

PREA Facility Audit Report: Final

Name of Facility: Jacksonville Bridges Federal Reintegration Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/17/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Sharon Ray Shaver | Date of Signature: 11/17/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------|
| Auditor name: | Shaver, Sharon |
| Email: | sharonrshaver@gmail.com |
| Start Date of On-Site Audit: | 10/03/2022 |
| End Date of On-Site Audit: | 10/04/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Jacksonville Bridges Federal Reintegration Center |
| Facility physical address: | 601 Agmac Avenue , Jacksonville , Florida - 32254 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|------------------------|
| Name: | Joseph Minnis Sr. |
| Email Address: | jminnis@bridgesfrc.org |
| Telephone Number: | 904-703-1958 |

| Facility Director | |
|--------------------------|------------------------|
| Name: | Joseph Minnis Sr. |
| Email Address: | jminnis@bridgesfrc.org |
| Telephone Number: | 904-703-1958 |

| Facility PREA Compliance Manager | |
|----------------------------------|----------------------------|
| Name: | Renata Youngblood |
| Email Address: | ryoungblood@bridgesfrc.org |
| Telephone Number: | O: 904-236-6042 |
| Name: | Angela Kemp |
| Email Address: | akemp@bridgesfrc.org |
| Telephone Number: | O: 904-236-6203 |

| Facility Characteristics | |
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| Designed facility capacity: | 62 |
| Current population of facility: | 24 |
| Average daily population for the past 12 months: | 20 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 43 |
| Facility security levels/resident custody levels: | minimum, low, medium, high |
| Number of staff currently employed at the facility who may have contact with residents: | 21 |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | Bridges International Corporate Office |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 2145 Metrocenter Boulevard , Orlando , Florida - 32835 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
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| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|--------------|-----------------------|------------------------------|
| Name: | Derek Thomas | Email Address: | dthomas@bridgesofflorida.org |

| SUMMARY OF AUDIT FINDINGS | |
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| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 2 | <ul style="list-style-type: none"> • 115.231 - Employee training • 115.241 - Screening for risk of victimization and abusiveness |
| Number of standards met: | |
| 39 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-10-03 |
| 2. End date of the onsite portion of the audit: | 2022-10-04 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Women's Center of Jacksonville |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 62 |
| 15. Average daily population for the past 12 months: | 20 |
| 16. Number of inmate/resident/detainee housing units: | 4 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 34 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 1 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 1 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 2 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | The residents assigned to this facility are under FBOP supervision. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 20 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The facility is led by a facility Director supported by three Case Managers, two Employment Specialists, an Operations Supervisor, and 13 Monitors. The Operations Supervisor and Monitors are responsible for providing security and supervision 24/7 to the residents and facility. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 9 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | <p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, and length of time in the facility to ensure a balanced representative number of interviewees from each of the living units. The facility has five living units, one female and three male. There is an ADA-compliant dormitory for use as needed (disability accommodations/quarantine). Additionally, some of the residents were away at work, so the auditor selected residents who were onsite at the time of the site visit on both days: the site visit covered day and evening hours.</p> |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | <p>The auditor met no barriers to completing interviews, and all residents willingly participated in the interview.</p> |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 3 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals with a cognitive or functional disability assigned. In addition, the auditor spent time at the facility observing individuals in the living units and during recreation and observed nothing that would indicate otherwise.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals with blindness. In addition, the auditor spent time at the facility observing individuals in the living units and during recreation and observed nothing that would indicate otherwise. The logistics of this facility would not be conducive for a blind person to navigate due to the multi-level building and stairways.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no individuals hard-of-hearing or deaf. In addition, the auditor spent time at the facility observing individuals in the living units and during recreation and observed nothing that would indicate otherwise.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director to confirm there were no transgender or intersex individuals at the facility. In addition, the auditor spent time at the facility observing individuals in the living units ad during recreation and observed nothing that would indicate otherwise.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>There were no incidents reported during the audit period.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the facility Director who confirmed there were no individuals currently assigned to the facility who had disclosed prior sexual abuse during the risk screening. Based on the sample of screening instruments reviewed, the auditor discovered none had disclosed prior abuse.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The facility has no means to segregate residents and has received no reports of sexual abuse or sexual harassment during the audit period.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>The auditor met no barriers to completing interviews. The residents participated willingly and seemed comfortable talking to the auditor. There was one resident at the facility with a physical disability selected for an interview, but the resident declined the interview. Because the minimum number of targeted categories could not be met, the auditor selected other residents randomly to meet the minimum number of interviews.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 6 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | <p>The auditor visited the facility on the evening shift and then again during the morning/day shift the next day to see as many of the staff as possible. Due to the small number of staff employed by the facility, the auditor conducted 15 total interviews, but six were specialized and could not be counted toward the random minimum. All staff interviewed participated willingly and no one declined to interview.</p> |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 9 |
| 76. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 78. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 79. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other</p> |
| <p>If "Other," provide additional specialized staff roles interviewed:</p> | <p>Grievance Coordinator</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the total number of CONTRACTORS who were interviewed:</p> | <p>2</p> |

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| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>These contractors were independent contractors onsite for a service repair. They confirmed during their interview that they were made aware of the zero-tolerance policy and how and to whom to report an incident of sexual abuse.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>The Jacksonville Bridge Federal Reintegration Center (JBFRC) is a contract facility for the Florida Bureau of Prisons (FBOP) They must follow the BOP policies and procedures as part of that contract. Information regarding the facility's PREA program can be</p> |
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found on the Bridges International website at the following address: PREA - Jacksonville FRC (bridgesinternational.net). JBFRC houses male and female adult residents. The age range housed at the facility is 21-65. JBFRC houses those classified as community custody and are eligible to participate in outside work release employment. JBFRC is located just off Agmac Avenue and is co-located with the Jacksonville Bridges State Inmate facility. A city bus service runs nearby, and the facility provides transportation to residents when needed.

The designed facility capacity of JBFRC is 50 residents (42 male and 8 female). The facility reported the average daily population of the facility is 27. The facility comprises 4 (3 male and 1 female) open bay/dorm housing units, each containing 16 beds, and 1-ADA-compliant unit designated as needed. Tiers separate the male and female open bay dorms, and there is no direct viewing of the dorms without accessing the living areas controlled externally by security staff. During the site visit, the auditor was provided a tour of the facility and grounds by the facility Director and staff. The facility comprises two two-story structures, Building A and Building E. Building A, first floor, consists of administrative offices, female residents' dormitory, an ADA-accessible residents' dormitory, the OPS office, the control room, the resource room, and the laundry room; the second floor consists of male residents' dormitories (3), and three additional dormitories that are not in use at this time. Building E consists of the facility's kitchen and dining room/multi-purpose area on the main floor, and the upper floor consists of offices and storage space. The kitchen operation is supported by labor provided through the Jacksonville Bridges State Inmate facility; no JBFRC residents provide work at the center. The facility has two separate outdoor recreation areas for use by residents, which are alternated between the JBFRC and the Jacksonville Bridges State Inmate facility. All facility areas are supervised by staff (monitors) rounds throughout their shifts. The facility operates three shifts: First Shift is 7:00 am - 3:00 pm; Second Shift is 3:00 pm - 11:00 pm; Third Shift is 11:00 pm - 7:00 am. The Operations Supervisor maintains flexible hours to provide support and coverage over the course of various shifts and days.

Regular visitation is usually held at the facility on Saturdays and Sundays from 9:00 am to 3:00 pm. Visitation is also allowed on New Year's Day, Martin Luther King Jr Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, and Christmas Day. If one of these holidays falls on a Saturday, the preceding Friday will be observed as the holiday. If the holiday falls on a Sunday, the following Monday will be observed as a holiday. Residents at JBFRC can also apply for furloughs with an approved sponsor, which facilitates family reunification.

The facility provides education, vocational, and rehabilitative programming through referrals. Educational programming includes GED enrollment, and vocational programming includes CDL, OSHA, and ServSafe certification. Assigned Case managers assist residents with obtaining birth certificates, state identification cards, and driver's licenses when needed. Through the facilities contract with the BOP, residents obtain E-Med medical and mental health insurance for care while housed at JBFRC. Just before release, Case Managers assist residents with securing independent medical insurance. JBFRC also employs Employment Specialists who assist residents in obtaining employment while assigned to the center, which ensures an income for the resident upon release. The facility offers other services, including food service, recreation, religious programming and services, library, laundry, mail, and telephone access, including personal cell phones, when approved.

There are currently two contractors who are approved access to the facility. Contractors undergo the same PREA training as non-security staff. The facility has not initiated a volunteer program as of the onsite.

No new arrivals were scheduled for intake during the site visit, so the auditor had staff provide a simulation of the intake process. New intakes arrive from the FBOP on a planned intake. The intake procedure is initiated in the OPS Center and is conducted by the Monitor on shift. The Case Manager then meets with the resident in the multi-purpose room, one-on-one, and conducts an interview, including the risk screening. Next, the Case Manager goes over the PREA brochure and plays the video before the resident is assigned to a living unit.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
- No

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

Correspondence between the auditor and the facility began on June 23, 2022, and the audit was initiated in the OAS on August 1, 2022. Audit notices were issued to the facility on July 9, 2022, with instructions for posting; the facility notified the auditor notices were posted on August 27, 2022. Once the documents related to the Pre-Audit Questionnaire (PAQ) were finalized by the facility, the auditor began reviewing the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies, Procedures, and other documents to create a log of additional information to be requested from the facility. A schedule for the onsite portion of the audit was established, and the auditor secured travel arrangements directly. As needed, written requests by email were submitted to the facility for additional documents or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Other correspondence occurred between the auditor and the facility up to the onsite portion of the audit and during the post-audit period. A web search of the facility revealed no derogatory information, no relevant litigation, no DOJ involvement, no federal consent decrees, or local oversight. An interview with the CEO/designee confirmed no consent decrees or oversight exists. Documents reviewed for compliance determination are referenced under each standard's discussion in the narrative sections. The auditor conducted an extensive document review of everything provided during the pre-audit, post-audit, and site visit. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit. These were instrumental in determining compliance with the PREA Standards. Two main policies were provided for review that supported the facility's compliance with the PREA standards: Bridges Federal Reintegration Centers Corporate Policy and Procedure Number 60-11-035, Prison Rape: Prevention, Detection, and Response; and Bridges International Corporate Policy and Procedure Number 20.010.022, Employee Hiring. These two policies are referenced throughout the report only with their respective policy number. Additionally, for the auditor's review, the facility provided a copy of the Statement of Work (SOW) from its contract with the Bureau of Prisons, requiring them to comply with the PREA.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | There were no incidents. |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

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| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
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|---|--|
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| a. Explain why you were unable to review any sexual harassment investigation files: | There were no incidents. |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |

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| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|--|--|

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| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|--|--|

Staff-on-inmate sexual harassment investigation files

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| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
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| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
|---|---|

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|---|---|
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
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| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>The facility had no sexual abuse or sexual harassment allegations reported during the audit period.</p> |
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
|--|---|

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|---|----------|
| <p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p> | <p>1</p> |
|---|----------|

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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|---------|--|
| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 331">Evidence: Policy #60-11-035; JBFRC Organization Chart; Bridges International Organization Chart; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 360 1490 757">115.211(a)(b)(c): Jacksonville Bridges Federal Reintegration Center (JBFRC) has zero tolerance toward all forms of sexual abuse and sexual harassment. JBFRC's policy #60-11-035 outlines the facility's approach to preventing, detecting, and responding to sexual abuse and harassment. JBFRC's parent organization is Bridges International. Bridges International has designated an upper-level, agency-wide PREA Coordinator, Derek Thomas. During his interview, PREA Coordinator Thomas confirmed that he has time and authority to develop, implement, and oversee the organization's efforts to comply with the PREA standards in all of its community confinement facilities. The auditor's review of the Bridges International Organization Chart confirmed that the PREA Coordinator is a direct report to the organization's CEO. JBFRC has designated a PREA Compliance Manager (PCM), Renata Youngblood. PCM Youngblood confirmed during her interview that she has the full support of the facility Director and staff in carrying out her duties as PCM. She stated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility. The auditor's review of the JBFRC confirmed that the PCM reports directly to the facility Director and has a direct line to the PREA Coordinator for support and guidance in PREA matters.</p> |

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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Responses to PAQ; Information Obtained from Interviews.</p> <p>115.212(a)(b)(c) JBFRC does not contract for the confinement of its residents with private agencies or other entities; therefore, the facility meets this standard through non-applicability.</p> |

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| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1473 360">Evidence: Policy #60-11-035; BFRC Supervision and Monitoring Annual Meeting Memo; Staff Schedule; Personnel Staffing Pattern: Supplemental Memo from Director Minnis, 08/26/2022; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 396 1490 920">115.213(a)(b)(c) The facility provided documented evidence of a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. A supplemental Memo from Director Minnis (dated 08/26/2022) confirmed that during the Annual Supervision and Monitoring Meeting on July 26, 2022, participating staff considered video monitoring to protect residents against sexual abuse and the number and composition of the resident population. Additionally, consideration was given to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, which was zero. The facility staffs three shifts First-7:00 AM-3:00 PM; Second 3:00 PM-11:00 PM; Third 11:00 PM-7:00 AM. The average daily population in the past 12 months is 20, and the facility has not exceeded capacity at any point during that period. During the past twelve months, there have been no deviations from the approved plan. The review team noted that a critical complement minimum of three security staff members were staffed during the entire audit period. There were no recommendations for additional video camera placement or staffing change during this annual supervision and monitoring evaluation meeting. Policy 60-11-035 requires the Director, Assistant Director, and the PCM to assess the adequacy of staffing levels after an incident and on an ongoing basis. Policy 60-11-035 also requires the PREA Coordinator to conduct annual staffing reviews for each institution.</p> |

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| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Relias PREA Training Plan; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.215(a)(c) The JBFRC conducts no strip searches/unclothed body searches or visual body cavity searches for any reason. If it is necessary to do any type of search of a parolee resident, the resident will be searched by their parole officer away from the facility. Therefore, the facility is compliant.</p> <p>115.215(b) Policy #60-11-035 establishes that staff shall not conduct cross-gender pat searches without exigent circumstances being present, and when conducted, the search will be documented in an incident report. Interviews with the Director, PCM, and security staff confirmed that pat searches are always conducted by same-gender staff. The JBFRC does not restrict female residents' access to available programming due to a lack of female staff. Interviews with staff confirmed that if exigent circumstances existed where an opposite-gender pat search was necessary, it would be documented in an incident report.</p> <p>115.215(d) The JBFRC policy #60-11-035 requires residents are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This policy requires staff of the opposite gender to announce their presence when entering the floor and resident rooms. Interviews with 12 residents (4/F-8/M) indicated that male and female staff respect their privacy and make announcements as required by the policy when entering the dormitory. Interviews with security staff confirmed they know and understand the requirement to make these announcements.</p> <p>115.215(e) JBFRC policy #60-11-035 establishes that staff will not search or physically examine a resident for the sole purpose of determining the resident's genital status, and if unknown, it can be determined through conversation with the resident, by reviewing medical documentation or, if necessary, through a broader medical examination conducted in private by a medical practitioner.</p> <p>115.215(f) During the audit, the facility explained that security staff had received pat-search training from their supervisor upon hire, but they had no documentation of formal training that met the criteria for subpart (f). The facility immediately took corrective action and mandated all security staff to complete the training through Relias. As of the issuance of this report, 100% of security staff is now trained on conducting pat-down searches and searches of transgender and intersex residents professionally and respectfully and in the least intrusive manner possible, consistent with security needs. The facility had no transgender or intersex residents at the facility during the audit period.</p> |

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| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 237">Auditor Discussion</p> <p data-bbox="244 271 1230 300">Evidence: Policy #60-11-035; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 331 1490 824">115.216 (a)(b)(c) Policy #60-11-035 specifies residents with recognized disabilities and limited English proficiency (LEP) will be advised of the Department’s zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in “Americans with Disabilities Act Provisions for Residents,” and resources as appropriate. These resources include closed captioning for the deaf or hard of hearing, large print material for the vision impaired, reading of material to residents by staff for the blind or limited mental capacity, and language interpretation services for the LEP. Additionally, LEP residents should be provided PREA education in their primary language. The policy further stipulates that residents shall not be used as interpreters or readers except in exigent circumstances. When residents need translation services, staff will utilize language interpretation services, either in person or by telephone. There was one resident at the facility whose primary language was not English, and the auditor interviewed him. The auditor offered an interpreter service, but he had a good understanding of English and did not want an interpreter. During the interview, the resident said he received the Sexual Abuse Awareness brochure in English but would prefer a copy in Spanish. The Case Manager was notified and provided the brochure in Spanish. The “Zero Tolerance for Sexual Abuse and Sexual Harassment” poster is displayed, in both English and Spanish, in areas easily accessible to residents. The facility advised the auditor there were no detainees with visual, hearing, or cognitive disabilities at the facility during the audit period.</p> |

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| 115.217 | Hiring and promotion decisions |
| | <p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1492 365">Evidence: Policy #20.010.022, Employee Hiring; Policy #60-11-035; JBFRC Organization Chart; Background Check Tracking Log; Staff Rosters; Yearly Employment Misconduct Forms; Employee Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 394 1492 857">115.217(a)(b) Policy 20.010.022 establishes that the company screens finalists for employment. The company prohibits the hiring or promoting 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); 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; has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above; 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); or 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. Hiring procedures are aligned with the contracting agency's Florida Bureau of Prisons (FBOP) requirements, and all candidates must be approved by the FBOP COR. Interviews with the facility Director and Human Resources (HR) representative confirmed that any misconduct identified of this nature would disqualify a candidate from being employed. Additionally, FBOP will not approve any applicant for hire if the applicant has a substantiated PREA-related (harassment or abuse) incident or if the employee resigned while under investigation of a PREA investigation.</p> <p data-bbox="242 887 1492 1417">115.217(c)(d)(e) Policy 20.010.022 provides the applicant (employee or contractor) must successfully pass a DOC background check before receiving an official offer of employment. During an interview with the HR representative affirmed criminal background checks are conducted for all new hires and again for any person being promoted at JBFRCsite. The FBOP, consistent with Federal, State, and local law, contacts 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. During an interview with the HR representative, he reported that JBFRC uses a Level 2 Background Check system through a third-party company, Identego, and all applicants (employees and contractors) are checked before being hired. He also conducts Driver's License Checks, Education Verification, and prior employment verifications. During the onsite portion of the audit, the auditor reviewed personnel records randomly selected for eight employees and found that criminal background checks were completed before an offer of employment. In addition, the auditor reviewed two samples of contractor packets for contractors working onsite during the site visit; all packets contained documentation of current criminal history background checks. Policy 20.010.022 states that the company shall 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. However, based on an interview with the HR representative, JBFRC conducts criminal background checks for all employees annually, scheduled on their anniversary dates, and this is tracked and monitored by the HR representative.</p> <p data-bbox="242 1447 1492 1742">115.217(f)(g) Policy 20.010.022 requires all applicants and employees who may have contact with residents to be asked directly about previous misconduct described in provision (a) of this standard in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The interview with the HR representative confirmed that all employees have a continuing duty to report misconduct and that this is covered with the employee upon hire and during training. Each employee is asked the misconduct questions directly at hire and annually, using the Yearly Employment PREA Questionnaire form. This form is completed by all staff and contains questions related to the misconduct described in provision (a) for the employee to provide a response. interviews confirmed that employees are aware of the continuing duty to disclose misconduct and that material omissions or false information can result in termination. A sample of six forms was reviewed by the auditor, confirming this procedure is in place.</p> <p data-bbox="242 1771 1492 1865">115.217(h) The HR representative advised the auditor that he provides responses to requests for substantiated allegations on prior employees when requested by an institutional employer with the proper release of information signed by the prior employee. He further advised that he does not retain copies of these requests.</p> |

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.218(a)(b) The JBFRC has not acquired a new facility, made a substantial expansion to its existing facility, or installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. During the auditor's interview with the facility Director and the PREA Coordinator, it was explained that any modifications, expansions, or upgrades to the buildings or electronic monitoring systems would be discussed before any changes were made. Both stated that consideration would be given to the effect of any change on the ability to protect residents from sexual abuse.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1430 329">Evidence: Policy 60-11-035; Women's Center of Jacksonville, Inc. Contract; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 360 1497 622">115.221 (a)(b) JBFRC is responsible for investigating administrative investigations but does not conduct criminal investigations. Policy #60-11-035 outlines appropriate steps for uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Duval County Sheriff's Office is the designated law enforcement agency responsible for conducting criminal investigations at JBFRC. The facility does not house youthful offenders. The evidence protocols used are 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. The auditor further confirmed these procedures during an interview with the CEO/designee.</p> <p data-bbox="240 654 1461 916">115.221 (c) JBFRC maintains a contract with the Women's Center of Jacksonville, Inc. Through this contract, the Women's Center of Jacksonville offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations are performed by certified Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). According to an interview with the PCM, the facility had no instances of sexual abuse that resulted in a forensic medical examination within the audit period. Additionally, the PCM confirmed that any victim of sexual abuse would be offered access to an examination if the incident occurred within the time allowable for obtaining usable evidence. Victims of sexual abuse will receive services at the local emergency room (ER) at Baptist Medical Center Jacksonville.</p> <p data-bbox="240 947 1485 1173">115.221 (d)(e) JBFRC maintains a contract with the Women's Center of Jacksonville, Inc., with a sunset date of July 31, 2023. This agreement states the organization provides a certified victim advocate to respond to requests for advocacy accompanying during sexual assault forensic exams and investigatory interviews within two (2) hours of notification by JBFRC. Additional services provided by the contract include: acting as an outside responding agency and providing a 24/7 toll-free rape crisis hotline staffed by victim advocates; responding to requests to provide advocacy when a survivor requests community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); provide residents with referrals for treatment after release, or upon transfer to another facility.</p> <p data-bbox="240 1205 1457 1263">115.221 (f): Sexual abuse allegations that involve criminal activity are referred to the Duval County Sheriff's Office. JBFRC has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this standard.</p> <p data-bbox="240 1294 1449 1352">115.221 (h): JBFRC always makes a victim advocate available from a rape crisis center, Women's Center of Jacksonville, therefore this provision is not applicable.</p> |

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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence: Policy #60-11-035; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 680">115.222(a)(b) Policy #60-11-035 requires the facility Director and PREA Compliance Coordinator to ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation if potentially criminal behavior is involved. Criminal investigations are referred to the Duval County Sheriff's Office, the entity with the legal authority to conduct criminal investigations. Based on interviews with the facility Director and the PREA Coordinator, all referrals for criminal investigations will be documented in an incident report. The policy also requires all investigations into alleged sexual abuse to be completed by qualified investigators. JBFRC's policy 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 is published on the facility website at bridgesinternational.net/prea-jacksonville-frc. No allegations of sexual abuse or sexual harassment were reported at JBFRC during the audit period. The CEO/designee further confirmed the organization's expectation that all allegations of sexual abuse or harassment will be promptly and thoroughly investigated.</p> <p data-bbox="229 680 1509 920">115.222(c) Policy #60-11-035 describes the responsibilities of JBFRC and the Duval County Sheriff's Office. JBFRC staff is responsible for preserving and protecting the crime scene or any evidence that might otherwise be destroyed until the investigating entity arrives or provides additional instructions. JBFRC will coordinate and cooperate with the Duval County Sheriff's Office. If potentially criminal behavior is involved, the JBFRC will conduct an administrative investigation only after the criminal investigation has been completed.</p> |

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| 115.231 | <p>Employee training</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence: Policy #60-11-035; Relias PREA Lesson Plan; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.231(a)(c) Policy #60-11-035 requires the JBFRC to train all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained on how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. The training further provides training on the dynamics of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings; common reactions to sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in confinement settings; how to detect and respond to signs of threatened and actual sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment; how to avoid inappropriate relationships with residents and offenders; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This training is delivered to employees using a third-party online computer-based training system, Relias. The auditor reviewed the training modules and records of all staff and confirmed that they receive training during their initial orientation and annually. The auditor interviewed 15 employees and confirmed they had received their required training. All staff interviewed were knowledgeable about the PREA training, the zero-tolerance policy, and their responsibilities. The facility's requirement for employees to be trained on PREA annually exceeds the requirements of this provision.</p> <p>115.231(b): The Relias PREA training modules contain individual sections regarding the dynamics of both male and female residents. All staff is trained on male and female gender-specific information because both genders are housed at JBFRC. An interview with the facility Director and the PCM confirmed that they do not transfer employees from any other facility, all would be processed as new hires.</p> <p>115.231(d) Employee training is documented and maintained within the online computer-based system. Training certificates are printed and maintained in the employee's file, and the facility Director maintains rosters to confirm that all employees have completed their training as required. Staff interviews verified a thorough understanding of PREA-related training. The auditor reviewed the training files of 3 employees while onsite confirming staff received the required training. Additionally, the facility director provided a Relias Roster confirming all staff have received the required PREA training within the past 12 months.</p> |
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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Relias PREA Lesson Plan; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.232(a)(b)(c) Policy #60-11-035 requires all volunteers and interns to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response policies. All JBFRC volunteers and contractors are notified of their zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Refresher training is required annually. Documentation confirming that volunteers and contractors understand this training is maintained at the facility. While onsite, the auditor interviewed two contractors who confirmed they had received the required training, and these records were also reviewed by the auditor.</p> |

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| 115.233 | <p data-bbox="229 69 1509 1236">Resident education</p> <p data-bbox="229 129 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 197 1509 257">Auditor Discussion</p> <p data-bbox="229 264 1509 369">Evidence: Policy #60-11-035; Resident PREA Education Acknowledgement Forms; Resident Intake Packet; PREA Poster English/Spanish; PREA Brochure; Residential Services Resident Handbook; Americans with Disabilities Act Provisions for Residents Policy; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 392 1509 728">115.233(a)(e) Policy #60-11-035 directs each facility will ensure that the sexual abuse awareness brochures are distributed to residents within the first 24 hours of arrival. Upon arrival, residents also watch the designated PREA video facilitated by the Case Manager. Each resident is also provided a Resident Handbook, which contains information about sexual abuse and sexual harassment, how to report it, and how to stay safe. The PREA information in the brochure and the Resident Handbook covers all topics required by provision (a). There were 106 residents admitted during the previous 12 months, and the facility reports all 106 received the PREA information during intake. The Zero Tolerance for Sexual Abuse and Sexual Harassment poster is clearly displayed, in both English and Spanish, in areas throughout the facility accessible to residents and public areas at the facility. The auditor interviewed security and case management staff, who all explained that the PREA educational material is provided to each resident upon arrival at the facility. The auditor observed the Zero Tolerance posters and brochures displayed throughout the facility and in all living units.</p> <p data-bbox="229 750 1509 817">115.233(b) JBFRC does not transfer residents between facilities, so this provision does not apply to the facility. Each new intake receives the full education as explained in provision (a) above.</p> <p data-bbox="229 840 1509 1019">115.233(c) Policy #60-11-035 directs each facility will ensure residents with recognized disabilities and LEP are advised of the zero-tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment using the resources outlined in Americans with Disabilities Act Provisions for Residents policy. Accommodations are to be made using resources as appropriate, including closed captioning (deaf/hard of hearing); large print material (impaired vision); reading of materials to the resident(s) by staff (blind/limited mental capacity); or Language Line services (LEP).</p> <p data-bbox="229 1041 1509 1176">115.233(d) The JBFRC maintains documentation of resident participation in these education sessions in their resident file. While onsite, the auditor interviewed 12 residents, who all confirmed receiving the PREA information upon arrival at the facility. The auditor's review of these 12 residents' files confirmed documented acknowledgment forms indicating the training they received.</p> |
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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Training Certificates; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.234(a)(b)(c) Policy #60-11-035 requires all investigations into alleged sexual abuse must be conducted by a qualified investigator. The PREA Coordinator is the designated trained investigator for the organization. Based on his interview and review of training records, he completed the "Investigating Sexual Abuse in Confinement Settings" developed by TMG. Additionally, he provided evidence of the required general PREA training. The auditor reviewed the curriculum for the training and found that it met all criteria required in provision (b). Additionally, the organization has identified a backup investigator who has also completed the same training.</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.235(a)(b)(c)(d) JBFRC does not provide on-site medical services. All medical services are provided by local community hospitals. This standard does not apply to JBFRC.</p> |

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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1484 331">Evidence: BFRC Policy 60-11-035; Resident Intake Packet; Completed Screening Instruments; PREA Brochure; Residential Services Resident Handbook; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1490 656">115.241(a)(b)(c) BFRC Policy 60-11-035 requires each time a resident arrives at the facility, staff will screen the resident upon arrival as soon as possible and within 24 hours. This screening is conducted as part of the intake process to assess the resident's risk of being sexually abused by other residents or sexually abusive toward other residents. Residents do not transfer between facilities. Residents are screened by the Case Manager, generally within the first hour of arrival. If for some reason that the Case Manager is not present when a new resident arrives, the screening will be conducted by the intake staff at the time of arrival, then the Case Manager will meet with the resident on the next business day to verify the information from the screening. Based on interviews with 12 residents, they were asked the risk screening questions on the first day of their arrival, and a review of their screening instruments confirmed that they were completed within 24 hours. Completing the risk screening within 24 hours exceeds the 72-hour requirement of this standard.</p> <p data-bbox="242 685 1474 1014">115.241(d)(e) The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the nine considerations delineated in provision (d) is included in the risk screening form. The screening instrument additionally considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse. During the initial review of the screening instrument, the auditor noted the instrument was not clear in determining a resident's risk level as a victim/aggressor. Interviews with Case Managers confirmed how the information was used to assess a resident's risk level, and JBFRC demonstrated a clear practice of keeping potential victims/aggressors separate. After a discussion with the facility Director and PREA Coordinator, the facility revised its PREA Risk Assessment tool to include a rating score that would objectively identify residents who may be at risk. The facility immediately implemented the new assessment tool and provided the auditor with completed risk assessments on the new form for the 12 residents interviewed.</p> <p data-bbox="242 1043 1477 1205">115.241(f) Policy #60-11-035 requires within 30 days from the initial intake screening, the facility will reassess the resident's risk of victimization or abusiveness if additional information is received by the institution. The auditor selected nine residents who had been at the facility for at least 30 days and found that a reassessment had been completed within 30 days. This information is documented in the computer-based management system under case notes. Interviews with three Case Managers confirmed that residents are reassessed 15-30 days after their initial intake.</p> <p data-bbox="242 1234 1481 1294">115.241(h): Policy #60-11-035 establishes that residents will not be disciplined for refusing to answer or disclosing complete information in response to the questions asked during the risk screening. This was further confirmed during staff interviews.</p> <p data-bbox="242 1323 1477 1585">115.241(i) To ensure confidentiality of information, policy #60-11-035 establishes that no employee, volunteer, or contractor may knowingly disclose any information pursuant a sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to any person other except as permitted by law. Further, the release of any information identifying any PREA or other sexual battery or sexual abuse victims in the organization's custody shall not be printed, published, or broadcasted unless a court determines that such information is no longer confidential and exempt under applicable law. Interviews with staff confirmed their knowledge of the confidentiality requirement. Information collected during the risk screening is filed within the facility's computer-based software system, SecurManage. Additionally, the PREA Risk Screening form is maintained in the resident's facility file and secured in a locked filing cabinet in the records room.</p> |

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1453 331">Evidence: Policy #60-11-035; Resident Intake Packet; PREA Poster English/Spanish; PREA Risk Screening Instruments; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1477 488">115.242(a)(b) Policy #60-11-035 establishes that information from the PREA Risk Assessment will be used to determine housing, bed, and work assignments. Residents will be appropriately assigned based on known information and established protocol. Based on interviews with three Case Managers and the facility Director, JBFRC makes individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="242 517 1493 813">115.242(c)(d)(e) Policy #60-11-035 establishes that housing for potential transgender and intersex residents will be determined on a case-by-case basis and in collaboration with the contracting entity, FBOP. The policy further establishes that a transgender or intersex resident's own view, concerning their own safety, shall be given serious consideration. The PREA risk screening instrument includes a direct question regarding the individual's own perception of vulnerability which is asked of every resident and includes transgender and intersex residents. Staff interviews confirmed that they have a clear understanding of the signs and behaviors of an individual who may be vulnerable, and any overt or covert expression of vulnerability is taken seriously. Transgender and intersex residents shall be allowed to shower separately from other residents. All showers in the housing units are private, with a curtain and behind a closed main door. The facility reported there had been no intersex or transgender residents admitted to the facility within the audit period.</p> <p data-bbox="242 842 1437 938">115.242(f) Interviews with staff, the facility Director, and the PREA Coordinator confirmed that JBFRC has no dedicated rooms solely for individuals identified as LGBTI. The facility has five housing units, and the auditor reviewed the housing rosters and found no indication that LGBTI residents were assigned to any particular housing unit.</p> |

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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1445 331">Evidence: Policy #60-11-035; PREA Poster English/Spanish; PREA Brochure; Residential Services Resident Handbook; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 362 1487 622">115.251(a) The JBFRC provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy #60-11-035 provides the following methods for residents to report sexual abuse or harassment 1) verbally to any staff member, volunteer, or contractor; 2) by calling an outside entity (Women's Center of Jacksonville) 904-773-3000; 3) filing a Resident Request form; 4) filing an informal or formal grievance; 5) having a family member, friend, or another member of the public contact the Women's Center of Jacksonville; 6) having a family member, friend, or another member of the public submit a third-party grievance; 7) write or e-mail the Corporate PREA Coordinator.</p> <p data-bbox="242 654 1487 949">115.251(b) Residents may report sexual abuse to a public or private entity that is not part of the organization confidentially and privately by contacting the Women's Center of Jacksonville using the hotline or contacting the Office of the Inspector General, USDOJ, Investigative Division, 950 Pennsylvania Ave, N.W. Room 4706; Washington, DC 20530. This information is provided to residents through the PREA brochure and the Resident Handbook. The Women's Center of Jacksonville can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. The facility has one telephone in an area that residents may use to place calls; all calls are free to residents with no pin required. Calls are not recorded or monitored. Residents can also have personal cell phones at the center. The facility runs a test call to the Women's Center monthly to make sure there is no problem accessing the center from the number posted. The auditor was provided with a copy of the verification call log.</p> <p data-bbox="242 981 1487 1070">115.251(c) Policy #60-11-035 requires staff to accept reports made verbally, in writing, anonymously, and from third parties and immediately document any verbal reports. Interviews with staff confirmed they are aware of this requirement. There have been no allegations of sexual abuse or sexual harassment reported at the facility within the audit period.</p> <p data-bbox="242 1102 1487 1263">115.251(d) Staff may privately report any PREA-related incident, including sexual misconduct, sexual battery, sexual abuse, and sexual harassment of residents, to any Supervisor. Additionally, staff may utilize any of the reporting methods that are available to residents if they feel they need to go outside of the organization. Interviews with the facility Director and staff confirmed staff is aware they may go out of their chain of command to privately report sexual abuse and sexual harassment of residents.</p> |

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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1406 297">Evidence: Policy #60-11-035; Grievance Form; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 329 1485 1122">115.252(a)(b)(c)(d)(e)(f)(g) Policy #60-11-035 establishes procedures for sexual abuse and harassment allegations submitted through a grievance. JBFRC allows residents to submit a grievance regarding an allegation of sexual abuse and does not impose a time limit on when a resident may that grievance. The JBFRC does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse/harassment. The JBFRC ensures that a resident who alleges abuse/harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. JBFRC will issue a final decision on the merits of any portion of a grievance alleging sexual abuse/harassment within 90 days of the initial filing of the grievance, and the computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. The JBFRC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The organization notifies the resident in writing of any such extension and provides a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for the reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filling requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such request 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 agrees to have the requests filed on his or her behalf, and may also require the alleged victim to personally pursue subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the organization shall document the resident's decision. The organization may discipline a resident for filing a grievance related to alleged sexual abuse only where the organization demonstrates that the resident filled the grievance in bad faith. No resident has filed a grievance alleging sexual abuse or harassment at the JBFRC within the audit period. The facility Director is the designated grievance coordinator and he confirmed during his interview the procedures as outlined within the policy. Additionally, he stated there have been no allegations reported through the grievance process.</p> |

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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Women's Center of Jacksonville Contract; PREA Posters English/Spanish; PREA Brochure; Resident Handbook; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.253(a)(b)(c) JBFRC provides residents with access to outside victim advocates through a contract with Women's Center of Jacksonville, Inc. for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers. The contract was provided for the auditor's review. Residents are informed of these services during intake and that these services may be accessed confidentially. This information is made available continually to residents through awareness posters on bulletin boards throughout the facility and in the living units; in the Resident Handbook; and in the PREA Brochure. The auditor confirmed the available services during a telephone interview with a representative at the Women's Center.</p> |

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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Website Review; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.254(a) The JBFRC has established a method to receive reports of sexual abuse and sexual harassment from third-party reporters on their public website at bridgesinternational.net/prea-jacksonville-frc. No third-party reports of sexual abuse or sexual harassment were received by JBFRC within the audit period.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1230 297">Evidence: Policy #60-11-035; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 329 1458 488">115.261(a) Policy #60-11-035 establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities contributing to an incident that occurred at a facility. The auditor's interviews with staff confirmed a clear knowledge of their duty to immediately report such incidents. There were no case files to review since no allegations were reported within the audit period.</p> <p data-bbox="240 519 1485 645">115.261(b) Policy #60-11-035 mandates staff will not reveal any information related to the sexual misconduct, sexual battery, sexual abuse, or sexual harassment allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff was well aware of the requirement to keep the information confidential.</p> <p data-bbox="240 676 1485 703">115.261(c) JBFRC does not provide onsite medical services. All medical services are provided by local community providers.</p> <p data-bbox="240 734 1422 828">115.261(d) JBFRC does not house residents under 18. Based on interviews with the facility Director and the PREA Coordinator, crimes against vulnerable adults will be reported to the Duval County Sheriff's Office and Adult Protective Services. The contracting agency, FBOP, will also be notified.</p> <p data-bbox="240 860 1485 1052">115.261(e) All allegations of sexual abuse and sexual harassment, including third-party and anonymous, are initially reported to the facility Director and the PREA Coordinator, the designated investigator. If an allegation is potentially criminal, then the Duval County Sheriff's office is immediately notified. The facility Director and PREA Coordinator are required by policy to ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation if potentially criminal behavior is involved. Criminal investigations are referred to the Duval County Sheriff's Office, which has the legal authority to conduct criminal investigations.</p> |

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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.262(a) Interviews with the facility Director and PREA Coordinator confirmed that when the facility learns a resident may be subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the resident, including removing the alleged abuser or placement at a different facility. The facility does not have the structural capability to segregate or confine individuals. Should a resident need to be relocated to keep them safe from imminent harm, the facility would coordinate directly with the contracting agency, FBOP, to make necessary arrangements to protect the individual. All staff interviewed confirmed that they would take whatever steps necessary to ensure the safety of the individual.</p> |

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| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1461 297">Evidence: Policy #60-11-035; Sample of Notification; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 331 1481 555">115.263(a)(b)(c) Based on interviews with the facility Director and PREA Coordinator, upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility Director shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. This notification is provided and documented as soon as possible but no later than 72 hours after receiving the allegation. JBFRC provided documentation of one incident that was reported by a resident that occurred at another facility. According to the resident, the incident was already reported and was under investigation. The documentation provided confirmed that the facility Director notified the other facility's head and FBOP of the incident within 72 hours.</p> <p data-bbox="244 589 1461 712">115.263(d) During the interview with the CEO/designee, facility Director, PREA Coordinator, and PCM, any allegation received from another facility about an incident alleged to have occurred at JBFRC would be investigated according to the same protocol as if the resident were still at the facility or agency office that receives such notification shall ensure that the allegation is investigated following these standards. In the past twelve months, no such notifications have been received.</p> |

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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1230 297">Evidence: Policy #60-11-035; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 329 1485 656">115.264(a)(b) Policy #60-11-035 establishes that all staff, upon learning of an allegation that a resident was sexually abused, is required to separate the alleged victim and abuser; preserve and protect the crime scene until appropriate steps can be taken to collect evidence; and request that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy further provides if the first responder is not a security staff member, request that the alleged victim not take any action that could destroy physical evidence and notify security staff. Interviews with 11 line staff confirmed that they have been well-trained in their first responder duties and were able to explain to the auditor the steps to take if they are the first person to become aware of an allegation of sexual abuse. No allegations were reported within the audit period, therefore are no case files to review.</p> |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1497 331">Evidence: Policy #60-11-035; BFRC PREA Local Procedure and Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 360 1481 521">115.265(a) The JBFRC has a written plan that coordinates actions taken in response to an incident of sexual abuse among staff first responders, outside medical and mental health practitioners, investigators, and facility leadership. This written plan listing the staff contact information and policy #60-11-035 collectively provides a coordinated response between JBFRC and external community providers. Interviews with the facility Director, Operations Supervisor, PREA Coordinator, and PCM confirmed their awareness of the institutional plan.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Information Obtained from Interviews.</p> <p>115.266(a): Based on interviews with the facility Director and the CEO/designee, JBFRC has no collective bargaining agreements that would limit the organization'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.</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1465 331">Evidence: Policy #60-11-035; PREA Posters English/Spanish; PREA Brochure; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 360 1485 790">115.267(a)(b)(c)(d)(e): Policy #60-11-035 establishes that JBFRC will 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. The PCM is the designee responsible for monitoring retaliation. Residents and/or staff who report sexual abuse will be monitored for retaliation for at least 90 days, with at least three contact status checks to occur within the 90-day monitoring period at the 30-, 60-, and 90-day marks from the date of the allegation. Conduct, including a review of disciplinary reports, treatment by other staff and residents, and changes in housing, program assignments, work assignments, and demeanor, will be reviewed along with the periodic status checks. If a resident is transferred during the 90-day monitoring period, it is the receiving institution's procedural responsibility to continue monitoring the resident for the remainder of the 90-day period, and the PCM will notify the receiving facility of any need for continued monitoring. The PCM confirmed during her interview that she is aware of her responsibilities as a retaliation monitor to comply with the provisions of this standard. There were no allegations of sexual abuse reported within the audit period; therefore, no retaliation monitoring has been required. During an interview with the CEO/designee, he explained that Bridges International, Inc. takes a zero-tolerance toward all forms of retaliation.</p> |

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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 919 297">Evidence: Policy #60-11-035; Information Obtained from Interviews.</p> <p data-bbox="242 329 1493 891">115.271(a)(b)(c)(e)(f)(g) Policy #60-11-035 requires the facility Director and PREA Coordinator to ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation if potentially criminal behavior is involved. Criminal investigations are referred to the Duval County Sheriff's Office, which has the legal authority to conduct criminal investigations. All investigations into alleged sexual abuse must be conducted by qualified investigators. The PREA Coordinator is the designated investigator responsible for conducting administrative investigations. During the interview with the PREA Coordinator/Investigator, he confirmed that all allegations of sexual abuse and harassment would be investigated, regardless of how they were received. He explained the steps for gathering and preserving direct and circumstantial evidence and obtaining electronic monitoring data. He explained that he would interview the alleged victim, perpetrator, and any potential witnesses and look at video footage, if available. Additionally, he would check log book entries and any prior complaints involving the suspected perpetrator. Any allegation involving penetration would be reported immediately to the Duval County Sheriff's Office, and the victim, with their consent, would be transported for a forensic examination. When assessing the credibility of an alleged victim, subject, or witness, a preponderance of evidence would be used to determine whether it is more likely to have occurred than not for administrative cases. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The PREA Coordinator/Investigator further confirmed every administrative investigation would be documented to include the who, what, where, and why of the incident, interviews, video recordings, collected evidence, and a summary of the incident. Criminal investigations will be documented by the Duval County Sheriff's Office.</p> <p data-bbox="242 922 1493 1115">115.271(d)(h)(l) Criminal allegations will be referred to the Duval County Sheriff's Office, the responsible entity for collecting evidence and for presenting the case for prosecution through the DA. The PREA Coordinator/Investigator stated no compelled interviews would be conducted until any criminal investigation is completed. JBFRC staff would be responsible for cooperating with the investigation, and the PREA Coordinator/Investigator would be the liaison between the Duval County Sheriff's Office and JBFRC. The decision to refer a case for criminal prosecution would be made by the Duval County Sheriff's Office.</p> <p data-bbox="242 1146 1493 1308">115.271(i) Policy #60-11-035 requires case or investigation records (criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery) be retained by the organization for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. There have been no allegations reported at JBFRC since the inception of the facility.</p> <p data-bbox="242 1339 1493 1397">115.271(j) The PREA Coordinator/Investigator and the CEO/designee confirmed 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.</p> |

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Information Obtained from Interviews.</p> <p>115.272(a) Based on an interview with the PREA Coordinator/Investigator, and the CEO/designee, the JBFRC uses the preponderance of evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. No allegations were reported within the audit period; therefore, there were no case files to review.</p> |

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| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Information Obtained from Interviews.</p> <p>115.273(a-e) Policy #60-11-035 establishes that unless the allegation is unfounded, following a resident's allegation that a staff member has committed sexual abuse against her/him, the PCM or her/his designee shall inform the resident whenever the staff member, contractor or volunteer is no longer assigned to the facility; or employed with the organization. During her interview, the PCM confirmed she is aware of the requirement to make this notification and explained she would provide the notification in person with written documentation to evidence the victim was notified. There were no incidents reported at JBFRC during the audit period.</p> |

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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Information Obtained from Interviews.</p> <p>115.276(a)(b)(c)(d): Policy #60-11-035 establishes that staff, contractors, or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibition from working or volunteering for the organization. Additionally, any contractor or volunteer who engages in sexual abuse will be reported to law enforcement, unless it was clearly not criminal, and to any relevant licensing bodies. There has been no staff subject to this provision during the audit period. An interview with the facility Director and CEO/designee confirmed these procedures and that there have been no staff violations of the facility's sexual abuse/sexual harassment policies.</p> |

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; Information Obtained from Interviews.</p> <p>115.276(a)(b) Policy #60-11-035 establishes that contractors or volunteers who engage in sexual abuse, sexual battery, or sexual harassment and have been found guilty will be disciplined up to and including termination of contract and/or prohibited from working or volunteering for the organization. Additionally, any contractor or volunteer who engages in sexual abuse and sexual battery will be reported to law enforcement, unless it was clearly not criminal, and to relevant licensing bodies. There have been no contractors or volunteers subject to this provision during the audit period. The facility Director and PREA Coordinator/Investigator confirmed these procedures, and there have been no violations of sexual abuse/harassment policies by a contractor or volunteer.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1129 300">Evidence: Policy #60-11-035; Resident Handbook; Information Obtained from Interviews.</p> <p data-bbox="242 331 1484 555">115.278(a)(b) Policy #60-11-035 specifies resident(s) who have been found guilty of sexual abuse, sexual battery, or sexual harassment, through the course of either internal or external hearings, will be disciplined unless otherwise ordered through the judicial or administrative process. Interviews with the facility Director and PREA Coordinator confirmed that sanctions would be assessed 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. Additionally, any resident who perpetrates sexual abuse while residing at JBFRC would be subject to removal from the center and returned to the custody FBOP. There have been no residents subject to this provision during the audit period.</p> <p data-bbox="242 586 1474 712">115.278(c)(d) The facility Director explained that disciplinary sanctions would consider whether a resident's mental liabilities or mental illness contributed to his or her behavior. A mental health evaluation will be offered to any identified resident-on-resident abusers within 60 days of learning of such abuse history, and, as appropriate, the abuser will be offered treatment. Evaluations and treatment services are only available through outside community providers.</p> <p data-bbox="242 743 1487 837">115.278(e) Policy #60-11-035 establishes that a resident cannot consent to sexual or romantic behavior with a staff member, contractor, or volunteer while under the supervision of the FBOP. The Resident Handbook informs that residents are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.</p> <p data-bbox="242 869 1439 927">115.278(f) Policy #60-11-035 establishes that a resident shall be subject to discipline when it is determined that a PREA report was filed in bad faith/knowingly filed a false report.</p> <p data-bbox="242 958 1484 1016">115.278(g): The Residential Services Resident Handbook advises residents that sexual contact between residents, even if it is consensual, is prohibited and constitutes a violation of the facility's rules.</p> |

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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence: Policy #60-11-035; Women's Center of Jacksonville Contract; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 703">115.282(a)(b)(c)(d): JBFRC does not have onsite medical or mental health services and relies on community providers for these services. Resident victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services coordinated through the local hospital. Based on the Coordinated Response Plan and policy #60-11-035, JBFRC staff is responsible for protecting the victim according to § 115.262 until the victim is transported to the outside medical facility. The contract with the Women's Center of Jacksonville ensures that residents will receive follow-up services, advocacy, and counseling related to sexual abuse and referrals for continuity of care after release from custody or transfer to another facility. Mental Health services are offered to resident victims of sexual abuse through Baptist Medical Center; these services would be coordinated by efforts of the JBFRC staff and the Women's Center of Jacksonville. Emergency contraception and/or pregnancy tests and sexually transmitted infections prophylaxis will be administered by the local hospital providing treatment. Treatment services are provided without financial cost to the victim and regardless of whether the victim identifies the abuser or cooperates with any investigation.</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence: Policy #60-11-035; Women's Center of Jacksonville Contract; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 510">115.283(a)(b)(c) Policy #60-11-035 establishes that if results of the intake screening assessment indicate that a resident has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, the resident shall be offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Medical and mental health services are not provided onsite by JBFRC; these services are provided by local community providers. JBFRC makes the necessary referrals, and the residents may accept or decline the referrals.</p> <p data-bbox="229 510 1509 622">115.283(d)(e) Policy #60-11-035 establishes that resident victims of vaginal penetration during the resident's incarceration shall be offered pregnancy tests, and if pregnancy results, the victim will receive timely and comprehensive information about and timely access to all pregnancy-related medical services through referral to a local community healthcare provider.</p> <p data-bbox="229 622 1509 757">115.283(f) Policy #60-11-035 establishes that treatment as appropriate will be offered to the victim and alleged perpetrator by the local hospital authority (unless otherwise directed). Education on sexually transmitted diseases (STD) and HIV/AIDS will be provided to the victim and alleged perpetrator through a local community healthcare provider.</p> <p data-bbox="229 757 1509 846">115.283(g) Policy #60-11-035 establishes that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.</p> <p data-bbox="229 846 1509 981">115.283(h) Policy #60-11-035 establishes that a mental health evaluation will be offered to any identified resident-on-resident abusers within 60 days of learning of such abuse history, and, as appropriate, the abuser will be offered treatment. These evaluations and treatment services will be provided by a local community healthcare provider.</p> |

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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence: Policy #60-11-035; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 542">115.286(a)(b)(c) Policy #60-11-035 establishes that the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of the investigation; This review team shall consist of the facility Director, Assistant Director, and the PCM. The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners. The facility has not had an incident of sexual abuse; therefore, no incident review has been required. The facility Director stated he is responsible for identifying the members of the Review Team. Interviews with members of the Review Team confirmed their knowledge about their responsibilities as team members.</p> <p data-bbox="229 542 1509 828">115.286(d)(e) Policy #60-11-035 requires the Review Team to reassess the adequacy of staffing levels in the area where the incident happened; consider whether the incident/allegation was motivated by race, ethnicity, LGBTQI identification, gang affiliation, or other group dynamics at the institution; examine the area that the incident allegedly occurred to assess whether physical barriers or obstructions in the area may have enabled abuse; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Every month, the Review Team prepares a report with recommendations for improvements and submits the report to the PREA Compliance Coordinator. This report is required each month whether or not any incidents have occurred. Interviews with designated Review Team members confirmed these procedures.</p> |

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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1469 297">Evidence: Policy #60-11-035; Bridges International, Inc. 2022 PREA Annual Report; Information Obtained from Interviews.</p> <p data-bbox="242 329 1485 656">115.287(a)(b)(c)(d)(f) Bridges International, Inc. collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and definitions established through PREA, 115.6. Interviews with the facility Director, PREA Coordinator, and CEO/designee confirmed that facility incident data are reported monthly to the PREA Coordinator, who collects, reviews, aggregates, and maintains the data. This data is used to respond to the DOJ SSV upon request. Policy #60-11-035 requires case or investigation records, including but not limited to any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations of post-release treatment, and counseling associated with allegations of sexual abuse or sexual battery shall be retained by the organization for ten years after the date of the initial collection or for the incarceration period of the victim or employment of the suspect or subject, plus five years, whichever is longer. BJFRC became operational on July 19, 2021. The 2022 PREA Annual Report is posted on the facility website at bridgesinternational.net/prea-jacksonville-frc</p> <p data-bbox="242 687 1449 745">115.287(e) BJFRC does not contract with private facilities for the confinement of residents; therefore, this provision is not applicable.</p> |

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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence: Policy #60-11-035; Bridges International, Inc. 2022 PREA Annual Report; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 353 1509 828">115.288(a)(b)(c)(d): Based on the interview with the PREA Coordinator and review of Policy #60-11-035, the PREA Coordinator is responsible for reviewing, collecting, and aggregating data to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action plans for each facility, as well as the agency as a whole. The sexual abuse data is discussed and analyzed to identify areas for improvement and develop necessary corrective action plans. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse issues. The report is approved by the organization's president and posted on the organization's website. Bridges International redacts identifying material from the annual report before publication. Redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. This is the first year that a PREA audit has been required for JBFRC. An interview with the CEO/designee further confirmed these procedures.</p> |

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| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Policy #60-11-035; 2022 PREA Annual Report; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.289(a)(b)(c)(d) Policy #60-11-035 ensures that data collected is securely retained. Interviews with the PCM, facility Director, and PREA Coordinator confirmed that all sexual abuse and sexual harassment data and documents are securely retained in locked filing cabinets with limited access, or electronically with password protection. Bridges International makes aggregated sexual abuse data for JBFRC available to the public at least annually through its website. All personal identifiers are removed before making aggregated sexual abuse data publicly available. The organization maintains sexual abuse data collected for at least 10 years after the initial collection date. This information was confirmed by the auditor's review of the organization's website and an interview with the CEO/designee.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Memorandum dated October 4, 2022, Bridges Facility PREA Audit; Observations During Site Visit; Information Obtained from Interviews.</p> <p>The JBFRC went into operation in July 2021, and this is the facility's first PREA audit. During the site visit, the auditor was afforded access to all areas of the facility, allowed to interview residents and staff privately, and provided all necessary documentation to complete a thorough audit. Notices of Audit with the auditor's contact information were displayed throughout the facility. JBFRC is one of seven facilities operated by Bridges International, Inc., however, the other six are contracted by the Florida Department of Corrections (DOC) and hold state-sentenced residents. The other six facilities are considered satellites of the State host facility and are audited as part of the Florida DOC's audit program. JBFRC is contracted by FBOP. Therefore, JBFRC is the only facility operated by Bridges International, Inc. required to have a separate PREA audit. This information was obtained during interviews with the CEO/designee, facility Director, and PREA Coordinator.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Memorandum dated 10/04/2022, Bridges Facility PREA Audit; Website Review; Information Obtained from Interviews.</p> <p>The JBFRC went into operation in July 2021, and this is the facility's first PREA audit. This information was obtained during interviews with the CEO/designee, facility Director, and PREA Coordinator.</p> |

| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.) | 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.) | na |
| 115.213 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.213 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | na |
| 115.213 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.215 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility 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 |

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| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | 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 |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.217 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.218 (a) | Upgrades to facilities and technology | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | na |
| 115.218 (b) | Upgrades to facilities and technology | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | na |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for 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 |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

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| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |

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

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| 115.235 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | na |
| 115.235 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
| 115.235 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | na |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | na |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |

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| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | 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 |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

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| 115.242 (f) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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| 115.252 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |

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| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

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| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.261 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.262 (a) | Agency protection duties | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |

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| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

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| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.276 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.277 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for residents | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

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| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 115.289 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | no |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | na |