

COMMUNITY CONFINEMENT FACILITIES



Auditor Information			
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Date of facility visit: December 7-8, 2015 +			
Facility Information			
Facility name: Volunteers of America Puerto Rico Re-Entry Center			
Facility physical address: 1606 Avenue Manuel Fernandez Juncos, Santurce, Puerto Rico, 00909			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Alberto Maldonado			
Number of staff assigned to the facility in the last 12 months: 33			
Designed facility capacity: 111			
Current population of facility: 101			
Facility security levels/inmate custody levels: High, Medium, Low, Minimum/ Out-Minimum			
Age range of the population: 21-60 years old			
Name of PREA Compliance Manager: Ninoshka Caballero		Title:	Ass't. Facility Dir. +
Email address: ncaballero@voapr.org		Telephone number:	787.607.4409
Agency Information			
Name of agency: Volunteers of America Puerto Rico, Inc.			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 1606 Avenue Manuel Fernandez Juncos, Santurce, Puerto Rico, 00909			
Mailing address: <i>(if different from above)</i>			
Telephone number: 787.771.0470			
Agency Chief Executive Officer			
Name: Barbara C. Banaszynski		Title:	President/CEO
Email address: bbanaszynski@voa.org		Telephone number:	502.594.2205 +
Agency-Wide PREA Coordinator			
Name: Ninoshka Caballero		Title:	Ass't. Facility Dir.
Email address: ncaballero@voapr.org		Telephone number:	787.607.4409 +

AUDIT FINDINGS

NARRATIVE

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 (VOAPRRC) was conducted December 7-8, 2015. The facility consists of an open bay/dormitory facility for adult males and females. The facility is operated under a contract with the Federal Bureau of Prisons (BOP) to house inmates that are preparing for re-entry into the Puerto Rico community. The standards used for this audit became effective August 20, 2012. The agency director was interviewed during the audit. As part of the audit, a review of all PREA policy and a tour of the facility was completed. At the time of this audit the facility employed 33 staff. The resident population was 101 with 19 being female.

An entrance meeting was held with the Facility Director, Assistant Facility Director/PREA Compliance Coordinator, and the VOAPRRC consultant to discuss the audit and schedule of activities. Following the entrance meeting, the auditor toured the facility.

The audit consisted of an entrance meeting, a tour of the facility, review of documentation and interviews with staff and residents. The staff were questioned regarding PREA training, the zero-tolerance policy and first responder responsibilities including victim/assailant separation, reporting mechanisms and requirements, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. VOAPRRC does not employ on-site medical or mental health providers. Ten random male and female resident interviews were conducted. At the time of the audit, the population did not include residents who were disabled, had limited English proficiency or residents who self-identified as transgender, intersex, or bisexual.

A total of 15 inmates were interviewed. No inmates refused. Additional interviews were completed with the VOAPRRC President, six random staff, seven specialized staff, and three administrative staff, which included the Facility Director, Assistant Facility Director/PREA Compliance Coordinator and the Business Manager. In addition, an interview was conducted with the VOAPRRC consultant. Through interviews, the auditor found the residents and staff to be very aware of the PREA. Staff were knowledgeable about the facility's zero-tolerance policy and of their first responder responsibilities, reporting responsibilities and reporting/referral mechanisms to ensure a safe environment for residents and staff. Staff were aware of and follow the agency's policy prohibition of cross-gender viewing and cross-gender pat searches. There are no strip searches allowed at this facility. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. Staff receive PREA related training as part of their initial orientation and annually as part of refresher training. Residents receive information regarding the program during intake. Arriving residents are provided a facility specific PREA information handout. The residents are provided information with reporting mechanisms, to include anonymous third-party sources for reporting. PREA information is also posted in the housing area and the visiting/multi-purpose room.

During the past 12 months, the facility had no allegations of sexual assault/sexual harassment. Any and all allegations are referred to the Federal Bureau of Prisons (BOP) for investigation and disposition as a part of the statement of work under a five year contract for service for the VOAPRRC to house federal inmates. The contract was originally negotiated and approved in 2008 and renewed in 2013.

DESCRIPTION OF FACILITY CHARACTERISTICS

The VOAPRRC is located in an area 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. Located within blocks of this site is the Police Department which should provide an added element of security for residential neighborhoods bordering the area. The building is 512.40 sq meters which is more than adequate to meet the program needs.

The facility has six stories and each floor is dedicated for specific services. The first floor space has the 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. With the exception of the handicap rooms, resident living areas are located on floors two through five with the second floor restricted for female resident use only. Each floor provides for an independent-like living environment with amenities tailored to the needs of the residents. Each floor has its own recreation area, rest rooms with showers and laundry facilities.

The facility is designed to meet all handicapped accessible regulations with ADA handicapped rooms and ADA bathroom facilities located on the first floor. 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 One Stop Center of Puerto Rico, Inc. has a MOU (Memorandum of Understanding) with the facility to provide transitional services for their residents who are HIV positive. The service includes linkage to medical care, transportation, temporary or permanent housing, case management, and job placement. In addition, the facility provides employment workshops for the residents which consist of, but not limited to, resume writing, on-line job search, budget management, time management, motivation, how to prepare for the job hunt, and the importance of employment.

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. There are two different methods to monitor residents home confinement. The first requires the VOAPRRC to track the inmate's whereabouts and curfew compliance through daily telephone contacts and periodic personal contacts at the home and workplace. The inmate must also report to the VOAPRRC on a scheduled basis for counseling and program updates. The second method involves electronic monitoring. VOAPRRC utilizes such electronic monitoring technology, usually involving the use of an ankle bracelet signaling a computer-driven receiving and recording device, to detect an inmate's location.

Residents with a history of drug use are urine tested four (4) times per month and other residents are randomly drug tested. The facility has a dedicated staff with years of experience which is one of the strengths of the program.

SUMMARY OF AUDIT FINDINGS

An exit meeting was held on December 8, 2015 with the Facility Director, the Assistant Facility Director/PREA Compliance Coordinator, and the VOAPRRRC consultant. The auditor was provided with extensive files and documents prior to the audit for review to support a conclusion of compliance with PREA. There were no areas of concern identified during the audit. The facility has 28 cameras located throughout the facility to assist with the supervision of the residents. The cameras are monitored by the control center and the facility director. In addition, three management staff have the capability to monitor the cameras through a program on their cell phones. The facility staff were courteous, cooperative and professional. Residents were open and cooperative during the interview process. Both staff and residents were knowledgeable regarding the PREA program. All areas of the facility were found to be clean and well maintained.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The facility policy 115.211 page one mandates zero-tolerance toward all forms of sexual abuse and sexual harassment. Pages 28 and 29 of the policy clearly outline sanctions for sexual misconduct. Pages 12-14 outline prevention strategies. Zero tolerance postings are located throughout the facility. The review of training records and staff interviews confirmed that staff, volunteers, and contractors who have regular or frequent contact with residents receive PREA related training during initial orientation and again, annually.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

The standard is not applicable. Neither the agency nor the facility contracts with other entities for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

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

Facility policy 115.213, pages one and two address the standard. Policy requires the facility to review the staffing plans on an annual basis. Interviews with the Facility Director and Assistant Operations Manager confirmed that compliance with the PREA, safety and security procedures are the primary focus when considering staffing patterns and video monitoring. The facility has a good video monitoring system which includes 24 cameras within the facility and four cameras for the exterior. The system also includes four digital video recorders which are capable of storing data for 30 days. The cameras are monitored by the control center and the Facility Director. In addition, the Facility Director, Assistant Facility Director, and the Senior Resident Monitor have access to monitor the cameras from their cell phones. The facility does not deviate from their established staffing plan and when vacancies occur, the facility endeavors to quickly fill the positions with qualified employees.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

The facility policy 115.215, page one addresses the requirement of this standard. Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches. The policy also prohibits cross gender pat searches as well. All interviewed staff indicated they received cross-gender pat search training during initial and annual training sessions, but all stated it was against policy to perform cross-gender searches of any kind. Residents and staff indicated that residents are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. As confirmed by interviews and observation, staff of the opposite gender announce their presence before entering a housing unit. There are notices posted in the housing units indicating opposite gender presence. Staff interviews confirmed that they were aware of the policy prohibiting the search of transgender or intersex residents to determine their genital status.

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

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

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

The facility policy 115.216, page one addresses the requirements of this standard. The facility takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, postings, and resident handbooks are in English and Spanish. The auditor reviewed all mentioned documents. Interviews with staff indicated they were aware that under no circumstance are residents permitted to act as interpreters or assistants when dealing with PREA issues. The facility is located in Puerto Rico where Spanish is the official language. All the staff are bilingual (English/Spanish). All residents first language is Spanish.

Standard 115.217 Hiring and promotion decisions

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

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

The facility policy 115-217, pages one and two address the requirements of this standard. The Business Manager confirmed that the facility conducts criminal background checks using fingerprints and local and national databases through the Federal Bureau of Prisons to perform extensive background checks on employees. Policy states that material omissions regarding related misconduct, or the provision of materially false information, is grounds for termination. Background checks are conducted on contractors or volunteers who have frequent or regular contact with residents. Contractors performing infrequent services within the facility are escorted by facility staff during their visit. Background checks are repeated every five years. The auditor reviewed employment documentation supporting compliance to this standard.

Standard 115.218 Upgrades to facilities and technologies

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

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

The facility policy 115.218, page one addresses this standard. The facility is a six story building that houses both male and female residents. The facility has 28 functional cameras with four cameras located outside the facility to enhance the security of the facility. The system also includes four digital video recorders which are capable of storing data for 30 days. Three facility managers have access to monitor the cameras from their computer and cell phones. The cameras are monitored daily by the control room and the Facility Director. The Facility Director indicates that they would use any information obtained as a result of any sexual harassment/sexual assault to enhance the the upgrades to the facility.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

The facility policy 115.221, page one and two address the requirement of this standard. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolating witnesses; chain of command notifications; appropriate referrals and securing and obtaining usable physical evidence when sexual abuse is alleged. All allegations of sexual harassment/abuse are forwarded to the Federal Bureau of Prisons for investigation and disposition. If needed, residents will be transported to PAVIA Hospital emergency room which is located two blocks from the center. A conversation with the hospital administrator verified the hospital's willingness to examine and treat residents from VOAPRRRC and their hospital had SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Assault Forensic Examiner) nursing staff on site. The facility is in the process of completing an MOU with the Puerto Rico Rape Center-CAVV which will provide victim advocates when requested by the resident. All services will be provided at no cost to the resident.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

The facility policy 115.222, pages one and two addresses the requirements this standard. The contract prohibits the facility from conducting investigations of any kind without prior approval of the BOP. All allegations of sexual harassment/sexual assault are referred to the BOP for investigation and disposition. The BOP operates under the provisions of their Program Statement 5324.12, page 29; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training includes the mandates of this standard. The OIA/SIS staff and FBI criminal investigators 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 during the audit period.

Standard 115.231 Employee training

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

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

The facility policy 115.231/232, pages 1-2 address the requirement of this standard. The facility provides extensive PREA standards training to all new employees during their orientation and again annually. A review of the PREZI presentation charts revealed that all the requirements for the standard are being met for employees. In addition, staff interviews and a review of the staff records revealed that staff did receive the training and had a good knowledge of the standards.

Standard 115.232 Volunteer and contractor training

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

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

The facility policy 115.231/232, pages 1-2 address the requirement of this standard. The facility provides extensive PREA standards training to volunteers and contractors who have contact with residents. The volunteers are interns from the University of Puerto Rico school of social work. All volunteers have to be cleared to enter the facility by the Federal Bureau of Prisons and PREA training is documented in their personnel file. There were no volunteers available for interview during the audit. Contractors are always escorted during their time in the facility.

Standard 115.233 Resident education

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

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

The facility policy 115.233, pages 1-3 addresses the requirement of this standard. Residents receive information during the intake process that includes a PREA verbal orientation and the resident handbook which is in English and Spanish. The information explains the facility's zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. There are posters in the common areas throughout the facility and the hot-line telephone number to call to report abuse or harassment. During the tour of the facility, the agency's Sexual Assault Awareness brochure was available in several areas. Residents sign a form acknowledging they have received the PREA information. Interviews with residents confirmed they had received the required information. Staff and resident interviews, as well as documentation review, support the facility meeting compliance to the standard.

Standard 115.234 Specialized training: Investigations

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

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

The facility operates under a contract with the Federal Bureau of Prisons (BOP) to house federal offenders. The present contract was implemented in September of 2013. The contract prohibits the facility from conducting investigations of any kind without prior approval of the BOP. All allegations of sexual harassment/sexual assault are referred to the BOP for investigation and disposition. The BOP operates under the provisions of their Program Statement 5324.12, page 29; SIS/SIA Training Lesson Plan; Sexual Violence PREA Training and DOJ/OIG PREA Training includes the mandates of this standard. The OIA/SIS staff and FBI criminal investigators 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.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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This standard is not-applicable. The facility does not employ or contract for on-site medical or mental health providers. All staff are trained as first responders to refer victims to PAVIA Hospital medical treatment and gathering of forensic evidence. Residents are referred to Consultores Psicologos for mental health treatment. Staff are also trained to preserve on-site evidence for criminal investigation by the local police department.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

The facility policy 115.241, page one addresses the requirement of this standard. The director and assistant director review all referral packets of all inmates being considered for placement at this facility. Upon arrival all residents are screened and assessed for their risk of being sexually abused or harassed by other residents or for being sexually abusive towards other residents. Residents are not disciplined for refusing to answer PREA screening questions. The facility uses the PREA Resource Center Screening for Risk of Sexual Victimization and Abusiveness form. The screening form addresses the items required by the standard. The case managers review all relevant information from other facilities and continue to reassess when additional information is received within 30 days.

Standard 115.242 Use of screening information

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

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

The facility policy 115.242, pages 1-2 requires the use of a screening instrument to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping residents at high risk of being sexually abused/harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all residents with continued follow-up and monitoring when needed. The facility does not have dedicated housing for lesbian, gay, bisexual, transgender or intersex residents. All residents are permitted to shower separately from other residents. The review of policy, screening documentation and interviews with staff and residents confirmed compliance to the standard.

Standard 115.251 Resident reporting

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

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

The facility policy 115.251, pages 1-2 address the requirement of this standard. Upon arrival, each resident is provided a Sexual Assault Free Environment pamphlet as a part of the orientation process. All written information is provided in both English and Spanish. The pamphlet provides residents with two telephone hot-lines for anonymously reporting sexual assault/abuse. The handout provides residents information on how to report sexual assault/abuse which includes telling a staff member, submitting a grievance, using the hot lines, and even calling the local police. Residents sign to form indicating that they received the information. Staff are required to document all allegations. Posters and other documents were noted on display in the common areas of the facility which also explain reporting methods. Staff are able to privately report sexual abuse and sexual harassment of residents in writing to the Department of Justice OIG office. Interviews with staff and residents confirmed awareness of reporting methods.

Standard 115.252 Exhaustion of administrative remedies

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

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

Pages 1-2 of facility policy 115.252 addresses the requirement of this standard. Residents may file a grievance; however, all allegations of abuse/harassment when received by staff, would immediately be referred to the Facility Director and would be subject to an administrative or criminal investigation. There are no time limits imposed for submitting a grievance regarding an allegation of sexual abuse. Residents are not required to first use an informal grievance process in order to file a formal grievance. Response and decision policies conform to the requirements of the standard. Upon arrival to the facility, each resident is issued and signs for a Prison Rape Elimination Act information form as a part of the orientation process. The handout explains how to file an emergency grievance. If the resident believes he/she is at substantial risk of imminent sexual abuse, the Director will provide an initial response within 48 hours and a final decision within five days. There were no grievances filed involving PREA related issues during the past 12 months. Interviews with staff and residents confirmed that they were aware of the grievance procedures and how to file and respond to an emergency grievance.

Standard 115.253 Resident access to outside confidential support services

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

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

The facility policy 115.253, page one addresses the requirement of this standard. The facility is finalizing a Memorandum of Understanding with The Centro de Ayuda a Victimas de Violation (CAVV), the local rape center to provide all services relevant to this standard. In addition, the residents have access to the Rape, Abuse, and Incest National Networking (RAINN) national network for reporting and assistance. As confirmed by observation, posters displaying the information are in common areas of the facility. Interviews with staff and residents confirmed that they were aware of the access to outside victim advocates and where the telephone numbers were located.

Standard 115.254 Third-party reporting

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

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

Facility policy 115.254, page one addresses the requirement of this standard. As confirmed by observation and interviews, the facility provides the residents with all the information needed for third party notification. Upon arrival, each resident receives and signs for a handout that address the requirements of this standard.

Standard 115.261 Staff and agency reporting duties

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

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

Pages 1-2 of the facility policy 115.261 addresses the requirement of this standard. Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility does not have an on site mental health treatment provider. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse, harassment and retaliation relevant to PREA standards and appropriate reporting methods. Compliance to the standard was verified through staff interviews and a review of policies.

Standard 115.262 Agency protection duties

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

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

Page one of facility policy 115.262 addresses the requirement of this standard. Staff interviewed were aware of their duties and responsibilities when they become aware of a resident being sexually abused or harassed and they would act immediately to protect the resident. In the past 12 months there were no allegations of sexual harassment/sexual assault.

Standard 115.263 Reporting to other confinement facilities

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

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

Page one of the facility policy 115.261 addresses the requirement of this standard. Policy requires the reporting of any PREA related allegation by a resident that occurred at another facility. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Director must notify the the Federal Bureau of Prisons (BOP) within 72 hours of the receiving the allegation. The facility follows the protocol of the BOP when the allegation is reported. There has been no allegations reported within the last year.

Standard 115.264 Staff first responder duties

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

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

The facility policy 115.264/265, pages 1-2 address the requirements of this standard. All staff interviewed were knowledgeable regarding their first responder duties upon learning of a sexual abuse or harassment allegation. The staff stated they would separate residents, secure the scene and protect possible evidence, not allow the victim to bath, smoke, brush their teeth, defecate, urinate, eat, drink or change clothes, not allow other residents to destroy possible evidence and contact their supervisor and the Facility Director. There were no allegations of sexual abuse made by residents in the past 12 months.

Standard 115.265 Coordinated response

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

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

The facility policy 115.264/265, pages 1-2 address the requirements of this standard. A review of the facility policies and procedures indicate that there is a coordinated response to resolve sexual abuse/harassment incidents that includes first responders, referral to medical and mental health practitioners, investigators and facility leadership

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

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

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

This standard is Not-Applicable. The facility does not have a collective bargaining agreement with any employee of the VOAPRRC and there are no plans based on the current laws of Puerto Rico. There will not be a collective bargaining agreement at this facility. Residents will always be protected from abusers.

Standard 115.267 Agency protection against retaliation

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

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

Pages 1-2 of facility policy 115.267 address the requirements of this standard. The policy prohibits any type of retaliation to any staff or resident who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. The Assistant Facility Director/PREA Compliance Coordinator has been designated the retaliation monitor. When interviewed she stated she would use the facility form to monitor the process. The process includes interviews with staff and residents at 72 hours and at least at 15, 45, 60, 75 and 90 days or longer if needed to make sure staff are protected and the resident is safe from retaliation or the resident is transferred or released from supervision. There were no allegation of sexual harassment/sexual assaults in the reporting period for this audit.

Standard 115.271 Criminal and administrative agency investigations

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

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

The facility policy 115.271/272, page one outlines the procedure for investigations of criminal and administrative sexual harassment/sexual assault cases. Under the current contract with the Federal Bureau of Prisons (BOP) to house federal offenders, which was implemented in September of 2013; the facility is prohibited from conducting investigations of any kind without prior approval of the BOP. All allegations of sexual harassment/sexual assault are referred to the BOP for investigation and disposition. Investigations are initiated promptly upon learning of the allegation. Substantiated allegations of conduct that appears to be criminal in nature are referred for prosecution. There were no PREA allegations during the audit period. Per the Facility Director, the facility would cooperate fully with the BOP and local law enforcement on any investigation.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

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, page 46a which addresses the mandates of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273 Reporting to residents

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

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

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, page 46a which addresses the mandates of this standard. There were no investigations during the auditing period, which required inmate notification per this standard. The residents will be given written notification of the case disposition in accordance with BOP policies.

Standard 115.276 Disciplinary sanctions for staff

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

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

Page one of the facility policy addresses the requirement of the standard. The agency employee handbook also informs employees of disciplinary sanctions that may be imposed as a result of violating the agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. There were no PREA related allegations of sexual misconduct by staff during this reporting period. There were no disciplinary sanctions to residents as a result of sexual misconduct with other residents or staff.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Page one of facility policy 115.277 addresses the requirement of the standard. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. During the past 12 months there were no volunteers or contractors accused of sexual abuse/harassment of a resident.

Standard 115.278 Disciplinary sanctions for residents

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

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

The facility policy 115.278, pages one and two address the requirement of the standard. VOAPRRRC prohibits all sexual activity between residents and may discipline residents for such activity. The procedures for sanctions are covered under the Federal Bureau of Prisons Program Statement 5270.09. There has been no such cases in the last year. Policy and procedures do not allow consensual sex of any nature.

Standard 115.282 Access to emergency medical and mental health services

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

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

Page one of facility policy 115.282 addresses the requirement of the standard. The facility does not have on-site medical or mental health providers on staff. 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 Consultores Psicologicos 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. The treatment is offered at no financial cost to the residents irrespective of whether the victim names the abuser or cooperates with any investigation arising from the incident.

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

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

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

Page one of the facility policy 115.283 addresses the requirements the standard. Through an agreement with the PAVIA Hospital for medical treatment and Consultores Psicologos for mental health treatment, residents will receive continued treatment of needed. Services are consistent with a community level of care without financial cost to the resident. Resident victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy testing and if a pregnancy results, the victim would be offered timely and comprehensive information about access to all lawful pregnancy related medical services. Medically appropriate testing for sexually transmitted diseases would also be offered. The facility attempts to conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of an abuse history. During this review period, the facility did not have any victim needing medical or mental health treatment. This standard's compliance was determined by staff interviews and a review of related policies.

Standard 115.286 Sexual abuse incident reviews

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

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

Page one of the facility policy 115.286 addresses the requirement the standard. The facility policy outlines the procedures for investigations of criminal and administrative sexual harassment/ sexual assault cases. Under the current contract with the Federal Bureau of Prisons (BOP) to house federal offenders, which was implemented in September of 2013; the facility is prohibited from conducting investigations of any kind without prior approval of the BOP. All allegations of sexual harassment/sexual assault are referred to the BOP for investigation and disposition. The facility has established a PREA Incident Review Committee which operates in accordance with the required components of the standard. The committee consist of the Facility Director, the PREA Compliance Coordinator, and the Senior Resident Monitor. There have been no allegations during the reporting period that required an activation of the review team.

Standard 115.287 Data collection

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

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

The facility policy 115.287/288/289, pages one and two address the requirement of the standard. The facility collects accurate uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The incident-based data collected is provided upon request to the Federal Bureau of Prisons. The information, by policy, is provided to the BOP by June 30th each year. There has been no information to report for the report period that covers this audit.

Standard 115.288 Data review for corrective action

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

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

The facility policy 115.287/288/289, pages one and two 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 VOAPRRC 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

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

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

The facility policy 115.287/288/289, pages one and two 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. On an annual basis, The President/CEO of VOAPRRRC will provide the data to the Federal Bureau of Prisons and it can be made available at their discretion, usually through an annual report that is prepared and placed on the BOP website. The BOP Annual Report was reviewed by the auditor.

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.

Marie J. Carter Calvin

12/20/2015

Auditor Signature

Date