A review of this material, in conjunction with observations, interviews, and on-site file and documents sampling was used to assess compliance with the Prison Rape Elimination Act.

During interviews, staff and residents acknowledged awareness of VOAPRRRC Casa Alborada's zero tolerance policy against sexual abuse. The policies supporting this philosophy were established. Compliant practices and training have been in place during the applicable audit period with the following exceptions: a 30 day risk screening reassessment; appointing a retaliation monitor; ensuring criminal history checks are completed on contractors in accordance with the BOP SOW and VOAPRRRC Casa Alborada policy 7B-05; and ensuring staff who are promoted are assessed for any criminal charges occurring since the last clearance prior to promotion. The philosophy of sexual safety has been institutionalized. However, the above processes required corrective action.

The coordinated use of an agency staffing analysis relative to PREA variables has been utilized to gauge the sufficiency of staff supervision augmented by electronic monitoring. Due to contractual requirements with the BOP, staffing levels have been mandated by funding. A yearly staffing report was completed each year since the last PREA audit noting staffing increases and reductions. The analysis factored in BOP staffing level requirement, the impact of reduced funding, and Hurricanes Irma and Maria as being impactful on resident population counts. The staffing reports primarily focus on budgetary issues. Going forward, it was recommended that these reports are related to sexual safety indicators or any internal or external findings of inadequacy to ensure PREA compliance. The staffing levels at VOAPRRRC are static based on contract requirements and no deviations are evident. The facility noted resident and staffing reductions due to the above-mentioned hurricanes. Based on a tour of the facility, electronic monitoring is used to augment physical supervision of residents. Resident Monitors are diligent in making random security checks.

The facility reported no physically disabled residents and is located in a jurisdiction in which the primary spoken language is Spanish. All PREA educational information is provided in Spanish and English. By contractual obligation, all staff are required to be proficient in Spanish and English. The facility has resources identified to ensure disabled and LEP residents, as required, can participate in or benefit from all aspects of the PREA. Initial hiring practices evidenced appropriate background checks that are consistent with PREA sexual safety measures. However, staff considered for promotion did not always received a background check. Additionally, in accordance with the BOP SOW and facility policy, all contractors should receive background screening prior to providing services to the facility. The PREA requirements indicate that if a contractor having resident contact, provides services on a re-occurring schedule, the contractor should receive a background screening, regardless of the level of staff supervision provided during the service intervals.

The facility has appropriate medical and victim advocacy networks in place and available, if

needed. Staff interviews indicated adequate training in all aspects of the PREA, particularly first responder duties or actions to take in the event of a report of a PREA related incident. Routine PREA education and training is documented for resident monitors, case managers, the employment specialist, and urine surveillance staff. The facility does not have investigative or medical staff. Staff acknowledged receipt and understanding of PREA training.

Resident's interviews acknowledged admissions screening included questions regarding a history of sexual abuse or victimization and whether they would like to identify a sexual preference. Intake and classification processes ensure PREA risk screenings are conducted and a status as a potential victim or abuser is documented. Related documentation is organized and stored in information systems available on a need-to-know-basis. However, an affirmative 30-day reassessment of PREA victimization/abusiveness risks is not documented for all admissions. Available PREA reporting mechanisms are conveyed in a conspicuous manner to residents, and staff members are aware of the reporting processes available to them.

Systems are in place for coordinated responses to incidents of sexual abuse, if needed. The facility staff adheres to a written response protocol if needed for allegations of sexual abuse. The facility has not had any sexual abuse or harassment allegations reported since the last PREA audit. If needed, allegations are referred to the BOP for investigations. There have not been any forensic exams required during the applicable audit period. However, VOAPRRRC should identify a retaliation monitor and devise a tracking mechanism for monitoring retaliation if required.

VOAPRRRC Casa Alborada has not conducted any incident reviews for the applicable audit period due to there being no substantiated or unsubstantiated findings. VOAPRRRC policy identifies which personnel are members of the incident review team.

Number of Standards Exceeded:

Number of Standards Met: 41

Number of Standards Not Met: 0

The following five standards were brought into compliance during the 45-day period between the on-site visit and the issuance of the final PREA Report.

Summary of Corrective Action (if any)

(1) Non-Compliant Issue:

115.241(f) PREA 30-day re-assessments were not documented as an affirmative event. However, the process of continual reassessment was occurring at weekly intervals via the required policy driven case review process.

Corrective Action:

During the post-on-site review phase and prior to the final report being prepared, VOAPRRRC Casa Alborada submitted evidence of the initiation of affirmative 30-day reassessments of PREA risk screening occurring no later than 30 days from facility admission. VOAPRRRC Casa Alborada policy 115.241 was updated to require that a re-assessment of PREA risk screening occur at weekly program review intervals. This will be accomplished at one of the case reviews held within 30 days of admission. Based on the prior existence of a reassessment process, and by designating an affirmative reassessment event within 30 days, this corrective action is suitable to bring VOAPRRRC Casa Alborada into compliance with this standard.

(2) Non-Compliant Issue:

115.217 (a) A process for capturing background clearances applicable to staff receiving promotions was not established at VOAPRRRC Casa Alborada. Additionally, food service contractors having recurring access to residents were not subject to a background check of criminal activity as required by VOAPRRRC Casa Alborada policy 7B-05, and the BOP SOW. Even though food service contractors and promotions cases had evidence of a local Territory of Puerto Rico “Negative Certificate of Penal Record”, the local records checks were not processed in conjunction with the promotion process. The auditor reviewed recent submittal of “Negative Certificates of Penal Records” for food service contractors. Similarly, these certificates were not processed in conjunction with their approval to provide contracted services to the facility. Despite the requirements of the existing VOAPRRRC policy, facility staff did not complete background checks on food service contractors, relying on staff supervision to satisfy this requirement. VOAPRRRC policy 115.217 states that contractors will be under staff supervision during the periods of service provided to residents. However, in accordance with the implementation of 2012 PREA standards, and the prevailing BOP SOW, the need for background clearance is not mitigated by the level of supervision but is driven by the frequency of services provided at the facility. Therefore, this did not preclude the requirement for attaining background clearances.

Corrective Action:

During the post-on-site review phase and prior to the final report being prepared, VOAPRRRC Casa Alborada submitted an updated policy and plan of action to ensure recurring contractors gaining access to the facility, notwithstanding the level of staff supervision, are screened for criminal activity. Additionally, a revised policy and plan of action was submitted for ensuring candidates for promotion are required to respond to inquiries regarding any arrests, since the last records check, and will be assessed prior to any decision to promote the candidate. The above described corrective actions for food service contractors and staff promotions, coupled with the already established local “Negative Certificate of Penal Record”, provides reasonable assurance that PREA standard 115.217 has been brought into compliance.

(3) Non-Compliant Issue:

115.267 VOAPRRRC Casa Alborada did not identify a Retaliation Monitor in their facility policy. Documentation of a retaliation tracking mechanism was not established.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.267 identifying designated staff as a retaliation monitor. The facility created a “Retaliation Monitor Form” to use for documenting 30, 60, and 90day monitoring contacts and pertinent comments regarding contacts with staff or residents. A review of the revised policy and procedures coupled with the absence of any sexual abuse allegations over the past three years provides reasonable assurance that this standard has been restored to technical compliance.

(4) Non-Compliant Issue:

115.286 VOAPRRRC Casa Alborada policy did not specify the composition of the Incident Review Team.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.286 identifying specific facility staff and community resource staff as members of the “Incident Review Team”. The review team will include upper-level management, with input from line supervisors. Information from non-VOAPRRRC investigators and medical and mental health practitioners will be solicited and considered if made available. The revised policy outlines the variables assessed in accordance with the PREA standard and the distribution of the assessment to the BOP. Based on a review of the revised procedures, coupled with the absence of any applicable incidents requiring a review within the last three years, there is reasonable assurance that PREA standard 115.286 is in technical compliance.

(5) Non-Compliant Issue:

115.252 VOAPRRRC Casa Alborada policy 115.252 states that there will be an attempt to resolves grievances related to sexual abuse on the local level. Specifically, the policy states, “If a resident desires or believes their issues is related to specific procedures or staff actions, they may take their grievance directly to the Bureau of Prisons. However, residents are encouraged to attempt to resolve their issues at the local level.” Resolution of sexual abuse or harassment issues cannot be resolved on the local level due to the requirements and restriction of the contractual agreement with the BOP, as there are no investigative personnel at the facility.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.252 outlining the correct procedures because there are no investigative resources at the facility to handle allegations filed through the grievance process. There were no grievances filed within the applicable audit period. The policy review revision brings the facility into technical compliance with standard 115.252.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.211, addresses the requirements identified in this standard. The agency policy outlines a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

Practice(s):

The facility appointed a Social Services/PREA Compliance Coordinator (PCC) assigned to Casa Alborada. The PCC reports directly to Facility Director in all matters pertaining to the PREA. The PCC collaborates with various VOAPRRRC and BOP officials regarding all PREA related concerns. Interviews with the PREA Coordinator confirmed that the incumbent has sufficient time and authority to coordinate efforts to become compliant with the PREA standards. Residents are informed about the zero-tolerance policy and the PREA program is also a part of the resident's education process via admission and orientation procedures. Residents are also informed about the program and zero tolerance in the admission and orientation materials and through postings throughout the facility. All written documents are available in English and Spanish. Spanish is the primary language spoken, however, additional interpretive services are available for residents who do not speak or read Spanish. All interviews with staff, volunteers, contractors and residents confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and documentation, support the facility's compliance with and full institutionalization of this standard.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if

the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC Casa Alborada is a private not for profit agency. The agency does not contract for the confinement of its residents with private agencies or other entities including other government agencies.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy:

VOAPRRRC policy 115.213 (Supervision and Monitoring), governs the requirements of this standard.

Practice(s):

VOAPRRRC Casa Alborada staffing is established by contract with the BOP for supervision provided to residents under federal custodial jurisdiction. Required staffing levels are outlined in the Statement of Work (SOW). Authorized staffing complement and position makeup of staff is outlined in the contractual agreement with the BOP including the requirement of male and female staff supervision. These requirements are outlined in policies 115.213, 2A-04, and 2A-05. Policy requires 24-hour coverage, at least one female resident monitor per shift, and security checks every 30 minutes. During the audit week, there were 14 Resident Monitors, a Urine Surveillance Officer, and a Field Verification Officer. Additionally, nine administrative and case management staff provided supervision to residents. Thirty-two cameras are strategically located at the facility and are monitored by staff in the control center. Based on a tour of the facility, electronic monitoring effectively augments physical supervision of residents.

The agency staffing analysis has been utilized to gauge the sufficiency of staff supervision augmented by electronic monitoring. However, PREA variables were not included in the analysis; only budgetary requirements. During the audit period, a staffing analysis was completed for each calendar year. The analyses factored in full time staffing levels and the budgeting requirements of the BOP considering population decreases due to damage from a major hurricanes Irma and Maria. The analyses considered the levels of substantiated or unsubstantiated findings or other indicators of inadequacy, if applicable, to ensure PREA compliance. The analysis discussed deviations from the established plan, impediments to fill vacancies, and gauged the agency’s efforts to provide enough supervisory resources to the resident population consistent with contract requirements.

There have been no reported judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relative to this standard. Based on the above practices and the absents of sexual abuse allegations, there are systems in place to protect residents from sexual abuse.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC Casa Alborada policy 115.215 (Limits to Cross Gender Viewing and Searches) addresses the requirements of Standard 115.15. The facility’s overall rated capacity exceeds 50 residents. The facility policy does not permit any strip searches or cross-gender visual body cavity searches. Policy requires all pat searches to be conducted by staff of the same gender as the resident. Policy prohibits employees from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident’s genital status.

Practice(s):

There are adequate limits to cross gender viewing in toilet and shower areas. The location of shower areas and toilet areas in housing areas eliminate the possibility of non-incident viewing of residents in toilet and shower areas. Based on a tour of the facility, observations of resident pat searches, and a review of guiding policies and training, the facility is in compliance with this standard.

Although cross-gender pat search training is provided, pat searches are conducted by staff of the same gender as the resident.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC Casa Alborada policies 115.216, 6A-04, 7B-01, and admission and orientation materials address the requirements of Standard 115.16. Through policy, the agency ensures that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. VOAPRRRC policy prohibits the use of resident interpreters, inmate readers or other types of resident assistants in the performance of first responder duties or during the investigation of a resident's allegations. Policy requires the PCC to collaborate with local

resources to procure services commensurate with a resident's disability, so that the disabled resident can benefit from the provisions of the PREA. Facility policy identifies various resources to foster communication for "Limited Spanish Proficient residents. Contractual requirements with the BOP ensure that all staff are bi-lingual in English and Spanish.

Practice(s):

Upon initial screening, residents entering VOAPRRRC receive verbal and written information within 5 days concerning sexual abuse during new arrival orientation. The written materials are provided in English and Spanish and a staff member is available to assist if a literacy problem exists. Facility Director ensures staff are bilingual in Spanish/English. VOAPRRRC provided evidence of staff who have master's degree level credentials in counseling in rehabilitation. The facility has a Memorandum of Understanding (MOU) for students from the Master's in Counseling in Rehabilitation Program to provide services as needed. Those who are "Limited English Proficient" are identified by staff members who document whether a resident displays a language barrier or other disability which would prevent the understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication. All residents interviewed verified that they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings, brochures and handouts are available in English and in Spanish, as confirmed through resident interviews and a review of written materials. There were no residents identified as non-Spanish proficient for this facility. When necessary, residents confirmed during interviews, the availability and use of the staff and telephonic interpretive services. As needed, the above referenced disability follow-up plan and resources are used for residents with other communication disabilities. Interviews with first responder staff confirmed their awareness of the prohibition of customary use of resident interpreters for PREA compliance related functions. During the on-site audit, there were no residents identified as disabled or limited Spanish proficient (primary language). Based on a review of staff resources and expertise, interviews with residents and staff (random and specialized), and a verification of available resources, the facility is in substantial compliance with Standard 115.16.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees Yes No

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC policies 115.217, and 7B-05 address the requirements of the standard. According to VOAPRRRC policy, the facility does not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor who may have contact with residents who has engaged in any type of sexual abuse/sexual harassment. Facility policy requires VOAPRRRC to include in written applications or interviews, inquiries about a previous sexual misconduct or inappropriate behavior for promotions, new hires, contractors, interns and volunteers. The facility policy stipulates

that employees have a duty to disclose such misconduct and material omissions regarding such misconduct would be grounds for termination. Policy requires Facility Director to ensure all prospective employees, contractors, interns and volunteers are submitted for a criminal background records check prior to working with federal residents. Submission of false information by any applicant is grounds for not hiring the applicant.

Practice(s):

The Business Manager and Social Services Director (PCC) were interviewed. Five new hires and five promotion files were sampled. Five each, volunteers/contractors' files were sampled to assess compliance with this standard and facility policies. Based on five files sampled regarding promotions, it was revealed that staff who are promoted do not have updated background investigations and are not required to answer questions regarding any convictions or adjudications related to sexual abuse in the community. Additionally, contractors having regular access to residents were not subject to a background investigation in accordance with the BOP SOW and VOAPRRRC policy. Even though food service contractors and promotions cases had evidence of a local Territory of Puerto Rico "Negative Certificate of Penal Record", the local records checks were not processed in conjunction with the promotion process. The auditor reviewed recent submittal of "Negative Certificates of Penal Records" for food service contractors. Similarly, these certificates were not processed in conjunction with their approval to provide contracted services to the facility.

Five initial hire files were reviewed. VOAPRRRC initial hires who have contact with residents have had a background investigation, in addition to fingerprinting and inquiry into the FBI's National Crime Information Center (NCIC). Re-investigations of employee backgrounds take place every five years. Volunteers who have regular contact with residents also have criminal background checks completed prior to having contact with inmates.

The Business Manager and Social Services Director (PCC) were interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Staff also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. VOAPRRRC notifies appropriate licensing/certifying agencies, when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment.

Non-Compliant Issue:

While BOP SOW and VOAPRRRC policy provisions are consistent with the PREA variables as referenced above, the facility has not always adequately solicited background screening information on staff who are promoted or conducted criminal background checks on contractors having recurring access to residents.

Corrective Action:

During the post-on-site review phase and prior to the final report being prepared, VOAPRRRC Casa Alborada submitted an updated policy and plan of action to ensure recurring contractors gaining access to the facility, notwithstanding the level of staff supervision, are screened for criminal activity. Additionally, a revised policy and plan of action was submitted for ensuring candidates for promotion are required to respond to inquiries regarding any arrests, since the last records check, and will be assessed prior to any decision to promote the candidate. The above described corrective actions for food service contractors and staff promotions, coupled with the already established local “Negative Certificate of Penal Record”, provides reasonable assurance that PREA standard 115.217 has been brought into compliance.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

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

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

VOAPRRRC conducts bi-annual camera audits. The audit reports were reviewed for each year since the last PREA audit in 2015. Since that time, two cameras were added bringing the total amount to 32 cameras. Based on the continual inspection process for cameras to address supervision, monitoring, and possible blind spots, the facility is in compliance with its efforts to enhance the ability to protect residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

The BOP SOW with VOAPRRRC, policy 115.282, and a Territory of Puerto Rico governmental publication on sexual assault address investigative requirements and access to sexual assault services. Protocols and procedures for all sexual abuse allegations are outlined in the above referenced policies and documents. Facility Director is responsible for ensuring all residents receive immediate and unimpeded access to emergency medical care and crisis intervention services. Policy states that all sexual abuse victim advocacy, examinations, treatment, testing and follow-up care are provided without cost to the alleged victim.

Practice(s):

Interviews with resident monitors and administrative staff confirmed that they were all knowledgeable of the required procedures for obtaining, preserving and securing physical evidence, when sexual abuse is alleged. Staff interviews revealed awareness of the responsible parties for conducting investigations relative to sexual abuse/sexual harassment allegations.

This facility does not have investigative or medical staff on site. VOAPRRRC refers all allegations of sexual abuse to local law enforcement, and the BOP for investigation. Federal investigative entities follow a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". A victim advocacy agreement has been established with Centro de Ayuda a Victimas de Violacion (CAVV). Additionally, if forensic medical exams are needed, they are performed at Hospital Pavia- Santurce. VOAPRRRC also has trained and qualified agency staff victim advocates available if requested. There have not been any allegations of sexual abuse filled during the applicable audit period.

Interviews with staff (random and specialized), the CAVV officials providing advocacy services, and hospital officials, and an examination of support documentation confirms the facility's compliance with Standard 115.21.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?
 Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.222 addresses the requirements of this standard. All instances of sexual assault, sexual misconduct or inappropriate behavior must be documented and immediately reported to supervisory staff or directly to the Facility Director. The Facility Director will ensure notifications are made to the Federal Bureau of Prisons, local Law Enforcement authorities, the VOAPRRRC Chief Executive Officer and the VOAPRRRC PREA Coordinator.

Upon notification of any alleged allegation of sexual misconduct or inappropriate sexual behavior of staff or residents, the Facility Director will immediately report the allegation to the Federal Bureau of Prison’s Residential Reentry Manager (BOP RRM), local Law Enforcement authorities (as appropriate), the VOAPRRRC Chief Executive Officer (VOAPRRRC CEO) and the PREA Coordinator.

The Facility Director will seek direction from the BOP Residential Reentry Manager on what is to be the appropriate actions to be carried out. As specified in the BOP contract, no investigation will be conducted by VOAPRRRC staff without specific direction from the BOP. The BOP PREA protocols are published under the provisions of their Program Statement 5324.12, including criminal referrals to the U.S. Department of Justice – Office of Inspector General. This policy is available to the public at www.bop.gov. Federal jurisdictions responsible for investigating sexual abuse allegations have received PREA specialized training at the National Institute of Corrections and through the Department of Justice. This auditor has reviewed the training provided by the BOP and it contains all the requirements of the standard. There were no allegations of sexual assault/abuse/harassment filed during the audit period.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No NA
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No NA
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.231 addresses the requirements of this standard. All Casa Alborada new employees receive instruction related to the prevention, detection, response, and reporting of sexual misconduct during "New Employee Orientation". Current employees receive PREA refresher training on a monthly basis culminating in all topics covered yearly, ensuring they are familiar with the facility's sexual abuse and harassment policies and procedures. PREA training is coordinated by the facility's PCC who is responsible for approving comprehensive PREA lesson plans. The PREA Compliance Coordinator works with the facility director to ensure training is received by all employees, contractors and volunteers.

Practice(s):

A review of training documentation and a sampling of five employee records reveal that staff are thoroughly oriented to the cultural expectation that PREA protections afford residents and staff. The PREA Compliance Coordinator and Facility Director have oversight in ensuring employees familiarized themselves with all Casa Alborada PREA requirements. A comprehensive PREA lesson plan was used by the facility to train staff in PREA compliance. The review of facility lesson plans confirmed that the training provided addressed all elements identified in this standard. Twelve random staff interviewed indicated that they received the required initial and refresher PREA training. Based on a random sampling of five training files and a review of submitted documentation, class attendance sign-in logs indicated the courses being taught. Additionally, all staff receiving training acknowledged, in writing, their receipt

and understanding of the PREA training. Based on the sufficiency of the curriculum, training frequency, and staff acknowledgements of receipt and understanding, the facility is in compliance with this standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.232 addresses the requirements of Standard 115.232. All Casa Alborada contractors and volunteers receive instruction related to the prevention, detection, response, and reporting of sexual misconduct. Volunteers and contractors received training

prior to working with federal offenders and also during refresher sessions held monthly for employees. Volunteer and contractor PREA training is coordinated by the facility's PCC who is responsible for approving PREA lesson plans. The PREA Compliance Coordinator works with Facility Director to ensure training is received by all employees, contractors and volunteers.

Practice(s):

The auditor's review of a sample of 10 volunteer and contractor PREA training sign-in forms and other documents confirmed that facility contractors and volunteers received training related to their responsibilities concerning the PREA (zero tolerance, detection, prevention, response and reporting requirements), during the previous twelve months, and annual refresher instruction. Interviews and a review of support documentation confirmed that the training was provided. All contractors and volunteers receiving training acknowledged, in writing, their receipt and understanding of the PREA training.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.233 (Resident Education) addresses the requirements of Standard 115.233. Policy requires residents entering Casa Alborada to receive verbal and written information concerning sexual abuse during new arrival orientation. Facility Director with the assistance of the Social Services Coordinator will ensure a comprehensive resident intake and orientation process is in place to educate and inform arriving residents regarding overall

program rules and responsibilities, resident rights, including their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

Practice(s):

During in-processing procedures Casa Alborada residents receive a “Manual del Residente” describing the facility’s PREA compliance program. The information is provided primarily in Spanish. Residents are provided educational pamphlets in English and Spanish on PREA. Residents are provided information on reporting sexual assault, protection from retaliation, treatment and counseling, and the use of the PREA tip line. The information contained in the handbooks and pamphlets identify the key elements of the program and inform Casa Alborada residents about the facility’s zero tolerance policy toward sexual abuse and sexual assault and the multiple ways to report sexual abuse/sexual harassment.

The auditor reviewed a sample of 10 resident files and confirmed that PREA education is received and documented. Seventeen resident interviews confirmed that PREA education is received and understood. All resident interviewees confirmed prior familiarization with PREA due to being a transfer from a BOP secure facility covered under PREA regulations.

Bilingual staff (Spanish/English) interpreters and telephonic translation services are available to inmates who are not proficient in Spanish. A tour of the facility confirmed that PREA educational posters were prominently displayed in all housing areas and common/program areas. The resident education program is in compliance with standard 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

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

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.234 addresses the requirements of this standard. The Facility Director will ensure all incidents of sexual abuse, sexual harassment or sexual related misconduct are immediately reported to the Federal Bureau of Prisons, the VOAPRRRC Chief Executive Officer, and local Law Enforcement Authorities, if applicable. Once reported, the Facility Director will ensure all employees understand that no local staff investigation will proceed without specific written guidance/direction from the BOP.

The BOP contract, through the Statement of Work, does not provide VOAPRRRC the authority to independently investigate criminal acts and no investigation can be undertaken by

VOAPRRRC staff without BOP approval. Additionally, VOAPRRRC staff does not have the technical/professional expertise and training to administer these specialized investigations. Ordinarily, investigations of sexual abuse, sexual harassment and sexual misconduct of staff or residents will be investigated by BOP Residential Reentry Office or BOP Office of Internal Affairs staff, or local Law Enforcement Authorities if the behavior violates local or federal law.

Practice(s):

VOAPRRRC does not have staff designated as investigators and does not have the authority under the BOP contract to conduct investigations. These duties are not applicable to this facility.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.235 addresses the requirement of this standard. The Facility Director will ensure all staff and volunteers are trained in responding to a medical or mental health emergencies and how to notify emergency professionals in the community. However, the facility does not have part time or full time medical or mental health staff.

Practice(s):

VOAPRRRC staff does not have the training and/or expertise to provide medical or mental health treatment and VOAPRRRC does not employ personnel designated as part time or full time medical or mental health staff. VOAPRRRC must rely upon professional assistance from the local community when confronted with medical or mental health emergencies. VOAPRRRC staff is only trained in basic life sustaining methods and to recognized warning signs of some mental rises or conditions.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on

the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

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

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.241 addresses the requirements of Standard 115.41. All residents accepted to the reentry program at Casa Alborada are previously screened for routine classification issues prior to acceptance. The PREA related screening procedures require an initial assessment to be completed by intake staff using Casa Alborada's "PREA Screening Tool". Case Managers will conduct a private interview within 72 hours of admission using the screening tool. Data is stored in the Casa Alborada "SecurManage" database. Specifically, agency policy requires that upon arrival, residents shall be assessed for risk of sexual victimization or abusiveness. Policy requires that risk screenings shall be initiated in the SecurManage system by intake and case management staff using the Intake/Risk Assessment/Victim Notification or Sex offender section.

Policy requires a risk assessment to be conducted upon admission, transfer, initiation and conclusion of investigations into substantiated or unsubstantiated allegations, referral due to mental health concerns, and/or referrals due to concerns of substantial imminent risk of sexual abuse. Within 30 calendar days from the inmate's arrival to Casa Alborada, policy requires the resident to be reassessed regarding victimization or abusiveness risk based upon any additional, relevant information received since the initial intake screening. Policy requires the absence of the reassessment to be documented in the resident's file.

The "PREA Screening Tool" is used to determine whether or not an offender is deemed to be at risk of sexual assault or harassment or has the potential to be sexually aggressive against

other residents while housed at Casa Alborada. This screening tool is also used to make determinations for housing, bed, work, education, and other program assignments. Facility policy prohibits residents being disciplined for refusing to answer screening questions or for not disclosing complete information, during the screening process. Information received, during the screening process, is deemed confidential and only available to staff with a need-to-know and never to other residents.

Practice(s):

All residents are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during the in-processing procedures. Staff members use the facility's screening tool which gauges the propensity for abusiveness or victimization. The screening tool considers evaluates 17 categories including all identified criteria as per standard 115.41.

Based on the scoring as per assessments of the variables on the screening tool, a resident could be deemed a predator; a victim; a potential target for victimization; someone who possesses characteristics of predatory behavior; someone possessing characteristics of both victim and predator; and someone who does not exhibit characteristics of either.

The auditor reviewed documentation contained in the risk screenings and determined that screenings for victimization and abusiveness were conducted in compliance with the standards. As observed on-site, intake and case management personnel screens all new arrivals within the first 72 hours of the resident's arrival, but this activity ordinarily occurs on the day of arrival. The screening process also includes the review of records or information from other facilities, as all resident admissions are transferred from federal facilities and referral classification packets were reviewed pre-admission. Housing strategies are established for residents deemed in the victim or predator categories. Based on specialized staff and random resident interviews, a review of documentation such as the Casa Alborada screening tool, initial PREA risk screening is conducted at Casa Alborada in compliance with Standard 115.41.

Issue requiring Corrective Action:

115.241(f) PREA 30-day re-assessments were not documented as an affirmative event. However, the process of continual reassessment was occurring at weekly intervals via the required policy governing the case review process.

Corrective Action:

During the post-on-site review phase and prior to the final report being prepared, VOAPRRRC Casa Alborada submitted evidence of the initiation of affirmative 30-day reassessments of PREA risk screening occurring no later than 30 days from facility admission. VOAPRRRC Casa Alborada policy 115.241 was updated to require that a re-assessment of PREA risk screening occur at weekly program review intervals. This will be accomplished at one of the case reviews held within 30 days of admission. Based on the prior existence of a reassessment process, and by designating an affirmative reassessment event within 30 days, this corrective action is suitable to bring VOAPRRRC Casa Alborada into compliance with this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VOAPRRRC policy 115.242, in conjunction with policies regarding intake and risk screening procedures address the requirements of this standard. The policies require risk screening

information to be used to determine bed assignments. Work and program assignments are not as impactful within the context of community confinement. Policy requires these determinations for various assignments to be made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials. Casa Alborada residents at risk for victimization or perpetration of sexually abusive behavior, based on screenings pursuant to 115.241, or at any time new information becomes available are referred to Facility Director and PCC for an assessment of management needs. Casa Alborada residents with a known or potential sexual predation or victimization potential are governed by a PREA accommodation strategy addressing housing/bed assignments. The goal is to keep a resident at high risk of being sexually victimized from those at high risk of being sexually abusive. In instances of identified victimization or predator characteristics, the Facility Director will notify Key staff or the assigned Case Manager for further assessments. Any resident identified as a "Victim" will be accommodated in the handicapped room located in the first floor of the Center's facility. Resident monitors will use 4th floor, Room C as a backup room for male victims and 2nd floor, Room B for female victims. Male residents identified as a "Predator" will be accommodated on the 5th floor, Room C.

VOAPRRRC policy requires staff to assess and determine the housing of transgender and intersex residents on a case by case basis. This is to be accomplished by an individualized assessment of the resident upon admission. VOAPRRRC policy requires that transgender and intersex residents shall be given the opportunity to shower privately from other residents.

Practice(s):

The auditor reviewed case management categories related to monitoring an offender's victimization or abusiveness profiles and PREA decisions, as a result of intake screenings pursuant to 115.241. Interviews were conducted with 17 residents, inclusive of one LGBTI resident. Staff interviews and supporting documentation indicated that case management personnel meet on a regular basis to assess the status of any resident thought to be at risk of victimization or residents who are exhibiting adjustment problems. The interview with the PREA Compliance Coordinator confirmed that a resident's identification as transgender or intersex is not the sole criteria for placement in a specific housing unit. Based on the auditor's observations, during the on-site tour, Casa Alborada does not have a dedicated housing unit for transgender offenders. Interviews with staff, an examination of documentation/policy confirm that Casa Alborada is compliant with the requirements mandated in Standard 115.242

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.251 provides guidance on resident reporting. Policy 115.251 and VOA policy 6A-05 address the requirements of this standard. VOAPRRRC policies require any staff member who becomes aware of sexually abusive behavior to immediately report this information. The policies require all staff to immediately document any allegation. Established procedures allow the family and friends of residents to report sexual abuse/sexual harassment by using the VOAPR website (voapr.org), to send an e-mail to prea@voapr.org, or by making a phone call to facility staff. VOAPRRRC policy and supplemental information such as the “hotline” numbers and advocacy information posted in the housing and public areas of the facility provide options for staff use to assist in providing counseling to residents on their reporting options.

Practice(s):

Orientation information and pamphlets provided to all residents at Casa Alborada address, in a comprehensive manner, all methods for reporting sexual abuse and sexual harassment. The information is printed in English and Spanish. As observed in the facility housing areas and common areas throughout the facility, notices on display reflect the agency’s zero tolerance toward sexually abusive behavior, as well as reporting procedures. A review of documentation indicated that there are multiple ways available to residents and staff for reporting sexual abuse or sexual harassment, to include verbal or written notification to staff/administration, filing a grievance, emailing VOAPR, and third-party reporting. E-mailing capability is accessed via voapr.org using the e-mail address prea@voapr.org. A tour of the facility also confirmed that there were numerous posters on display explaining sexual abuse/sexual harassment reporting procedures. The posters on display, as well as information in orientation materials addressed how a resident can contact an entity outside of the agency for support. Residents may contact Facility Director; the facility PREA Coordinator; a case manager; the local Police Department; and at least two outside advocacy organizations. Contact telephone numbers are prominently displayed on this contact information.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, while keeping the resident safe. All 17 residents randomly interviewed during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. During the audit period, there have not been any allegations of sexual abuse or harassment received by internal or external reporting methods. Interviews with staff and inmates and an examination of supporting documentation confirm the agency’s compliance with PREA standard 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policies 115.252 and 6B-03 address the requirements of standard 115.252. Agency policy reveals that VOAPRRRC is not exempt from this standard. Grievances filed alleging sexual abuse/sexual harassment would result in the immediate referral to Facility Director for forwarding in BOP and other federal investigative personnel for opening of a formal investigation. The policy states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require a resident to use any informal grievance process before filing an allegation involving sexual abuse/sexual harassment. Policy requires that a decision on the merits of any portion of a grievance alleging sexual abuse be made within 90 days of the filing.

Agency policies allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Allegations of abuse by staff may be referred directly to the BOP in accordance with procedures established for such referrals.

VOAPRRRC policy 115.252 also addresses the filing of emergency grievances. If a resident files the emergency grievance with the facility and believes he/she is under a substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. A decision on the imminent nature of the grievance is to be made within five days. If a resident reasonably believes the issue is sensitive and the resident's safety or well-being would be placed in danger if the grievance became known at the facility, the resident may submit the grievance directly to an appropriate BOP official. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, in assisting residents in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of residents.

Practices:

A review of logs and information reported on the PAQ related to grievances indicated that there were no grievances filed alleging sexual abuse within the applicable 12-month audit period. There were zero grievances alleging sexual abuse/sexual harassment filed within the last twelve months that resulted in disciplinary action; zero grievances in which the resident declined third party assistance; and there were no emergency grievance alleging a substantial risk of imminent sexual abuse.

Based upon a review of pre-audit submittals, VOAPRRRC Casa Alborada policy 115.252 states that there will be an attempt to resolve grievances related to sexual abuse on the local level. Specifically, the policy states, "If a resident desires or believes their issue is related to specific procedures or staff actions, they may take their grievance directly to the Bureau of Prisons. However, residents are encouraged to attempt to resolve their issues at the local level." Resolution of sexual abuse or harassment issues cannot be resolved on the local level due to the requirements and restriction of the contractual agreement with the BOP, as there are no investigative personnel at the facility.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.252 outlining the correct procedures because there are no investigative resources at the facility to handle allegations filed through the grievance process. There were no grievances filed within the applicable audit period. The policy review revision brings the facility into technical compliance with standard 115.252. Based on a review of governing policies and documentation submitted VOAPRRRC is in compliance with Standard 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC policy 115.253 332, and VOA policy 5A-11 (Community Resources) address the requirements of Standard 115.253. VOAPRRRC ensures mechanisms are available to residents to voice their concerns, report sexual abuse and sexual harassment incidents and have access to community support services.

The PREA Coordinator ensures that all residents have access to local community services related to sexual abuse and sexual harassment. VOAPRRRC provides access to all residents, community resources and services. Residents are provided information on the network of available community resources during the orientation program within the first five days of their arrivals. This network includes mailing address, telephone numbers, websites, emails, and contact information of victim advocates and emotional support, such as: Police Department; Police Department- Sexual Offenses Unit; Rape Crisis Center- Centro de Ayuda a Víctimas de Violación- CAVV; Community Mental Health Clinic - Carlos Albizu University; Help Center for females' sexual abuse survivors- PASOS; and Rape, Abuse and Incest National Networking (RAINN). VOAPRRRC seeks to protect the privacy and confidentiality of contacts with the above agencies. Residents are informed about the confidentiality process and its limitations regarding investigation and legal processes before referring them to the resources. VOAPRRRC seeks to develop working relationship with emotional support services related to sexual abuse.

Practice(s):

VOAPRRRC has established a Memorandum of Understanding (MOU) with Centro de Ayuda a Victimas de Violacion (CAVV), for providing residents with emotional support services related to sexual abuse. The provision of this agreement was verified by the auditor. Facility staff members have been trained as victim advocates. Residents are informed as part of their orientation process of the extent to which mandatory reporting is required and rules governing privacy and confidentiality. Residents VOAPRRRC are provided information regarding the availability of victim advocacy services. The information is provided in Spanish. Orientation to advocacy materials are conspicuously displayed throughout the facility’s housing units and general common areas. Informational PREA pamphlets detailing victim advocacy services are issued upon the residents upon arrival. All housing units provide information on the address and hotline phone number of the CAVV. VOAPRRRC enables reasonable communication between residents and outside victim advocacy organizations and agencies in as confidential a manner as possible. A review of the outside services MOU and confirmation of services, in addition to on-site interviews with 17 residents and 12 random staff, confirm the facility’s compliance with Standard 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC policy 115.251 provides guidance on reporting mechanisms. Policy 115.251 and VOA policy 6A-05 address the requirements of this standard. VOAPRRRC policies require any staff member who becomes aware of sexually abusive behavior to immediately report this information. The policies require all staff to immediately document any allegation. Established procedures allow the family and friends of residents to report sexual abuse/sexual harassment by using the VOAPR website (voapr.org), to send an e-mail to prea@voapr.org, or by making a phone call to facility staff. VOAPRRRC policy and supplemental information such as the “hotline” numbers and advocacy information posted in the housing and public areas of the facility provide options for staff use to assist in providing counseling to residents on their reporting options.

Practice(s):

Orientation information and pamphlets provided to all residents at Casa Alborada address, in a comprehensive manner, all methods for reporting sexual abuse and sexual harassment, including instructions for third party reporting. The information is printed in English and Spanish. Third party reporting is also discussed in “Family Orientation Training” provided by the Social Services Director. As observed in the facility housing areas and common areas throughout the facility, notices on display reflect the agency’s zero tolerance toward sexually abusive behavior, as well as reporting procedures. A review of documentation indicated that there are multiple ways available to residents and staff for reporting sexual abuse or sexual harassment, to include verbal or written notification to staff/administration, filing a grievance, emailing VOAPR, and third-party reporting. E-mailing capability for third party reporting is accessed via voapr.org using the e-mail address prea@voapr.org. A tour of the facility also confirmed that there were numerous posters on display explaining sexual abuse/sexual harassment reporting procedures. The posters on display, as well as information in orientation materials addressed how third-party reporting can be received.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior, while keeping the resident safe. All 17 residents randomly interviewed during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations, including third-party reporting. During the audit period, there have not been any allegations of sexual abuse or harassment received by internal or external reporting methods. Interviews with staff and inmates and an examination of supporting documentation confirm the agency’s compliance with PREA standard 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No NA
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No NA

115.261 (d)

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

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.261 and the "Casa Alborada Responsive Plan" address the requirements of this standard. Casa Alborada does not employ medical or mental health personnel. The Facility Director in coordination with the Social Services Coordinator/PREA Coordinator will ensure a responsive plan is in place and which communicates to all staff the requirement to immediately report all incidents of sexual abuse, sexual harassment, retaliation, staff neglect, or violation of responsibilities related to ensuring the safety of residents. The Social Services Coordinator/PREA Coordinator will ensure that all employees understand the responsive protocol and reporting procedures. Policy requires staff to report information related to sexual abuse through their chain-of-command, and additionally to any necessary investigative or treatment entity. Staff are required to protect information from being released to unauthorized persons. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff in order to promote a safe and professional workplace. Staff are required to protect and respect the privacy and confidentiality of the victim and will ensure his/her security and protect the victim from retaliation by not revealing any information related with sexual abuse report to anyone other than identified by their superiors. All instance of sexual misconduct, inappropriate behavior or retaliation must be documented and immediately reported to supervisory staff or directly to the Facility Director. Upon notification of any alleged sexual misconduct or inappropriate behavior of staff, the Facility Director will immediately report the allegation to the Federal Bureau of Prisons, VOAPRRRC Chief Executive, US Probation Office and Puerto Rico Police Department, if applicable. If the alleged victim is 18 years old or under, the PREA Coordinator will notify to the Puerto Rico's state agency: Family Department.

Practice(s):

Casa Alborada has not had any applicable reports of sexual abuse for the audit period. Interviews with employees, contractors and volunteers confirmed that all were aware of and understood their reporting duties and responsibilities. Additionally, facility compliance with all aspects of Standard 115.261 was verified through document and policy review. Casa Alborada does not house residents under the age of 18.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.262, and the "Casa Alborada Responsive Plan" address the requirements of this standard. The Facility Director will ensure all staff understand and have internalized the steps necessary to protect the safety of residents. In conjunction with the Social Services Coordinator/PREA Coordinator the Facility Director will ensure all staff have received training in action steps necessary to protect the safety of any resident at substantial risk of imminent sexual abuse. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff in order to promote a safe and professional workplace. All instances of sexual misconduct or inappropriate behavior must be documented and immediately reported to supervisory staff, PREA Coordinator or directly to the Facility Director.

Practice(s):

Random and specialized staff interviews confirmed they were all aware of their responsibilities when they become aware or suspect that a resident is at imminent risk of being or has been sexually abused. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area as a potential crime scene to preserve evidence, and notifying the Facility

Director or PREA Coordinator. Casa Alborada us the facility’s “responsive plan” which outlines all steps to complete when responding to sexual abuse incidents.

During the audit period, there were no reported residents subjected to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of support documentation confirm the facility’s compliance with Standard 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VOAPRRRC policy 115.263 addresses the requirements of this standard. The Facility Director in conjunction with the Social Services Coordinator/ PREA Coordinator will ensure procedures are in place to report allegations of sexual abuse that may have occurred to residents at VOAPRRRC prior to their arrival. Any allegation of sexual abuse received by staff or coming to staff attention that reportedly occurred prior to the resident's arrival to VOAPRRRC will be immediately reported to supervisory staff, up to and including the Facility Director. The Facility Director is required to immediately report the allegation to the Chief Executive Officer, VOAPR and to the Bureau of Prisons (as required by the contract). In concurrence with direction provided by the Bureau of Prisons and the VOAPR Chief Executive Officer, the Facility Director will notify the head of the facility or appropriate office/agency where the alleged abuse occurred.

The Facility Director will, with concurrence from the Bureau of Prisons, make this notification within seventy-two (72) hours of receiving the allegation and thoroughly document the reporting of the allegation.

Practice(s):

Documentation and interviews revealed that within the last 12 months, there were no allegations of sexual abuse reported from other facilities, or reports of allegations occurring at other facilities.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.264 & 115.265 address the requirements of Standard 115.264. Staff members are required to follow the Coordinated Responsive Plan. Staff members are to immediately safeguard the victim when sexually abusive behaviors have been reported. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff in order to promote a safe and professional workplace. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report will provide support and protection to the victim, separate the victim and the alleged predator to prevent further harm or injury, use supportive non-judgmental language when communicating with the victim, and inform the victim about the staff's role, including getting only basic information for the investigator. Staff are directed to offer access to emergency medical, and mental health care at any hour, secure the scene and preserve evidence for the investigative process. Staff are directed to instruct the alleged victim to not brush his/her teeth, change clothes, drink, eat, smoke, shower, use the restroom, wash hands, until an investigator is available to collect evidence.

Casa Alborada's first responder/PREA Coordinated Response Plan includes helping the alleged victim to fill out the Casa Alborada's PREA Incident Report-01; alerting a supervisor; notifying the Facility Director, the Social Service Coordinator/ PREA Coordinator, the Assistant Facility Director, and the Senior Resident Monitor. Staff are to then report the incident to Puerto Rico Police Department for further investigation (if applicable) and only with the concurrence of the Facility Director. A staff member of the same sex, if approved, will accompany the victim to seek medical assistance. To complete the first responder PREA

coordinated response, staff will complete the Casa Alborada's PREA Incident Report-02 with copies to the Facility Director and Social Services Coordinator/PREA Coordinator.

Practice(s):

All interviewed resident monitors and those who can act as first responders were knowledgeable concerning their responsibilities as a first responder and the actions required, when learning of an allegation of sexual abuse/sexual harassment. All resident monitors and first responder staff interviewed, during the on-site audit, indicated they would separate the residents, secure the area as a crime scene, not allow inmates to destroy any physical evidence and contact the PREA Coordinator and Facility Director.

Within the last year, there were no reported incidents in which resident monitors or other staff were required to respond to an incident and separate the alleged victims and abusers. The facility reported zero or no applicable instances in which staff members were notified within a period that still allowed for the collection of physical evidence. Interviews with staff and an examination of support documentation confirmed Casa Alborada's compliance with Standard 115.264.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VOAPRRRC policy 115.264 & 115.265 address the requirements of Standard 115.264. Staff members are required to follow the Coordinated Responsive Plan. Staff members are to immediately safeguard the victim when sexually abusive behaviors have been reported. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff in order to promote a safe and professional workplace. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report will provide support and protection to the victim, separate the victim and the alleged predator to prevent further harm or injury, use supportive non-judgmental language when communicating with the victim, and inform the victim about the staff's role, including getting only basic information for the investigator. Staff are directed to offer access to emergency medical, and mental health care at any hour, secure the scene and preserve evidence for the investigative process. Staff are directed to instruct the alleged victim to not brush his/her teeth, change clothes, drink, eat, smoke, shower, use the restroom, wash hands, until an investigator is available to collect evidence.

Casa Alborada's first responder/PREA Coordinated Response Plan includes helping the alleged victim to fill out the Casa Alborada's PREA Incident Report-01; alerting a supervisor; notifying the Facility Director, the Social Service Coordinator/ PREA Coordinator, the Assistant Facility Director, and the Senior Resident Monitor. Staff are to then report the incident to Puerto Rico Police Department for further investigation (if applicable) and only with the concurrence of the Facility Director. A staff member of the same sex, if approved, will accompany the victim to seek medical assistance. To complete the first responder PREA coordinated response, staff will complete the Casa Alborada's PREA Incident Report-02 with copies to the Facility Director and Social Services Coordinator/PREA Coordinator.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policies 115.266, 115.276, and the VOA Puerto Rico Human Resource Manual address the requirements of this standard. Based on a review of policy 115.266, the President/CEO of VOA Puerto Rico will ensure no collective bargaining agreements or other agreements will be entered into that would limit the ability of the agency to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. VOAPRRRC employees are not represented by a collective bargaining entity. In accordance with policy 115.276 The Facility Director in conjunction with Human Resource staff will ensure appropriate disciplinary policies are in place, up to and including termination, for staff that violate VOAPRRRC's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable violations by other staff with similar histories. All terminations for violations of VOAPRRRC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Federal Bureau of Prisons, Law Enforcement agencies (unless the act was clearly not criminal), and to any other relevant licensing body.

Practice(s):

VOAPRRRC employees are not affiliated with any collective bargaining agreements which would limit the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.267 addresses the requirement of this standard. Policy requires VOAPRRRC to monitor the staff members and residents that report sexual abuse or sexual harassment for at least 90 days from the reporting of the allegation to determine if possible retaliation is suggested. This monitoring will include reviewing the incident reports, housing and program changes, performance issues and reassignments of staff. If a continuing need is suggested, the monitoring will continue beyond the 90 days. Residents that cooperate with an investigation will receive periodic status checks. VOAPRRRC is required to take appropriate and affirmative actions if any individual cooperating in an investigation reports retaliation. In the instance of an allegation being determined to be unfounded, VOAPRRRC will terminate the protection obligation.

Practice(s):

Non-Compliant Issue:

115.267(a) VOAPRRRC Casa Alborada did not identify a staff member or department in charge of retaliation monitoring in their facility policy. Documentation of a retaliation tracking mechanism was not established.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.267 identifying a designated staff as a retaliation monitor. The facility created a "Retaliation Monitor Form" to use for documenting 30, 60, and 90day monitoring contacts and pertinent comments regarding contacts with staff or residents. A review of the revised policy and procedures coupled with the absence of any sexual abuse allegations over the past three years provides reasonable assurance that this standard has been restored to technical compliance.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

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

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.271-272 addresses the requirements of this standard. VOAPRRRC is required by policy and by contract to operating a safe and secure facility through a zero-tolerance culture towards sexual abuse and sexual harassment. All instances of sexual abuse and sexual harassment will be referred to the Federal Bureau of Prisons for investigation. Policy requires the Facility Director to ensure practices are in place to immediately report all allegations of sexual abuse and/or sexual harassment to the Federal Bureau of Prisons. This includes all third-party and anonymous allegations. VOAPRRRC does not conduct its own investigations of sexual abuse, if alleged at Casa Alborada. The contractual agreement with the Bureau of Prisons requires all allegations of sexual abuse to be immediately reported and no investigation can be undertaken without Bureau of Prisons approval and direction. VOAPRRRC has no authority, under the contractual agreement, to independently investigate criminal acts.

If applicable, VOAPRRRC documents all sexual abuse and sexual harassment incidents in order to cooperate with the Federal Bureau of Prisons and when appropriate, Puerto Rico Law Enforcement authorities by providing copies of incidents reports, victims and witnesses written

declarations, preservation and production of evidence, descriptions and reports of actions taken by the facility to protect the victim, and any after action reports requested.

Federal and local investigative authorities are trained in all appropriate investigative techniques, and if applicable, keeps VOAPRRRC informed of the status of applicable investigations. VOAPRRRC will routinely request updates and information from the Federal Bureau of Prisons on any investigation of sexual abuse or sexual harassment that occurred in its facility. The retention of documents will meet contract requirements and all reports and documents related to any allegations of sexual harassment or sexual assault will be maintained until expiration of the contractual agreement, at which time all documents will be turned over to the Federal Bureau of Prisons. VOAPRRRC does not make determinations of substantiation of abuse allegations. However, investigative agencies use the preponderance of the evidence standard in making a determination.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.271-272 address the requirements of this standard. The facility operates under a contract with the Federal Bureau of Prisons who conducts all administrative investigations under the guidance of Policy Statement 5324.12. VOAPRRRC does not make determinations of substantiation of abuse allegations. However, the federal investigative

agencies including the Federal Bureau of Prisons use the preponderance of the evidence standard in making a determination in administrative investigations.

Practice(s):

There have not been any applicable cases for which a determination of evidentiary standards was required.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.273 addresses the requirements of this standard. The Facility Director is required to ensure all residents making allegations of sexual abuse are informed of the outcome of the investigations upon approval from the investigating authority. Residents will be informed that the allegation was substantiated, unsubstantiated, or unfounded. The Facility Director will request information from the investigating authorities to inform the residents of the status/outcome of the investigation. If a resident alleges sexual abuse was committed by a staff member, the resident is required to be informed (unless the allegation is determined to be unfounded) whenever the staff member is no longer posted within the resident's housing area;

the staff member is no longer an employee of VOAPRRRC; Casa Alborada learns the staff member has been indicted on a charge related to sexual abuse in the RRC; or Casa Alborada learns the staff member has been convicted of a charge related to sexual abuse within the RRC.

If a resident alleges to have been sexually abused by another resident, VOAPRRRC shall inform the alleged victim when VOAPRRRC learns the alleged abuser has been indicted on a charge related to sexual abuse within the RRC, or when VOAPRRRC learns the alleged abuser has been convicted on a charge related to sexual abuse within the RRC.

VOAPRRRC policy requires all notifications to be documented. Policy states VOAPRRRC's obligation for notifications shall terminate if the resident is released from custody or transferred from VOAPRRRC.

Practice(s):

There have not been any applicable cases requiring notification of outcome of allegations to residents of Casa Alborada.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.276 and the BOP SOW address the requirements of these standards. The facility policy requires Casa Alborada's commitment to ensure a safe and secure environment for residents. Policy requires the facility to take appropriate disciplinary action when staff violate standards of conduct and fail to follow established laws and procedures. The Facility Director in conjunction with Human Resource staff are required to ensure appropriate disciplinary policies are in place, up to and including termination, for staff that violate VOAPRRRC's sexual abuse or sexual harassment policies. Facility policy requires termination to be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable violations by other staff with similar histories. All terminations for violations of VOAPRRRC's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Federal Bureau of Prisons, Law Enforcement agencies (unless the act was clearly not criminal), and to any other relevant licensing body.

Practice(s):

During the applicable audit period, there have not been any sexual abuse or harassment allegations submitted by residents, staff regarding residents, or by third parties.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.277 addresses the requirements of this standard. This policy requires Volunteers of America Puerto Rico Residential Reentry Center to ensure a safe and secure environment for residents and to take appropriate disciplinary action when a contractor or volunteer violates the standards of conduct and fails to follow established laws and procedures. The Facility Director will ensure any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to the Federal Bureau of Prisons and law enforcement agencies, unless the

activity is clearly not criminal, and to relevant licensing bodies. Additionally, VOAPRRRC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents after consultation with Federal Bureau of Prisons staff, in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Practice(s):

In the past 12 months or applicable audit period, no contractors or volunteers have been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of Casa Alborada residents. The facility certified that during the past 12 months, no contractors or volunteers related sexual abuse allegations occurred. Based on relevant policy guidance and no applicable allegations, the facility is compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy:

VOAPRRRC policy 115.278 addresses the requirements of this standard. Policy requires the facility to be committed to ensuring a safe and secure environment for residents and has established formal disciplinary procedures and sanctions for resident-on-resident sexual abuse. The Facility Director is responsible for ensuring procedures are in place to take appropriate formal disciplinary action following an administrative finding that a resident violated prohibited acts, including engaging in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. The sanctions shall be commensurate with the Federal Bureau of Prisons Program Statement 5270.09 (Inmate Discipline) and consider the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories. The disciplinary process is required to assess whether the resident's mental disabilities or mental illness contributed to his or her behavior in determining the type of sanction, if any, should be imposed. Formal sanctioning authority for disciplinary infractions for sexual abuse remain with the Federal Bureau of Prisons' Discipline Hearing Officer, in accordance with the Casa Alborada Statement of Work requirements. If applicable, participation in interventions designed to address and correct underlying reasons or motivations for abuse will be considered and the resident may be required to participate in these interventions as a condition of continued residence at

VOAPRRRC. Policy directs that a resident may only be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to the contact. Policy also directs that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. VOAPRRRC policy prohibits all sexual activity between residents. Residents will be subject to disciplinary sanctions for this conduct.

Practice(s):

Casa Alborada is in compliance with this standard based on the directions outlined in a policy consistent with the standard. Additionally, in the last 12 months, there have not been any administrative or criminal sexual abuse allegations or investigations involving residents on residents or residents on staff.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

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

Policy:

VOAPRRRC policies 115.282, 4C-01 (Access to Health Care), and 4C-15 (Mental Health Services) address the requirements of this standard. These directives require the facility to be committed to ensuring all resident victims have immediate and unimpeded access to emergency medical care and crisis intervention services. The Facility Director is to ensure procedures are in place to ensure any resident victim of sexual abuse receives timely and unimpeded access to emergency medical care and crisis intervention services. The nature and scope of the medical care and crisis intervention services will be determined by medical and mental health practitioners. Staff responding to a report of sexual abuse are directed to take preliminary steps to protect the victim and immediately notify emergency medical services and mental health practitioners, the Facility Director, PREA Coordinator and law enforcement authorities. The policies require further notifications as required by the situation. Policy requires residents who have been the victim of sexual assault to be offered timely information concerning, and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with standards of care delivered in the local community hospital as approved by the Federal Bureau of Prisons. Facility policy provides that treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising from the incident.

Practice(s):

VOAPRRRC does not have on-site medical or mental health providers. All staff are trained as first responders to refer victims to PAVIA Hospital for medical treatment and the gathering of forensic evidence. Residents are referred to Centro de Ayuda a Victimas de Violacion for mental health treatment. Staff are also trained to preserve on-site evidence for criminal investigations. Residents are offered information about and timely access to emergency

contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Seventeen random staff and first responder staff were interviewed and were knowledgeable of emergency response protocols outlined in the facility's coordinated response plan in the event of a sexual assault. Casa Alborada has not reported any sexual assault incidents requiring emergency access to medical and mental health care during the audit period.

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

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

115.283 (a)

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

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC policies 115.283, 4C-01 (Access to Health Care), and 4C-15 (Mental Health Services) address the requirements of this standard. The Facility Director ensures all residents, who have been victimized by sexual abuse at Casa Alborada, are offered medical and mental health evaluation and, as appropriate, treatment. The evaluation and treatment of victims shall include, as appropriate and with approval from the Federal Bureau of Prisons, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities or release from custody. Policy requires VOAPRRRC to provide, with approval from the Federal Bureau of Prisons, victims with medical and mental health services consistent with the community level of care. If applicable, resident victims of sexually abusive vaginal penetration while housed at Casa Alborada shall be offered pregnancy tests. If pregnancy results from sexually abusive vaginal penetration while incarcerated, the victim will receive timely and comprehensive information about timely access to all lawful pregnancy related medical services. Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Treatment services, as approved by the Federal Bureau of Prisons, will be provided to the victim without financial cost and regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident. VOAPRRRC will 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 deemed appropriate by mental health practitioners and approved by the Bureau of Prisons.

Practice(s):

VOAPRRRC does not have on-site medical or mental health providers. All staff are trained as first responders to refer victims to PAVIA Hospital for medical treatment and the gathering of forensic evidence. Residents are referred to Centro de Ayuda a Victimas de Violacion for mental health treatment. Staff are also trained to preserve on-site evidence for criminal investigations. Residents are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Seventeen random staff and first responder staff were interviewed and were knowledgeable of emergency response protocols outlined in the facility’s coordinated response plan in the event of a sexual assault. Casa Alborada has not reported any cases requiring pregnancy related services or cases requiring sexually transmitted disease assessments. There have not been any sexual assault investigation or related incidents during this audit period.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.286 addresses the requirements of this standard. The policy outlines the facility's commitment to ensuring a safe environment for staff and residents. The policy describes the process to ensure critical reviews are being conducted following any sexual abuse incident. The Facility Director is responsible for ensuring that a critical incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation was determined to be unfounded. The policy

states that the critical incident review will ordinarily occur within 30 days of the conclusion of the investigation. The facility policy generally describes the status of personnel comprising the incident review team, but no specific staff positions. Upper-level management, with input from other non-facility staff and line supervisors are considered eligible to provide input in the incident review process. Policy 115.286 requires the incident review team to consider if the allegation or investigation indicates a need to change policy or practices to better prevent, detect, or respond to sexual abuse; to 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 in Casa Alborada. The incident review team is required to examine the area of the facility where the incident allegedly occurred to assess whether physical barriers (blind spots, etc.) may have enabled the abuse. The review team is required to assess the adequacy of staffing levels in the incident area and assess whether monitoring technology should have been deployed or augmented to supplement supervision by staff. The policy requires the incident review team to prepare a report of its findings, including but not limited to determinations made using the above assessment criteria, and make recommendations for improvements. A report is to be submitted to the President/CEO VOAPR. The recommendations of the report shall be implemented, or the Facility Director shall respond in writing why the recommendations are not being carried out.

Practice(s):

In the past 12 months there were no criminal or administrative investigations of alleged sexual abuse completed at Casa Alborada. There were no applicable sexual abuse incident reviews.

Policy 115.286 did not specify which staff positions served on the incident review team.

Corrective Action:

VOAPRRRC Casa Alborada submitted a revised policy 115.286 identifying specific facility staff and community resource staff as members of the “Incident Review Team”. The review team will include upper-level management, with input from line supervisors. Information from non-VOAPRRRC investigators and medical and mental health practitioners will be solicited and considered if made available. Specifically, the following staff positions and community entities comprise the incident review team: Deputy Director (Chairperson); PREA Coordinator; Case Manager; Resident Monitor; a *Clinical member of Hospital Pavia; a Mental Health practitioner from Hospital Hoare.

The revised policy outlines the variables assessed in accordance with the PREA standard and the distribution of the assessment to the BOP. Based on a review of the revised procedures, coupled with the absence of any applicable incidents requiring a review within the last three years, there is reasonable assurance that PREA standard 115.286 is in technical compliance.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

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

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy:

VOAPRRRC policy 115.287/288/289 addresses the requirement of this standard. The policy states that VOAPRRRC is committed to on-going program evaluation and review of program data to continually improve program performance. The Facility Director will ensure a system is in place to collect accurate, uniform data regarding every allegation of sexual abuse at VOAPRRRC using a standardized instrument and sex of definitions, using the Survey of Sexual violence conducted by the Department of Justice (DOJ) as a guide. VOAPRRRC aggregates the incident-based sexual abuse data annually and includes data from incident reports, investigation files, and sexual abuse incident reviews where applicable. This data will be available for review of the Federal Bureau of Prisons and provided by VOAPRRRC to DOJ no later than June 30 of each year. The Facility Director will assess the data in order to identify potential improvements in sexual abuse prevention, detection, and response policies, practices and training, including identifying problem areas, taking corrective action, and preparing an annual report addressing annual aggregate data, corrective actions, progress in addressing sexual abuse, etc.

The report shall be made available to the President/CEO VOAPRRRC and will be provided to the Federal Bureau of Prisons and made available at the BOP's discretion. Only information that would present a specific threat the security and safety of VOAPRRRC will be redacted. The data will be securely stored and treated as privileged information. Data annually aggregated will be provided to the Federal Bureau of Prisons for publishing at their discretion.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy and Practice(s):

VOAPRRRC facility policy 115.287/288/289, addresses the requirement of the standard. The facility reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action, if needed. The President/CEO of VOAPRRRC will provide the data to the Federal Bureau of Prisons and it can be made available at their discretion.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy and Practice(s):

VOAPRRRC facility policy 115.287/288/289, addresses the requirement of the standard. VOAPRRRC ensures incident based and aggregate data is securely retained prior to submittal the Federal Bureau of Prisons. Incident based data submitted to the BOP is published on the BOP's website. The incident based, and aggregate data reports are made available to the President/CEO VOAPRRRC for forwarding to the Federal Bureau of Prisons and made available at the BOP's discretion. Only information that would present a specific threat the security and safety of VOAPRRRC will be redacted. The data will be securely stored and

treated as privileged information. VOAPRRRC's data submittals are maintained by the BOP for at least 10 years. VOAPRRRC is in compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No NA

115.401 (h)

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

▪ 115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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VOAPRRRC previously received a PREA audit during December 7-8, 2015. VOAPRRRC, also known as Casa Alborada, is a standalone facility operated by Volunteers of America Inc. and has a contractual relationship for providing re-entry services to Federal Bureau of Prisons offenders. The facility’s staffing is determined by the contractual agreement with the Federal Bureau of Prisons. This contract does not provide for medical, mental health, or investigatory resources. The Federal Bureau of Prisons has direct oversight of all investigatory matters, along with local law enforcement. Medical and mental health resources are gained through community providers. VOAPRRRC does not have jurisdiction over other VOA facilities and is not responsible for the auditing frequency of any other facilities. The auditor was allowed full access to records and was allowed to physically inspect all areas of the facility. The auditor was allowed to privately interview residents and staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

VOAPRRRC has published on its agency website, the Final Audit Report for the PREA audit conducted in December 2015. The website is voapr.org. This website also contains all Survey of Sexual Violence Reports for 2015, 2016, and 2017.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Donald Chadwick

Auditor Signature

January 16, 2019

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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