

PREA Facility Audit Report: Final

Name of Facility: Jacksonville Bridge Federal Reintegration Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/03/2026

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Sharon Ray Shaver | Date of Signature: 04/03/2026 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------|
| Auditor name: | Shaver, Sharon |
| Email: | sharonrshaver@gmail.com |
| Start Date of On-Site Audit: | 02/17/2026 |
| End Date of On-Site Audit: | 02/17/2026 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Jacksonville Bridge Federal Reintegration Center |
| Facility physical address: | 601 Agmac Avenue , Jacksonville , Florida - 32254 |
| Facility mailing address: | 2001 Mercy Dr. , Orlando, - 32808 |

| Primary Contact |
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|--------------------------|---------------------------------|
| Name: | Derek Thomas |
| Email Address: | DThomas@bridgesinternational.us |
| Telephone Number: | 4072911500 |

| Facility Director | |
|--------------------------|------------------------|
| Name: | Joseph Minnis |
| Email Address: | JMinnis@bridgesfrc.org |
| Telephone Number: | 9042404111 |

| Facility PREA Compliance Manager | |
|---|----------------------------|
| Name: | Reynata Youngblood |
| Email Address: | ryoungblood@bridgesfrc.org |
| Telephone Number: | (904) 240-4111 |
| Name: | Deja Cheatham |
| Email Address: | dcheatham@bridgesfrc.org |
| Telephone Number: | (904) 240-4111 |

| Facility Characteristics | |
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| Designed facility capacity: | 62 |
| Current population of facility: | 36 |
| Average daily population for the past 12 months: | 365 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Both women/girls and men/boys |
| Age range of population: | 35 |

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| Facility security levels/resident custody levels: | minimum, low and medium |
| Number of staff currently employed at the facility who may have contact with residents: | 19 |
| 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@bridgesinternational.us |

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

3

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

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2026-02-17 |
| 2. End date of the onsite portion of the audit: | 2026-02-17 |

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: | The Women's Center of Jacksonville and Just Detention International (JDI) |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 60 |
| 15. Average daily population for the past 12 months: | 40 |
| 16. Number of inmate/resident/detainee housing units: | 5 |
| 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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| 23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 37 |
| 25. 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 |
| 26. 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 |
| 27. 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: | 1 |
| 28. 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 |
| 29. 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: | 0 |
| 30. 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: | 0 |

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| <p>31. 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:</p> | <p>0</p> |
| <p>32. 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:</p> | <p>0</p> |
| <p>33. 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:</p> | <p>1</p> |
| <p>34. 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:</p> | <p>0</p> |
| <p>35. 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):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>36. 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:</p> | <p>19</p> |
| <p>37. 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:</p> | <p>0</p> |

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| 38. 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 |
| 39. 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: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 8 |
| 41. 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 checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |

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| <p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The auditor employed a systematic and independent selection process, choosing individuals from every sector of the facility. The auditor selected all available targeted interviewees first and then identified their living unit. Once the number of individuals already selected was categorized by their living unit, the auditor selected the remaining random individuals from each living unit 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 housing units. This approach was conducted without influence from staff or management, thereby upholding strict objectivity. As a result, the sampling ensured a comprehensive and unbiased representation of the client population, enhancing the credibility and integrity of the audit findings.</p> |
| <p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>44. 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> | <p>The auditor met no barriers to completing the required interviews and ensuring representation.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>4</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".

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| <p>47. 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>1</p> |
| <p>48. 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>Staff interviews and file reviews confirmed there were no clients identified in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients during daily activities and observed nothing that would indicate otherwise.</p> |

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| <p>49. 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>1</p> |
| <p>50. 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> |
| <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>Staff interviews and file reviews confirmed there were no clients identified in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients during daily activities and observed nothing that would indicate otherwise.</p> |
| <p>51. 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>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>Staff interviews and file reviews confirmed there were no clients identified in this targeted category assigned. Staff identified one resident known to speak another language, and the auditor selected this resident for an interview to ensure that the resident didn't qualify as LEP. The auditor confirmed during the interview that the resident is bilingual and fluent in both French and English. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients during daily activities and observed nothing that would indicate otherwise.</p> |
| <p>52. 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>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>Staff interviews and file reviews confirmed there were no clients identified in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients during daily activities and observed nothing that would indicate otherwise.</p> |

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| <p>53. 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>Staff interviews and file reviews confirmed there were no clients identified in this targeted category assigned. The auditor randomly selected and reviewed risk screening instruments for a sample of clients currently admitted. In addition, the auditor spent time at the facility observing clients during daily activities and observed nothing that would indicate otherwise.</p> |
| <p>54. 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>Staff interviews and case file reviews confirmed there were no clients identified in this targeted category assigned.</p> |
| <p>55. 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>1</p> |
| <p>56. 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>Staff interviews and case file reviews confirmed there were no clients identified in this targeted category assigned. The facility does not have a segregation/isolation designation either by physical structure or procedural practice.</p> |

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| <p>57. 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 was required to interview five residents in targeted categories, but there were only four residents identified who met the targeted categories for interviews; therefore, the auditor selected two additional random resident interviewees.</p> |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| <p>58. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>9</p> |
| <p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>61. 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> | <p>Three of the random staff interviews were conducted via telephone, who were scheduled to work shifts outside the date of the site visit.</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.

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| <p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>8</p> |
| <p>63. Were you able to interview the Agency Head?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>a. Explain why it was not possible to interview the Agency Head:</p> | <p>The agency head designated the PREA Coordinator as the CEO designee for interview purposes.</p> |
| <p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>65. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>66. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p> |

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

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

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| | <input type="checkbox"/> Other |
| 68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 70. Provide any additional comments regarding selecting or interviewing specialized staff. | <p>All specialized staff roles are covered by the facility Director, three Case Managers, and the Office Administrator, and the auditor interviewed all designated staff. PREA Coordinator, Investigator, CEO designee, and Human Resources roles are held by agency headquarters staff.</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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| 71. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
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Was the site review an active, inquiring process that included the following:

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| <p>72. 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 <input type="radio"/> No</p> |
| <p>73. 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 <input type="radio"/> No</p> |
| <p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>75. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The Jacksonville Bridge Federal Reintegration Center (JBFRC) is a contract facility for the Florida Bureau of Prisons (FBOP). JBFRC must follow the BOP policies and procedures as part of that contract, including BOP Policy 5324.12, Sexually Abusive Behavior Prevention and Intervention. Information regarding the facility's PREA program can be 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 62 residents. The facility is also responsible for monitoring home confinement residents. The facility reported that the average daily population of the facility for the 12 months preceding the audit was 40. The facility has a total of five dormitory-style housing units with a maximum of 16 beds each. Currently, the three general population units located upstairs are designated for male residents, and one unit downstairs is designated for females. The one ADA-compliant unit is designated, based on need, and is currently housing male residents. There is no viewing into any of the dormitories without accessing the living areas from the main entry door, which is controlled externally by operations staff using a key or key card. Key card access into the housing units is controlled by housing unit assignment, and residents from a different housing unit are not allowed to enter a unit that they are not assigned. During the site visit, the auditor inspected the complete facility and surrounding property, accompanied by the facility Director and staff. The JBFRC is comprised of 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/ multipurpose 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, and no-contact orders are maintained between the two separate populations. The facility has two separate outdoor recreation areas for use by residents, alternated between the JBFRC and the Jacksonville Bridges State Inmate facility on a schedule. 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. Operations staff hours overlap 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 designated holidays. 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 to external community service providers. 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 an Employment Specialist who assists residents in obtaining employment while assigned to the center, which ensures an income for the residents upon release. 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, and delivers the PREA education along with other pertinent facility information. The auditor placed a phone call to the Women's Center of Jacksonville using the telephone located in the Resources Room. Also, 11 residents interviewed confirmed that they all had cell phones and they have no restrictions on calls. The facility and grounds were well-maintained, and resident living areas were neat and organized during the inspection. The auditor concluded after the site inspection and interviews with both staff and residents that the facility has a well-implemented zero-tolerance culture, and that residents feel safe and secure at the facility. The facility was initially scheduled for the site visit to be two days; however, due to extensive document review during the Pre-Audit Phase, the size of the facility, and the number of staff and residents, the auditor concluded the audit on the first day of the site visit.

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.

77. 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

78. 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 November 13, 2025, and the audit was initiated in the OAS on December 18, 2025. Audit notices were issued to the facility on December 4, 2025, with instructions for posting, and the facility notified the auditor that notices were posted on December 8, 2025. 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 site visit 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 that no consent decrees or oversight existed. 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 with their respective policy numbers. Substantial documents were independently selected and requested, and were uploaded by facility staff for the auditor's review before the site visit to allow more time focused on facility observations and interviews. All documents observed during the site visit and those obtained during the Post-Audit period were uploaded by facility staff.

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.

79. 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 |

80. 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.

81. 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 |

82. 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.

83. 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 |

84. 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

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

2

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| <p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>2</p> |
| <p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>a. Explain why you were unable to review any sexual harassment investigation files:</p> | <p>No sexual harassment allegations were reported during the audit period.</p> |
| <p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

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| <p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
| <p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>JBFRRC had no sexual abuse and no sexual harassment allegations reported during the 12 months preceding the audit. However, the auditor reviewed two case files for allegations reported and investigated since the last PREA audit. These reviews are included within this report to provide insight into compliance assessment determinations, but the cases are not recorded in questions 77-98 of the Auditor's Post Audit Reporting Information because they did not occur during the 12 months preceding the audit.</p> |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.

- Yes
- No

Non-certified Support Staff

103. 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

108. 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 |
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| <p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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) |
| <p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|----------------|---|
| | <p>Auditor Overall Determination: Exceeds Standard</p> |
| | <p>Auditor Discussion</p> <p>Evidence: Policy 60.11.035; BOP Policy 5324.11, Sexually Abusive Behavior Prevention and Intervention; JBFRC Organization Chart; Bridges International Organization Chart; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.211(a): Jacksonville Bridge Federal Reintegration Center (JBFRC) has zero tolerance toward all forms of sexual abuse and sexual harassment. JBFRC's policy 60.11.035 establishes the zero-tolerance standards for sexual abuse, sexual battery, and sexual harassment in its work release center. The policy also outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also includes definitions and sanctions. Interviews with random staff, specialized staff, and residents confirmed that they were aware of the facility's zero-tolerance for any form of sexual abuse and sexual harassment.</p> <p>115.211(b): JBFRC's parent organization is Bridges International. Bridges International has designated an upper-level, agency-wide PREA Coordinator, Derek</p> |

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| | <p>Thomas. During his interview, PREA Coordinator Thomas confirmed that he has the 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. PREA Coordinator Thomas also explained that the agency has an agency-wide backup PREA Coordinator, Nathaniel Kyles, Jr. The PREA Coordinator works directly with the facility Director to oversee PREA processes and compliance. The auditor's review of the Bridges International Organization Chart confirmed that the PREA Coordinator is a direct report to the organization's CEO. In addition, JBFRC has designated a PREA Compliance Manager (PCM), Renata Youngblood, to manage compliance at the local facility level. 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. Additionally, the facility has designated a backup PCM, Dejan Cheatham, to assist in PREA compliance oversight. 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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the facility exceeded provision (b) by designating an agency-wide backup PREA Coordinator, a local PCM, and a local backup PCM.</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence: Pre-Audit Questionnaire (PAQ) Responses; Facility Director's Memorandum; Information Obtained from Interviews. |
| | 115.212(a)(b)(c): JBFRC does not contract for the confinement of its residents with private agencies or other entities; therefore, compliant by non-applicability. |

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| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence: Policy 60.11.035; JBFRC Staffing/Supervision Monitoring Annual Meeting Memo; Staffing Plan; BFRC Master Schedule; Master Roster/Staff Schedule; Facility Schematics; Observations During Site Visit; Information Obtained from Interviews. |

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 January 13, 2026, advised the auditor that the Annual Staffing/Supervision Monitoring evaluation meeting was held on January 20, 2026, at which time participating staff reviewed staffing rosters, staff training records, facility layout, and video monitoring equipment. The staffing plan was adjusted for the loss of two positions that were eliminated (an Employment Specialist and an Operational Supervisor). The review determined that this reduction in force did not affect the facility's ability to meet the staffing contractual obligation for resident supervision or the ability to maintain adequate supervision. The review team found that the critical minimum of two operational staff were present each shift for the entire 12 months preceding the audit. The review also found that all video cameras and monitors were operational. There were no recommendations for additional video camera placement or staffing changes during this review. Interviews with the facility Director and PCM confirmed that consideration was given to the prevalence of substantiated and unsubstantiated incidents of sexual abuse during the period. While the incident occurred outside of the audit period, the facility Director explained that after review of one substantiated incident of sexual abuse, the facility implemented a practice for male staff to conduct rounds in male dormitories and female staff to conduct rounds in female dormitories. Based on a memorandum provided by the facility Director, staffing reviews were conducted since the last PREA audit on a regular basis and at least annually, yet they did not capture these reviews in a formal document until this current year, and will continue to do so going forward. The facility staffs three shifts, seven days per week. First Shift is 7:00 a.m. - 3:00 p.m.; Second Shift is 3:00 p.m. - 11:00 p.m.; and Third Shift is 11:00 p.m. - 7:00 a.m. The designed facility capacity is 62, the average daily population that the staffing plan is predicated on is 40, and the facility has not exceeded capacity during that period. During the 12 months preceding the audit, there were no deviations from the approved plan, which was updated on February 6, 2025. Policy 60.11.035 requires the Director, Assistant Director, and 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. An interview with the facility Director and nine operational staff confirmed that the facility schedules a minimum of three staff members present on each shift, at least one male and one female, and that they always comply with the staffing plan. Review of the Operational Staff Shift: 2025-2026 Electronic Monitor (EM) schedule confirmed that a minimum of three staff members are scheduled for each shift. According to the staffing plan, two Case Managers are also scheduled to work 7:00 a.m. to 3:00 p.m., seven days per week.

The auditor observed during the site inspection that staffing met or exceeded the staffing plan, which appeared adequate, based on the facility layout, population

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| | <p>makeup, number of residents on the premises at various times throughout the day and night, and the facility's mission. The Director reported that there are 110 cameras installed on the premises, and these are shared with the state facility co-located on the property. The auditor observed the placement of cameras throughout the facility. These cameras were located in the kitchen/multi-purpose area, on the outside corridor upstairs and downstairs, viewing entry into the living units, outside capturing the recreation areas, parking lot, thoroughway to the state facility, Ops Office, Control Room, Laundry Room, Resource Room, and points of entry/exit. Interviews with the Director and nine operations staff confirmed that rounds are conducted at least every hour, randomly, and are entered on the shift log in the facility's database, Secure Manage.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.215 | Limits to cross-gender viewing and searches |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Evidence: Policy 60.11.035; Relias PREA Training Curriculum; 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 an unclothed search of a parolee resident, the resident will be searched by their parole officer and not by facility staff.</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 operations 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 nine operational staff confirmed that if exigent circumstances existed where an opposite-gender pat search was necessary, it would be documented in an incident report. All staff are trained on how to conduct a proper search. Males are searched by male staff, and females are searched by female staff. Opposite gender searches are not permissible.</p> <p>115.215(d): The JBFRC policy 60.11.035 establishes that 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 11 residents (female-4/male-7) confirmed that male</p> |

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| | <p>and female staff respect their privacy and make announcements as required by the policy when entering the dormitory. At least one female Operational Staff are scheduled for each shift to ensure only female staff inspect the female dormitory, conduct pat searches of female residents, and observe urinalysis screening of female residents. All staff interviewed confirmed that they announce their presence when entering a dormitory of the opposite gender.</p> <p>115.215(e)(f): Under direction of the DOJ provided via memorandum on December 2, 2025, provisions (e) and (f) have been determined to conflict with Executive Order 14168, and the facility shall not be held to these provisions.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient |
|---------|---|
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence: Policy 60.11.035; PREA Brochure (English/Spanish); PREA Signage (English/Spanish); Memorandum of Understanding (MOU) with Women's Center of Jacksonville; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.216(a)(b)(c): Policy 60.11.035 establishes that 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 with PREA education in their primary language. The policy further establishes 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. The Zero Tolerance for Sexual Abuse and Sexual Harassment poster is displayed, in both English and Spanish, in areas easily accessible to residents. The MOU between Bridges International and the Women's Center of Jacksonville includes that the center will provide residents with a bilingual advocate to provide translations and/or the advocate will use the Language Line account to provide translation services, when needed, at no cost to the resident or the vendor. The video used during orientation for PREA education includes closed captioning for the hearing impaired and is available in both English and Spanish. There were no residents admitted during the site visit who were LEP. During the site</p> |

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| | <p>visit, there was one resident with a vision disability and one with a physical disability. Both were interviewed by the auditor and confirmed that during intake, they were both provided education on the PREA by video and verbally, provided a pamphlet, and explained the available advocate services available from the community service provider. The resident with a visual disability stated that he listened to the video while the video was played and that the Case Manager read the PREA brochure aloud. Both residents stated that the Case Manager who conducted their orientation took time with them and ensured they understood the information before signing off on the forms. Interviews with the PCM and three Case Managers verified that they are aware of the resources available to provide special accommodation to residents with disabilities, those who cannot read, and those who are LEP. They all conveyed that they take time to ensure a meaningful orientation is provided to all residents being admitted to the facility. The auditor concluded that the facility provides equal opportunity for residents who are disabled or LEP to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.217 | Hiring and promotion decisions |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence: Policy 20.010.022, Employee Hiring; Policy 60.11.035; BOP Policy 5324.12; 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>115.217(a)(b): Policy 20.010.022 establishes that the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist 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); 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</p> |

not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in any of the activity described in this section. Hiring procedures are aligned with the contracting agency's Florida Bureau of Prisons (FBOP) requirements, and all candidates must be approved by the FBOP Contract Officer Representative (COR). Interviews with the facility Director, PREA Coordinator, 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.

115.217(c)(d)(e): Policy 20.010.022 establishes that applicants (employee or contractor) must successfully pass a DOC background check before receiving an official offer of employment. Part of this screening will include an FCIC and NCIC check and may include fingerprinting. An interview with the facility Director and the HR representative confirmed that criminal background checks are conducted for all new hires and again for any person being promoted at JBFRC. Additionally, the facility conducts a Driver's License Check, Education Verification, and prior employment verification. 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. The auditor randomly selected 14 employees to review personnel records. Review of these records confirmed that criminal background checks were completed before an offer of employment and before any promotion. Based on interviews with the HR representative and the facility Director, there are no contractors employed by the facility. Two contractors were listed on the PAQ, but during the site visit and interviews, the auditor confirmed that this was entered by mistake. JBFRC conducts background checks on employees and contractors every five years in accordance with FBOP Policy 5324.12, and as required by the contract. Interviews with the PREA Coordinator, HR Representative, and facility Director confirmed that the company conducts criminal background records checks at least every five years on current employees and contractors. There were no employees hired during the audit period with prior institutional employment. Interviews with the facility Director, PREA Coordinator, and HR representative confirmed that, consistent with FBOP Policy 5324.12, JBFRC 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 before hiring a new employee.

115.217(f)(g): Policy 20.010.022 establishes that any misrepresentations or falsifications in any personnel information may result in exclusion from further consideration for employment, or if the person has been hired, may result in immediate termination of employment. Policy 20.010.022 also establishes that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The

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| | <p>agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. All new hires shall complete the "Compliance Questionnaire for Contractors New Hire and Promotion" form DC6-20004. 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). The auditor reviewed signed forms for all 19 current employees. Policy 20.010.022 establishes that the presumptive disciplinary action for failing to disclose information regarding prior sexual misconduct or providing false information shall be termination. Staff interviews confirmed that employees are advised during initial orientation and annually of the continuing affirmative duty to disclose misconduct and that material omissions or false information can result in termination.</p> <p>115.217(h): The HR representative advised the auditor that requests from a prospective employer for substantiated allegations or resignations during an investigation on prior employees would be forwarded to his office, and he would provide the requested information in consultation with the PREA Coordinator/ Investigator, with the proper release of information signed by the prior employee. He further advised that he does not retain copies of these requests.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence: Facility Director's Memorandum; 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/CEO Designee, 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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

| 115.221 | Evidence protocol and forensic medical examinations |
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| | <p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1468 456">Evidence: Policy 60.11.035; Women's Center of Jacksonville, Inc. Contract; Request/ Correspondence with Duval County Sheriff's Office; Case Files Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="280 497 1461 990">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 a 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 anyone under the age of 18. 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 PREA Coordinator/CEO designee.</p> <p data-bbox="280 1030 1481 1688">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 interviews with the facility Director, PREA Coordinator/Investigator, and review of case files, confirmed that the facility had no allegations of sexual abuse that resulted in a forensic medical examination since the last PREA audit. Additionally, the facility Director and 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 in Jacksonville. The facility received no reports of sexual abuse during the 12 months preceding the audit. The auditor's review of two case files since the last audit confirmed that both alleged victims were offered a SAFE examination and both declined.</p> <p data-bbox="280 1729 1481 2056">115.221(d)(e): JBFRC maintains a contract with the Women's Center of Jacksonville, Inc., renewed January 29, 2026, and updated to include additional services on March 4, 2026. This agreement states that 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</p> |

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| | <p>community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); providing residents with referrals for treatment after release, or upon transfer to another facility. The facility received no reports of sexual abuse during the 12 months preceding the audit. The auditor's review of two case files since the last audit confirmed that both alleged victims were provided information about the availability of advocacy services.</p> <p>115.221(f): Sexual abuse allegations that involve criminal activity are referred to the Duval County Sheriff's Office (DCSO). JBFRC provided electronic correspondence requesting that the DCSO follow the requirements of paragraphs (a) through (e) of this standard.</p> <p>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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.222(a)(b)(c): Policy 60.11.035 establishes that the facility Director and PREA Compliance Coordinator will ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation if potentially criminal behavior is involved. The Facility Director will notify the PREA Coordinator, Chief Operating Officer, and the Contract Oversight Specialist. The PREA Coordinator will take immediate steps to evaluate the resident's allegation. Sexual abuse and sexual harassment allegations that contain potentially criminal activity 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. The facility's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on its public website at https://bridgesinternational.net/prea-jacksonville-frc. Policy 60.11.035 describes the responsibilities of JBFRC and the Duval County Sheriff's Office. The facility 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</p> |

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| | <p>only after the criminal investigation has been completed. Interviews with two investigators confirmed that an administrative investigation will be conducted on all allegations of sexual abuse and sexual harassment, and only after any criminal investigation has been completed, where applicable. No allegations of sexual abuse or sexual harassment were reported at JBFRC during the audit period. The PREA Coordinator/CEO designee further confirmed the organization's expectation that all allegations of sexual abuse or harassment will be promptly and thoroughly investigated. The facility had no sexual abuse or sexual harassment allegations reported during the 12 months preceding the audit. The auditor reviewed two case files that were investigated since the last PREA audit and found that they were both promptly referred for investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.231 | Employee training |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Relias PREA Course Description; Training Transcripts; Internal Refresher Rosters; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.231(a)(b): Policy 60.11.035 establishes that the facility will 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 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. All staff are trained through the Relias computer-based training system on PREA Overview, Dynamics of Sexual Abuse in Corrections, Understanding Reporting Obligations and Retaliation Protections, and Role of First Responders After an Allegation. The auditor reviewed the course description and course outline for each module and confirmed that collectively they contain all topics mandated by provision (a) of this standard. Additionally, the facility houses both male and female residents, and the training</p> |

provided is tailored to be inclusive of both males and females. Interviews with the Facility Director and the PCM confirmed that they do not transfer employees from any other facility, and all employees new to JBFRC are processed as new hires and receive the same training. By direction of the DOJ communicated via Memorandum dated December 2, 2025, provision (a) subsection (9) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this standard provision.

115.231(c): Policy 60.11.035 establishes that employees will receive initial PREA training upon hire and annually thereafter. The facility's requirement for employees to be trained on PREA annually exceeds the requirements of this provision. The auditor interviewed 13 employees (9-random/4-specialized) and confirmed they had received and understood their required PREA training. All staff interviewed were knowledgeable about the PREA training, the zero-tolerance policy, and their responsibilities regarding prevention, detection, and responding to sexual abuse and sexual harassment. The facility provided a roster of all staff who were employed at the facility during the twelve months preceding the audit that contained 24 names, including staff who were no longer employed at the facility. The auditor randomly selected 14 staff and reviewed their training records, confirming that each was trained on all required topics upon hire and annually. Additionally, the facility provided Relias training transcripts for all current staff (19). To supplement the initial and annual training requirements, the facility conducts refresher training on PREA topics during monthly management team meetings and quarterly staff meetings. Rosters were reviewed for May 2025, February 25, October 2024, September 2024, May 2024, March 2024, and January 2024, indicating various PREA topics were discussed, and confirming staff attendance by signature. The facility also provided documentation for one employee who had been on extended leave, confirming that the employee completed all of the employee training sessions that were delivered during the employee's absence. Training records were also provided for the two investigators who are assigned to the agency's headquarters

115.231(d): Employee training is documented and maintained within the online computer-based system. Training certificates are printed and maintained in the employees' files, and the facility Director maintains rosters to confirm that all employees have completed their training as required.

A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard. The facility exceeded provision (c) by establishing annual training requirements, and quarterly refresher training sessions are held with all employees.

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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>Evidence: Policy 60.11.035; JBFRC Volunteer PREA Training Material; Volunteer Packet; Information Obtained from Interviews.</p> <p>115.232(a)(b)(c): Policy 60.11.035 establishes that all volunteers and interns will be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response policies. The facility does not contract for services that would have resident contact. All JBFRC volunteers are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Refresher training is required annually. There has been one volunteer approved at the facility since the last PREA audit, and the auditor reviewed the Volunteer Packet containing documented PREA training. This volunteer is no longer actively volunteering at the facility, so no volunteer interviews were conducted. Based on an interview with the facility Director, PREA training will be provided to all volunteers before having contact with residents, and this training will be documented and maintained in the Volunteer's File.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.233 | Resident education |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 60.11.035; Resident PREA Education Acknowledgement Forms; Resident Intake Packet; PREA Poster English/Spanish; PREA Brochure; Memorandum of Understanding (MOU) with Women's Center of Jacksonville; Residential Services Resident Handbook; Americans with Disabilities Act Provisions for Residents Policy; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.233(a)(c): Policy 60.11.035 establishes that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Each facility Director will ensure the orientation process will encourage residents to immediately report any concern or fear of possible sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment, and ensure that the "End the Silence" brochure is distributed to each resident. Each resident is given a brochure at orientation, which identifies the local outside entity for the reporting of incidents or allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment. Residents with recognized disabilities and Limited English Proficiency (LEP) shall be advised of the agencies zero tolerance policy on sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment in accordance with the resources outlined in "Americans with</p> |

Disabilities Act Provisions for Residents", and resources as appropriate. Resources include closed captioning (deaf/hard of hearing); large print material (impaired vision); reading of materials to resident(s) by staff (limited vision/mental capacity); Language Line services. LEP residents should be provided with PREA education in their primary language. All modifications to the PREA education process for LEP and disabled residents should be documented in an incident report. Residents shall not be used as interpreters or readers except in exigent circumstances. The 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.

The MOU between Bridges International and the Women's Center of Jacksonville includes that the center will provide residents with a bilingual advocate to provide translations and/or the advocate will use the Language Line account to provide translation services, when needed, at no cost to the resident or the vendor. The video used during orientation for PREA education includes closed captioning for the hearing impaired and is available in both English and Spanish. Interviews with the PCM and three Case Managers verified that they are aware of the resources available to provide special accommodation to residents with disabilities, those who cannot read, and those who are LEP. They all conveyed that they take time to ensure a meaningful orientation is provided to all residents being admitted to the facility. The auditor concluded that the facility provides equal opportunity for residents who are disabled or LEP to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition to watching the PREA: What You Need To Know video produced by JDI and available for downloading via YouTube, each resident is provided a Resident Handbook, which contains information about sexual abuse and sexual harassment, and the PREA information brochure, which covers all topics required by provision (a). There were 132 residents admitted to the facility during the 12 months preceding the audit, and the facility indicated that they all received the PREA education during intake. The facility indicated that there were no residents admitted who were LEP during the 12 months preceding the audit. The auditor reviewed records for 20 residents who were admitted between December 3, 2024, and January 6, 2026, and found no indication of anyone identified as LEP.

The auditor interviewed three Case Managers and the PCM, who all confirmed that upon arrival at the facility, each new resident receives orientation conducted in the Resource Room, and that the PREA educational material is provided at that time. The video is played, and the Case Manager also verbally explains the facility's zero tolerance for sexual abuse and sexual harassment, reporting mechanisms, and prohibited activity and behavior.

On the first day of the site visit, there were 37 residents assigned to the facility. The auditor requested identification of any residents who qualified for targeted interviews, including those with a physical, hearing, visual, cognitive, or other disability; LEP; those who reported sexual abuse or harassment; or those who reported prior victimization. There was one resident with a vision disability, one with a physical disability/wheelchair user, and one who reported prior victimization

during the intake risk screening. These three residents were interviewed by the auditor for the targeted categories, and eight residents were selected by the auditor for random interviews. These interviews were conducted using the Resident Interview Questionnaires for Community Confinement, and responses were recorded on a modified form by the auditor. All residents confirmed that during intake, they were provided education on the PREA through video, verbally, and by written pamphlet and handbook. Additionally, they were told about The Women's Center community advocate services, available from the community service provider. The resident with a visual disability stated that he listened to the video while the video was played and that the Case Manager read the PREA brochure aloud. All residents stated that the Case Manager who conducted their orientation took time with them and ensured they understood the information before signing off on the forms. All interviewees knew how to make a report, and their first response was that they would tell a staff member, although they were aware that other options for reporting are available, including methods outside the facility.

115.233(b): JBFRC had three residents transferred from another facility during the 12 months preceding the audit. All transfers from another facility are processed as a new intake. These transfers were required to attend the full orientation, which includes the PREA education.

115.233(d): The JBFRC maintains documentation of resident participation in these education sessions in the resident's file. A PREA Training Acknowledgement Form is signed by each resident during intake, stating the resident has received training on PREA and their understanding that JBFRC has a zero-tolerance policy for all sexual abuse and sexual harassment. The form is also signed by the staff member administering the education. During the Pre-Audit Phase, the auditor selected 20 residents to conduct a file review who arrived between December 3, 2024, and January 6, 2026. These records also included five residents who were interviewed by the auditor during the site visit. Based on the auditor's review of these training records, all 20 received PREA education during orientation upon arrival at the facility.

115.233(e): Policy 60.11.035 establishes that the PREA posters are to be clearly displayed, in both English and Spanish, in an area easily accessible to residents, family members, and the public at each facility. During the site visit, the auditor actively observed the Zero Tolerance for Sexual Abuse and Sexual Harassment poster displayed, in both English and Spanish, in areas easily accessible to residents. The auditor observed the PREA signage and brochures displayed in all common areas (bulletin boards on walkway, laundry room, dining room, Resource Room, administration area, Operations Office/Control Room, and in all living units, including the staff bathrooms, and staff breakroom. The signage was published and posted in a manner that the average resident could see and understand. These posters explained how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information, including announcement of the PREA audit. The information provided on these posters was found to be readable and accessible, consistent, and placed throughout the facility. The language on the posters was clear and easy to understand, and

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| | <p>clearly detailed what services are available and for what purposes. Posters were provided in English and Spanish, and can be translated for other languages should there be an increase in facility admissions for other spoken languages. The signage text size, formatting, and physical placement would accommodate most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. Posters were not obscured or damaged. The auditor tested the information displayed on the posters and found it was accurate and consistent throughout the facility.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.234 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence: Policy 60.11.035; General Training Records; Specialized Training: Investigating Sexual Abuse in Confinement Settings Certificates; Case Files; Information Obtained from Interviews.</p> <p>115.234(a)(b)(c): Policy 60.11.035 establishes that all investigations into alleged sexual abuse must be conducted by a qualified investigator. The agency has two trained investigators qualified to conduct administrative investigations related to sexual abuse and sexual harassment. Training certificates for both investigators were provided to the auditor along with current training records for general PREA training. The auditor reviewed the training curriculum and found that it met all criteria required in provision (b). Interviews with both investigators confirmed that the specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecutorial referral.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.235 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Observations During Site Visit; Information Obtained from Interviews.</p> |

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| | <p>115.235(a)(b)(c)(d): JBFRC does not provide on-site medical services and employs no medical or mental health staff. All medical and mental health services are provided by local community providers.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard through non-applicability.</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence: Policy 60.11.035; Resident Intake Packet; Completed Screening Instruments; Completed 30-day Screening Review; PREA Brochure; Residential Services Resident Handbook; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.241(a)(b)(c): Policy 60.11.035 establishes that 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 who transfer from another facility will receive an initial screening at JBFRC. Residents are screened by the Case Manager, generally within the first hour of arrival. If, for some reason, the Case Manager is not present when a new resident arrives, the screening will be conducted by the Operations Staff at the time of arrival, then the Case Manager will meet with the resident on the next business day to verify the information obtained collected during the screening. The auditor interviewed 11 residents who confirmed that 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. The auditor reviewed risk screening records for 49 residents who were admitted between December 3, 2024, and February 19, 2026. These records confirmed that all were completed within 24 hours, exceeding the allowance of 72 hours of this standard.</p> <p>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. Interviews with three Case Managers confirmed that the information collected during the screening is used to determine a resident's risk for victimization or for perpetrating sexual abuse, and that anyone who scores high in either category will be brought to the attention of the facility Director, and housing decisions include consideration of the information obtained.</p> |

All housing units are dormitory style. By direction of the DOJ communicated via Memorandum dated December 2, 2025, provision (d-7) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this standard provision.

115.241(f): Policy 60.11.035 establishes that 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. During the Pre-Audit Phase, the auditor selected 20 residents who were admitted between December 3, 2024, and January 6, 2026, and who had been at the facility for at least 30 days, and found that a reassessment had been completed. However, the timeliness of the reassessment was outside the 30-day requirement for 11 residents. The facility Director explained that this issue was discovered when they began pulling documents for the audit, and he immediately implemented a corrective action to remedy the deficiency. The auditor selected another sample of 16 for review and concluded that 10 were completed as required and 6 were outside the 30-day requirement. Documentation was provided to the auditor indicating that the facility Director retrained all Case Managers on the requirements of 115.241, particularly emphasizing provision (f) requirements. During the site visit, the auditor interviewed three Case Managers who explained that residents are reassessed for risk of victimization or abusiveness between 15-30 days after their initial intake, after an incident of sexual abuse is reported, and at any time that more information becomes available. The auditor selected another sample of residents who arrived between January 27, 2026, and February 26, 2026, and concluded that a reassessment was conducted between 12-29 days after the initial assessment for all 16 records reviewed. The auditor further concluded that this process has been institutionalized. As the facility identified and initiated corrective action during the Pre-Audit Phase, and the corrective action has corrected the previous deficiency based on the auditor's document review and interviews, the auditor did not place the facility in corrective action for the prior deficiency.

115.241(h): Policy 60.11.035 establishes that residents will not be disciplined for refusing to answer or for disclosing incomplete information in response to the questions asked during the risk screening. Case Manager interviews confirmed that residents are not disciplined for failure to disclose complete information during the screening.

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 to sexual abuse, sexual battery, staff sexual misconduct, or sexual harassment to any person or other entity, 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 broadcast 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

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| | <p>and secured in a locked filing cabinet in the records room.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with this standard, and exceeded, based on 100% of the initial risk assessments being completed within 24 hours, and the provision allows up to 72 hours.</p> |
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| 115.242 | Use of screening information |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: 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>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. The auditor reviewed risk assessments for 49 residents admitted between December 3, 2024, and February 26, 2026. Interviews with three Case Managers, the PCM, Operations Staff, and the facility Director confirmed that residents whose risk screening indicates a risk for victimization or perpetrating sexual abuse are flagged in the facility's computer system and notated about any special circumstances that are required regarding their housing arrangements. All housing units are open dormitory-style; one housing female residents and three housing male residents. Individualized decisions are made based on the specific information collected during the risk screening and the composition of the population characteristics at the time of placement. Interviews with 11 residents concluded that staff take the residents' own perception of safety into consideration when making housing decisions. All residents interviewed stated that they have easy access to Case Managers, the facility Director, and the PCM, and they would not hesitate to contact any of them if they experience a problem. One resident assigned to the facility during the site visit scored as high risk for victimization based on the auditor's review of the risk assessment, and the auditor confirmed during an interview with the resident and the resident's Case Manager, that safety in placement was discussed before bed assignment. The resident told the auditor that the facility staff asked about any concerns for safety. Interviews with the facility Director and three Case Managers concluded that individualized decisions are made for bed assignments for all new arrivals.</p> <p>115.242(c)(d)(e)(f): These provisions are no longer applicable to compliance considerations for this audit. By direction of the DOJ, communicated via</p> |

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| | <p>Memorandum dated December 2, 2025, provisions (c)(d)(e)(f) have been determined to conflict with Executive Order 14168, and the facility shall not be held to this standard provision.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.251 | Resident reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 60.11.035; PREA Poster English/Spanish; PREA Brochure; Residential Services Resident Handbook; The Women's Center Telephone Validation Check; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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) 904-721-7273; 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>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 on signage posted on bulletin boards at the facility. 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 the Resource Room that residents may use to place calls; all calls are free to residents and are not monitored or recorded. Residents are allowed personal cell phones at the center. The PCM conducts a test call to the Women's Center monthly to confirm that the link to the hotline is working. The auditor was provided with a copy of the verification call log between January 24, 2025, and February 4, 2026. The auditor placed a test call from the telephone in the Resource Room and reached the Women's Center successfully. Eleven residents interviewed stated they have personal cell phones, and they have no restrictions on when they can be used or who they can call.</p> |

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| | <p>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 during the 12 months preceding the audit.</p> <p>115.251(d): Staff are advised that they may privately report any PREA-related incident, including sexual misconduct, sexual battery, sexual abuse, and sexual harassment of residents, to the facility Director or the corporate Human Resources Department. 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 three Case Managers and nine random staff confirmed that they are aware they may go out of their chain of command to privately report sexual abuse and sexual harassment of residents.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Information Obtained from Interviews.</p> <p>115.252(a): Based on policy review and interviews with the Facility Director and PREA Coordinator, as a matter of explicit policy, the facility does not have an administrative remedies process to address sexual abuse and is thereby exempt from this standard. Sexual abuse allegations are handled through the investigative procedures outlined in policy.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard through non-applicability.</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; Observations During Site Visit; Information Obtained from Interviews.</p> |

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| | <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 signage observed by the auditor posted on bulletin boards throughout the facility and in the living units, and in the End the Silence Brochure distributed to each resident during intake orientation. The auditor confirmed the available services during a telephone interview with a representative at the Women's Center. Interviews with three Case Managers confirmed that each resident is notified of the services available to them at the Women's Center and how to access those services.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.254 | Third party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Public Website; Case Files; 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 its public website at https://bridgesinternational.net/prea-jacksonville-frc. The auditor sent a test email to the email address on the agency's website listed to receive third-party complaints and received a prompt response explaining the next steps should this have been an actual sexual abuse report. The facility reported that there were no third-party reports of sexual abuse or sexual harassment received by JBFRC during the 12 months preceding the audit. The auditor reviewed two case files from allegations reported since the last PREA audit and confirmed that both incidents were reported by a third-party reporter; one was submitted directly to a staff member, and the other was received via email. Case files indicated that the facility responded promptly and forwarded both for investigation upon notification of the incidents.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 60.11.035; Staff Training Curriculum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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 three Case Managers and nine random 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>115.261(b): Policy 60.11.035 establishes that staff are prohibited from revealing 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 interviewed were aware of the requirement to keep information related to sexual abuse or sexual harassment allegations and subsequent investigations confidential.</p> <p>115.261(c): JBFRC employs no medical or mental health staff. All medical services are provided by local community providers; therefore, this provision is not applicable.</p> <p>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>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/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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>Evidence Reviewed: 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. Random staff interviews confirmed that they would take whatever steps necessary to ensure the safety of the individual and notify the facility Director immediately for further guidance. The PREA Coordinator/CEO designee explained during his interview that the facility Director will notify the Corporate office and the Resident Reentry Management (RRM) office to get the resident relocated to another location. In the interim, the resident will be removed from danger and monitored by staff until the imminent danger is removed or the resident is relocated.</p> |
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| 115.263 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Supplement to Policy 60.11.035; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.263(a)(b)(c): The facility provided a memorandum as a supplement to policy 60.11.035 that establishes that 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. Interviews with the facility Director, PREA Coordinator/CEO designee, and PCM confirmed that this procedure has been in practice. One resident disclosed an incident that occurred at another facility, and the facility verified that the incident had been previously reported and was still under investigation.</p> <p>115.263(d): During the interview with the facility Director, PREA Coordinator/CEO designee, 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</p> |

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| | <p>standards. During the 12 months preceding the audit, no such notifications have been received.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.264 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Staff Training Curriculum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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 establishes that 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 nine random 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. The facility had no sexual abuse allegations reported during the 12 months preceding the audit. The auditor reviewed case files for two allegations that were reported and investigated since the last PREA audit, confirming that staff acted appropriately and in accordance with the requirements of this standard, as applicable, upon learning of the incident.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>Evidence Reviewed: Policy 60.11.035; BFRC PREA Local Procedure and Coordinated Response Plan; Supplement Contact Information for External Entities; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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, nine Operations Staff, three Case Managers, and PCM confirmed their understanding of the institutional plan and procedures to ensure a coordinated response is implemented in response to allegations of sexual abuse. Those interviewed understood their roles and responsibilities.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</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 Reviewed: Case Files; Information Obtained from Interviews.</p> <p>115.266(a): Based on interviews with the facility Director and the PREA Coordinator/ 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. The facility had no allegations of sexual abuse reported during the 12 months preceding the audit. The auditor reviewed two case files of allegations reported and investigated since the last PREA audit and found that in both cases, the perpetrators were removed from resident contact during the investigation and subsequently terminated from employment.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>Evidence Reviewed: Policy 60.11.035; Retaliation Monitoring Log; Case Files; PREA Posters English/Spanish; PREA Brochure; Observations During Site Visit; Information Obtained from Interviews.</p> <p>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 monitoring 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 during the 12 months preceding the audit. The auditor reviewed two case files for allegations reported and investigated since the last PREA audit, confirming that retaliation monitoring was conducted and documented in the one substantiated case. The second case did not require retaliation monitoring. During an interview with the PREA Coordinator/CEO designee, he explained that Bridges International, Inc. prohibits retaliation and that any retaliation detected against any staff or resident who reports sexual abuse or harassment or participates in an investigation will be protected, and the perpetrator will be swiftly dealt with.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; Information Obtained from Interviews.</p> <p>115.271(a)(b)(c)(e)(f)(g): Policy 60.11.035 establishes that the facility Director and PREA Coordinator will ensure an administrative investigation is conducted for non-criminal incidents and a referral for a criminal investigation is made if potentially criminal behavior is involved. The legal authority for criminal investigations at the JBFRC is the DCSO. The policy further establishes that all investigations into alleged</p> |

sexual abuse must be conducted by qualified investigators. The agency has two trained investigators, both assigned to the corporate office. The PREA Coordinator is the primary 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 conducts interviews with the alleged victim, perpetrator, and any potential witnesses and reviews any available video footage along with entries documented into the shift log in the facility's database, Secure Manage, and any prior complaints involving the suspected perpetrator. Any allegation involving penetration would be reported immediately to the DCSO, 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 is 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 that administrative investigations are documented to include who, what, where, and when 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. There were no allegations of sexual abuse reported during the 12 months preceding the audit. The auditor reviewed two allegations of sexual abuse reported and investigated that occurred since the last PREA audit. Both cases involved a staff perpetrator and were referred to the DCSO for a criminal investigation. A criminal investigation was opened on one of the allegations. Subsequently, the case was closed with no charges against the perpetrator, and the JBFRC proceeded with conducting an administrative investigation on both allegations. No polygraph examination was conducted during either investigation, and credibility assessments did not favor staff over residents. One case was unfounded, and the other was substantiated. The auditor verified that the administrative investigations were both completed by the PREA Coordinator/Investigator, who has received specialized training in sexual abuse investigations.

115.271(d)(h)(I): Criminal allegations are referred to the DCSO, the responsible entity for collecting evidence and for presenting the case for prosecution through the District Attorney. The PREA Coordinator/Investigator explained during his interview that no compelled interviews would be conducted until any criminal investigation is completed. JBFRC staff are responsible for cooperating with the investigation, and the PREA Coordinator/Investigator is the liaison between the DCSO and JBFRC. The decision to refer a case for criminal prosecution would be made by the DCSO.

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

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| | <p>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. An interview with the PREA Coordinator confirmed that the agency will retain these documents at the corporate office for the required timeframe.</p> <p>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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.272 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.272(a): Based on an interview with the PREA Coordinator/Investigator/CEO designee, the JBFRC uses the preponderance of evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. No sexual abuse allegations were reported during the 12 months preceding the audit. The auditor reviewed two case files for sexual abuse allegations reported and investigated since the last PREA audit. Both cases were investigated administratively, and a preponderance of evidence was used to determine the disposition. The cases closed with one substantiated and one unfounded.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

| 115.273 | Reporting to residents |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; Information Obtained from Interviews.</p> <p>115.273(a-e): Policy 60.11.035 establishes that 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. If</p> |

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| | <p>the allegation is determined to be unfounded, this requirement is waived. 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 was no sexual abuse incident reported at JBFRC during the 12 months preceding the audit. The auditor reviewed two case files for sexual abuse allegations that were reported and investigated since the last PREA audit. Both case files documented that the alleged victims were notified appropriately of the outcome of the investigation and when the alleged perpetrator was terminated.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence reviewed: Policy 60.11.035; Policy 20.010.022; Case Files; Information Obtained from Interviews.</p> <p>115.276(a)(b)(c)(d): Policy 60.11.035 and 20.010.022 both establish 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. 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. No staff member has been subject to this provision during the twelve months preceding the audit. The auditor reviewed two case files for sexual abuse allegations reported and investigated since the last PREA audit and confirmed that both alleged perpetrators were terminated from employment after conclusion of the investigation, where one was substantiated, and the other was unfounded for sexual abuse, but the employee was determined to have violated the agency's PREA policies. Interviews with the facility Director, PREA Coordinator/CEO designee, and HR representative confirmed the agency's zero-tolerance policy includes that employees who are found to engage in sexual abuse with residents will be terminated.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.277 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Policy 20.010.022; Case Files; Information Obtained from Interviews.</p> <p>115.276(a)(b): Policies 60.11.035 and 20.010.022 both establish 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 that there have been no violations of sexual abuse/harassment policies by a contractor or volunteer during the 12 months preceding the audit, nor since the last PREA audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; MOU with Women's Center of Jacksonville; Residential Services Resident Handbook; Information Obtained from Interviews.</p> <p>115.278(a)(b): Policy 60.11.035 establishes that residents 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 commensurately 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 of FBOP. There were no residents subject to this provision during the audit period.</p> <p>115.278(c)(d): The facility Director explained that disciplinary sanctions would</p> |

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| | <p>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>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. Additionally, the Resident Handbook explains that residents are only subject to disciplinary actions for sexual relations with staff in cases where it is determined to be without consent from staff.</p> <p>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>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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.282 | Access to emergency medical and mental health services |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; Women's Center of Jacksonville Contract; Information Obtained from Interviews.</p> <p>115.282(a)(b)(c)(d): JBFRC does not employ medical or mental health staff 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. For emergency medical treatment, residents are taken to Baptist Medical Center, 800 Prudential Drive, Jacksonville, FL. 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 also offered to resident victims of sexual abuse through Baptist Medical Center; these services would be coordinated through the JBFRC Case Management staff upon request. Emergency contraception and/or pregnancy tests and sexually transmitted infections prophylaxis will be administered by the local</p> |

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| | <p>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. No sexual abuse allegations were reported during the 12 months preceding the audit. The auditor reviewed two case files of sexual abuse allegations that were reported and investigated since the last PREA audit and confirmed documentation that both victims were offered access to emergency medical treatment and crisis intervention services. One alleged victim declined all services, and one alleged victim declined medical services but requested advocacy/ counseling, which was promptly provided.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 60.11.035; Women's Center of Jacksonville Contract; Information Obtained from Interviews.</p> <p>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. The auditor interviewed one resident who had reported experiencing prior sexual victimization in an institutional setting. Based on the interview and documentation in the resident's file, the resident was offered services through the Women's Center of Jacksonville upon disclosing this information to staff.</p> <p>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>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</p> |

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| | <p>will be provided to the victim through a local community healthcare provider.</p> <p>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>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> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; Case Files; Information Obtained from Interviews.</p> <p>115.286(a)(b)(c)(d)(e): Policy 60-11-035 establishes that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review team shall consist of the Facility Director, the PREA Compliance Manager, the PREA Coordinator, and the Chief Operating Officer. The team will also obtain input via reports from line supervisors, investigators, and medical or mental health practitioners. The team shall meet to, at a minimum to assess the adequacy of staffing levels in the area where the incident happened; consider whether the incident/allegation was motivated by race, ethnicity, LGBTQIA+ identification, gang affiliation, or other group dynamics at the facility; 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; and prepare a report with recommendations for improvements, and submit it to the PREA Compliance Coordinator.</p> <p>The facility had no sexual abuse or sexual harassment allegations during the 12 months preceding the audit. However, the auditor reviewed two case files from allegations reported and closed since the last PREA audit. The auditor's review of these case files confirmed that an incident review was conducted within 30 days after the conclusion of the investigation. Interviews conducted with the PREA Coordinator and the facility Director confirmed that upon notification that an investigation has been closed, the facility management team will convene and</p> |

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| | <p>conduct a sexual abuse incident review within 30 days of the conclusion of the investigation. The designated participants include the facility Director, PREA Coordinator, and PCM, with input solicited from operations staff, investigators, and Case Managers as indicated. Interviews with members of the Review Team confirmed their knowledge about their responsibilities as incident review team members.</p> <p>Note: By direction of the DOJ communicated via Memorandum dated December 2, 2025, provision (d)(2) has been determined to conflict with Executive Order 14168, and the facility shall not be held to this standard provision.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.287 | Data collection |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Policy 60.11.035; BFRC 2024 PREA Annual Report; BFRC 2022/23 PREA Annual Report; Information Obtained from Interviews.</p> <p>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 and PREA Coordinator/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. The DOJ has not requested an SSV from this facility. 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 2024 PREA Annual Report is posted on the facility's public website at https://bridgesinternational.net/prea-jacksonville-frc.</p> <p>115.287(e): BJFRC does not contract with private facilities for the confinement of residents; therefore, this provision is not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

| 115.288 | Data review for corrective action |
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| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1437 416">Evidence Reviewed: Policy 60.11.035; BFRC 2024 and 2023 PREA Annual Reports; Information Obtained from Interviews.</p> <p data-bbox="280 454 1484 1115">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.</p> <p data-bbox="280 1153 1422 1227">A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

| 115.289 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="280 1514 564 1547">Auditor Discussion</p> <p data-bbox="280 1588 1437 1666">Evidence Reviewed: Policy 60.11.035; BFRC 2024 and 2023 PREA Annual Reports; Information Obtained from Interviews.</p> <p data-bbox="280 1704 1477 2074">115.287(a)(b)(c)(d): 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. Policy 60.11.035 establishes that data collected pursuant to § 115.287 are securely retained and requires case or investigation records, including but not limited to any criminal investigation, administrative investigation, medical evaluations and treatments, recommendations</p> |

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| | <p>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. The PREA Annual Report is posted on the facility's public website at https://bridgesinternational.net/prea-jacksonville-frc, and the auditor's review confirmed that no personal information was contained in the report.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |
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| 115.401 | Frequency and scope of audits |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Facility Website; Previous Audit Report; Observations During Site Visit; Information Obtained from Interviews.</p> <p>(a)(b): The JBFRC completed its first PREA audit on October 3-4, 2022, with a final report being issued on November 17, 2022. 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. An interview with the PREA Coordinator/CEO designee confirmed that the other six facilities are considered satellites of the State host facility and are audited as part of the Florida DOC audit program. JBFRC is contracted by the Federal Bureau of Prisons. Therefore, JBFRC is the only facility operated by Bridges International, Inc. required to have a separate PREA audit. The previous audit report was viewed on the facility's public website at https://bridgesinternational.net/jacksonville-bridge.</p> <p>(h)(i)(m): During the site visit, the auditor was allowed access to all areas of the facility, allowed to interview residents and staff privately, and was provided access to and copies of all necessary documentation to complete a thorough audit. Interviews were conducted in a private office in the administration area, which provided privacy during the interviews.</p> <p>(n): The auditor observed the Notice of Audit signage with the auditor's contact information displayed throughout the facility in living areas, administration, Resource Room, leisure areas, laundry room, and Operations/Control Room. Interviews with staff and residents confirmed that residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Residents have no mail restrictions imposed. No correspondence was received by the auditor during the pre-audit or post-audit period.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Reviewed: Public Website; Information Obtained from Interviews.</p> <p>(a)(b): JBFRC's last PREA audit was conducted October 3-4, 2022, with a final report being issued on November 17, 2022. The auditor confirmed that the Final Audit Report was posted on the facility's public website page at https://bridgesinternational.net/jacksonville-bridge.</p> <p>A systematic review and analysis of the evidence concluded that the facility and agency have demonstrated compliance with all provisions of this standard.</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 | na |

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| | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| 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 |
| 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.) | yes |
| 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 | yes |

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| | staffing patterns? | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 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, | yes |

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
| | 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 | yes |

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| | 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? | |
| | 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 |
| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident | yes |

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| | 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? | |
| 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 | yes |

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| | contact with residents? | |
| | 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 |
| 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 |

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| | 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 | yes |

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| | 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.) | |
| 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 |
| 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 | yes |

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| | services a qualified staff member from a community-based organization, or a qualified agency staff member? | |
| | 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 |
| 115.222 | Policies to ensure referrals of allegations for investigations | |

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| (b) | | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 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 |

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| | 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 |
| 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 | |

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| | 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 |
| 115.233 | Resident education | |

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| (c) | | |
| | 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 |

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| | 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 |
| 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 |

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| | 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 |

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| 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 |
| 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 | yes |

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| | criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | |
| 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 |
| 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 |

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| 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 | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.242 | Use of screening information | |

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| (d) | | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.242 (e) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.242 (f) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 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 | yes |

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| | third parties? | |
| | 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 |
| 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. | yes |
| 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.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| 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.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.252 | Exhaustion of administrative remedies | |

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| (d) | | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 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.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | na |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| 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 | na |

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| | exempt from this standard.) | |
| | 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.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| 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.) | na |
| 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 |

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| 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 |
| 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 | |

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| | 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 | |

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| | 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 |
| 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 | yes |

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| | actions that could destroy physical evidence, and then notify security staff? | |
| 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 |
| 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 | yes |

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| | 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? | |
| | 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 |

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| 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 |
| 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 |

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| 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 |

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| 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 |
| 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 | yes |

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| | resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | 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 | Disciplinary sanctions for staff | |

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| (b) | | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 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 |

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| 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 |
| 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 |

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| 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 | yes |

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| | facility? | |
| 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 |
| 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 | yes |

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| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| 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 |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | 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 | yes |

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| | should be deployed or augmented to supplement supervision by staff? | |
| | 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 |
| 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 |

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| 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 | yes |

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| | and security of a facility? | |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| 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.) | yes |
| 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 |

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| | 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.) | yes |