

PREA Facility Audit Report: Final

Name of Facility: Casa Alborada Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/09/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Donald Chadwick

Date of Signature: 01/09/2025

AUDITOR INFORMATION

Auditor name: Chadwick, Donald

Email: dchadwick@dcandeval.com

Start Date of On-Site Audit: 12/03/2024

End Date of On-Site Audit: 12/04/2024

FACILITY INFORMATION

Facility name: Casa Alborada Residential Reentry Center

Facility physical address: 1606 Avenida Manuel Fernández Juncos, San Juan, Puerto Rico - 00909

Facility mailing address: 1606 Avenida Manuel Fernandez Juncos, San Juan, - 00909

Primary Contact

Name:	Jerry C. Martinez
Email Address:	jcmartinez@voapr.org
Telephone Number:	(787) 365-8829

Facility Director	
Name:	Ninoshka Caballero
Email Address:	ncaballero@voapr.org
Telephone Number:	(787) 420-0153

Facility PREA Compliance Manager	
Name:	Wendy Soto
Email Address:	wsoto@voapr.org
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Name:	Alexander Garcia
Email Address:	algarcia@voapr.org
Telephone Number:	(787) 525-3524

Facility Characteristics	
Designed facility capacity:	110
Current population of facility:	99
Average daily population for the past 12 months:	85
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold?	

Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	Adults (23 - 74) Average Age 42
Facility security levels/resident custody levels:	High, Medium, Low, Minimum/Out-Minimum
Number of staff currently employed at the facility who may have contact with residents:	32
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Volunteers of America of Puerto Rico
Governing authority or parent agency (if applicable):	
Physical Address:	1606 Avenida Manuel Fernandez Juncos, San Juan, Puerto Rico - 00909
Mailing Address:	1606 Avenida Manuel Fernandez Juncos, San Juan, Puerto Rico - 00909
Telephone number:	7879190470

Agency Chief Executive Officer Information:	
Name:	Barbara Banaszynski
Email Address:	bbanaszynski@voa.org
Telephone Number:	7033415000

Agency-Wide PREA Coordinator Information**Name:** Jerry Martinez**Email Address:** jcmartinez@voapr.org**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:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-12-03
2. End date of the onsite portion of the audit:	2024-12-04

Outreach

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	RAINN (Rape Abuse and Incest National Networking) Health Centro de Apoyo a Victimas de Violacion (Rapr Crisis Center) Puerto Rico Health Justice Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	110
15. Average daily population for the past 12 months:	85
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	99
19. 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
20. 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:	1
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. 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
23. 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:	332
24. 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:	1

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. 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:	1
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. 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):	On the first day of the on-site audit, 99 residents were physically housed at RRC Casa Alborada. All residents were considered limited in English proficiency. The auditor interviewed 16 residents using a Spanish Language interpreter who was physically present. All PREA materials and documents are available in both Spanish and English. One transgender resident was housed during the audit period but not during the on-site audit. One each, physically and cognitively disabled, and one each, Lesbian/Gay and prior victimization residents were interviewed. Eighty-two percent of residents participated in off-site employment during the on-site audit period. Resident interview availability was a determining factor in selecting random or targeted interviewees.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	32
31. 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:	4
32. 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:	9
33. 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:	All contractors are food service personnel. All volunteers active during the audit period are university affiliates working towards degrees in social work and counseling. The facility does not have medical or mental health staff.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☒ Gender ☒ Other ☐ None
If "Other," describe:	Random sampling characteristics were limited to gender and availability. The ethnic makeup of the facility is Hispanic. Therefore, all random interviewees were Spanish-speaking individuals, some knowing English. An independent certified Spanish-language interpreter accompanied the auditor. Additionally, interview availability was a factor in selecting interviewees, as approximately 82 percent of residents were involved in community employment.
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random interviewees were not selected based on housing location, as all housing units except one have male residents programmed as re-entry or supervision cases. One of four housing units houses female residents. Fourteen male and two female residents were interviewed.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

38. 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):	Random sampling characteristics were limited to gender and availability. The ethnic makeup of the facility is Hispanic. Therefore, all random interviewees were Spanish-speaking individuals, some knowing English. An independent certified Spanish-language interpreter accompanied the auditor. Additionally, interview availability was a factor in selecting interviewees, as approximately 82 percent of residents were involved in community employment.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
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".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. 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:	1

42. 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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. 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).	Corroboration strategies to determine if "blind or low vision" detainees were housed at RRC Casa Alborada included interviews with the facility PREA Coordinator, a review of the employment mission of the facility and objectives of program planning efforts for the attainment of such, and a review of PREA risk screenings which did not indicate any physical disability risk factors of this nature.
43. 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:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

43. 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).	Corroboration strategies to determine if "deaf or hard of hearing" detainees were housed at RRC Casa Alborada included interviews with the facility PREA Coordinator, a review of the employment mission of the facility and objectives of program planning efforts for the attainment of such, and a review of PREA risk screenings which did not indicate any physical disability risk factors of this nature.
44. 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:	16
45. 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:	1
46. 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:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. 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).	Corroboration strategies to determine if transgender or intersex detainees were housed at RRC Casa Alborada included interviews with the facility PREA Coordinator and a review of PREA risk screenings, which did not indicate any transgender risk factors.

47. 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:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
47. 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).	Corroboration strategies to determine if residents who reported sexual abuse were housed in the facility included interviews with the facility PREA Coordinator and a review of the Pre-Audit Questionnaire, which did not indicate any reported allegations of sexual abuse.
48. 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:	1
49. 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:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. 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).	RRC Casa Alborada is a community residential re-entry center. The facility is not a correctional or detention facility. The RRC does not have restricted housing.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Targeted sampling was based on the knowledge of staff familiar with sub-populations who are familiar with the characteristics of the resident population. The facility does not track cumulative data on targeted sub-populations. Targeted sampling characteristics were limited to gender and availability. The ethnic makeup of the facility is Hispanic. Therefore, all random interviewees were Spanish-speaking individuals, some knowing English. An independent certified Spanish-language interpreter accompanied the auditor. Additionally, interview availability was a factor in selecting interviewees, as approximately 82 percent of residents were involved in community employment.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	16

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Resident Monitors and Case Managers from all applicable shifts were privately interviewed. Employment Placement Specialists were also interviewed. Some staff are bilingual (Spanish/English). However, if the staff member was more conversant in Spanish, an independent language line service was used to enhance communication between the auditor and staff member.
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.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
56. Were you able to interview the Agency Head?	☒ Yes ☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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

	☐ Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☐ Religious ☐ Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☒ Food service ☐ Maintenance/construction ☐ Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	The Chief Executive Officer authorized the Volunteers of America-Puerto Rico regional director to be the designated interviewee for the agency head. The regional director has direct oversight of all VOA facilities in Puerto Rico. The PREA Coordinator, management staff, and the senior security supervisor were interviewed. A university graduate student who is gaining educational credits was interviewed. The student is classified as a volunteer. Food service personnel are classified as contractors.
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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.

64. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

65. 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)?	☒ Yes ☐ No
66. 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)?	☒ Yes ☐ No

67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
68. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No physical intakes were observed due to a lack of relevant activity. Staff responsible for this function were interviewed. Testing of emotional support services was conducted after the on-site review. All areas of the facility were observed. Signage and supervision practices were assessed. Recommendations and corrective measures were discussed relative to remote monitoring views of sleeping areas. Interpretation services are available. Residents have mobile phones and can access outside resources.
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.	
70. 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
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	There were no sexual abuse and sexual harassment investigations required for the audit period.

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.

72. 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

73. 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.

74. 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

75. 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.

76. 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

77. 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	00

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

There were no sexual abuse and sexual harassment investigations required for the audit period.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual abuse and sexual harassment investigations required for the audit period.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no sexual abuse and sexual harassment investigations required for the audit period.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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

96. 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

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed policy 115.211 (Zero Tolerance of Sexual Abuse and Sexual Harassment). In its stated policy, the Volunteers of America Puerto Rico Residential Reentry Center - Casa Alborada, (RRC Casa Alborada) promotes and is committed to zero-tolerance towards sexual abuse and sexual harassment through the implementation of policies and procedures to prevent, detect, respond and eliminate such conduct. RRC Casa Alborada is committed to ensuring a safe environment free from retaliation, with complete access to community support services and effective methods to report and address any incident of sexual abuse or sexual harassment. RRC Casa Alborada's major priority and ongoing focus is to meet the objectives set forth within the Prison Rape Elimination Act (PREA) of 2003 and embrace the standards set forth by the National Prison Rape Elimination Commission. The Volunteers of America Puerto Rico Chief Executive Officer appointed a PREA Compliance Coordinator (PCC) assigned to RRC Casa Alborada. The PCC reports directly to the Facility Director in all matters related to the PREA. The PCC collaborates with various VOAPR entities, the Federal Bureau of Prisons (BOP), and United States Probation (USPO) officials

	regarding all PREA-related concerns. Interviews with the PREA Coordinator confirmed that the incumbent has sufficient time and authority to coordinate efforts to become compliant with the PREA standards. Residents are informed about the zero-tolerance policy, and the PREA program is also a part of the residents' education process through admission and orientation procedures. Residents are also informed about the program and the zero-tolerance philosophy in the admission and orientation materials and through postings throughout the facility. All written documents disseminating PREA information are available in English and Spanish. Spanish is the primary language spoken; however, additional interpretive services are available for residents who do not speak or read Spanish. Interviews with 16 random staff, one volunteer, two contractors, and 16 residents confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse/sexual harassment. The commitment to the enforcement and implementation of the PREA, along with an examination of policy and posted information, supports the facility's compliance with and full institutionalization of this standard.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	VOAPRRRC Casa Alborada is a private, not-for-profit agency. VOAPRRRC Casa Alborada is not the contracting entity. The agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed RRC Casa Alborada's policy 115.213 (Supervision and Monitoring). The staffing plan is established to coincide with the requirements of the federal BOP contract for supervision provided to residents under federal custodial jurisdiction. Required staffing levels are outlined in the Statement of Work (SOW). Authorized staffing complement and position makeup of staff are outlined in the contractual agreement with the BOP, including the requirement for male and female staff supervision. These requirements are outlined in the RRC Casa Alborada policy 115.213. The staffing plan requires 24-hour coverage, at least one female

	resident monitor per shift, and security checks regularly. During the audit week, there were 32 male and female staff members composed of resident monitors, case managers, field verification officers, and administrative staff. The administrative staff includes the Director, Deputy Director, and Business Office/Human Resources Manager, Quality Improvement and PREA Coordinator, and Senior Resident Monitor. The supervision plan includes cameras strategically located at the facility and monitored by staff in the control center. Based on a tour of the facility, electronic monitoring effectively augments the physical supervision of residents. RRC Casa Alborada" 's staffing analysis has been utilized to gauge the sufficiency of staff supervision augmented by electronic monitoring. PREA variables are included in the analysis. A bi-annual camera audit was reviewed by the auditor. The internal audit focused on detecting blind spots in the facility and to identify areas of vulnerability in supervision and monitoring capabilities. A staffing analysis was completed for each calendar year during the audit period. The analyses factored in full-time staffing levels and the budgeting requirements of the BOP. The analyses considered the levels of substantiated or unsubstantiated findings or other indicators of inadequacy, if applicable, to ensure PREA compliance. The auditor reviewed semi-annual camera audits to assess blind spots and reviewed camera maintenance requests. The yearly staffing plan review gauged the agency's efforts to provide enough supervisory resources to the resident population consistent with contract requirements. There have been no reported judicial findings of inadequacy, findings of inadequacy from federal investigative agencies, or findings of inadequacy from internal or external oversight bodies relative to this standard. Based on the above practices and the absence of sexual abuse allegations, there are systems in place to protect residents from sexual abuse. RRC Casa Alborada complies with this standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The auditor reviewed RRC Casa Alborada policy 115.215 ((Limits to Cross-Gender Viewing and Searches). RRC Casa Alborada" 's governing policy outlines procedures consistent with all PREA searches and cross-gender search substandards. The facility director confirmed that no strip searches are conducted on residents. Any strip searches required must be approved by the BOP and conducted by law enforcement or medical personnel. As such, RRC staff are not authorized to conduct such searches and must coordinate searches through the BOP and law enforcement personnel. The governing policy requires all pat searches to be undertaken by staff of the same gender as the resident. The policy prohibits employees from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Although cross-gender pat search training is provided, pat searches are conducted

	by staff of the same gender as the resident. The governing policy provides residents privacy when changing clothes, showering, or performing bodily functions. A tour of all housing units and common areas was conducted on-site. There were concerns noted on-site regarding the possibility of cross-gender viewing of residents via remote camera monitoring while in sleeping areas. Immediate corrective action was completed by placing privacy film on window panes. There were no other concerns noted regarding cross-gender viewing while residents were changing clothes, showering, or performing bodily functions. Nine resident monitors and 16 residents were interviewed. During the applicable audit period, there were zero strip searches. There have been no cross-gender pat searches during the audit period. There are adequate limits to cross-gender viewing in toilet and shower areas. The location of shower areas and toilet areas in housing areas eliminates the possibility of non-incidental viewing of residents in toilet and shower areas. All residents interviewed were satisfied with the privacy afforded them. Based on a tour of the facility and corrective actions taken, observations of resident pat searches, interviews, and a review of guiding policies and training, the facility is in compliance with this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada" Policy Manual addresses the requirements of Standard 115.216. Through policy, the agency ensures that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The policy prohibits using resident interpreters, resident readers, or other types of resident assistants in performing first responder duties or during the investigation of a resident's allegations. The policy requires the PCC to collaborate with local resources to procure services commensurate with a resident's disability so that the disabled resident can benefit from the provisions of the PREA. Facility policy identifies resources such as translation services to foster communication for "Limited English and Spanish Proficient residents. Contractual requirements with the BOP ensure that all staff is bi-lingual in English and Spanish. Resident orientation is provided within 4-5 days of arrival. Upon initial screening, residents entering RRC Casa Alborada receive verbal and written information concerning sexual abuse during new arrival orientation. The written materials are provided in English and Spanish and a staff member is available to assist if a literacy problem exists. The facility Director ensures staff is bilingual in Spanish/English. RRC Casa Alborada provided evidence of staff who have master's degree level credentials in counseling, social work and rehabilitation. The

	facility has a Memorandum of Understanding (MOU) for students from the Master's in Counseling in Rehabilitation Program to provide services as needed. Those who have limited language proficiency are identified by staff members who document whether a resident displays a language barrier or other disability which would prevent the understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication. All residents interviewed (16) verified that they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information, including postings, brochures and handouts are available in English and in Spanish, as confirmed through resident interviews and a review of written materials. Resource directories were prominently posted in the lobby area and all common areas in housing units. There were no residents identified as non-Spanish proficient for this facility. When necessary, residents confirmed during interviews, the availability and use of the staff and telephonic interpretive services. As needed, the above-referenced disability follow-up plan and resources are used for residents with other communication disabilities. Interviews with resident monitors confirmed their awareness of the prohibition of customary use of resident interpreters for PREA compliance-related functions. During the on-site audit, there was one physically disabled and one with a history of learning disabilities interviewed. Both residents did not believe their disability hindered their ability to understand the PREA provisions and protections afforded by the facility. Based on a review of staff areas of expertise and identified community resources, as well as interviews with residents and staff (random and specialized), the facility is in substantial compliance with Standard 115.16.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Based on interviews and a review of documentation pertinent to the audit period, RRC Casa Alborada does not hire or promote anyone who may have contact with residents and does not enlist the services of any contractor who may have contact with residents who has engaged in any type of sexual abuse/sexual harassment. Facility policy requires RRC Casa Alborada to include in written applications or interviews, inquiries about previous arrests, accusations regarding sexual misconduct or inappropriate behavior for promotions, new hires, contractors, interns, and volunteers. The facility policy stipulates that employees must disclose such misconduct, and material omissions regarding such misconduct would be grounds for termination. Based on interviews and policy review, the Facility Director is to ensure all prospective employees, contractors, interns, and volunteers are submitted for a criminal background records check before working with federal residents. Submission of false information by any applicant is grounds for not hiring the applicant.

	The Business Manager and Quality Improvement Coordinator (PCC) were interviewed. There was one new hire and four promotions during the audit period. There were four contractors and four volunteers applicable for the audit period. Records for these incumbents were reviewed to assess compliance with this standard. Based on four files sampled regarding promotions, it was revealed that staff who are promoted have updated background investigations and are required to certify that there have been no accusations, convictions, or arrests related to sexual abuse. Additionally, contractors with regular access to residents were subject to a background investigation per the BOP SOW and RRC Casa Alborada policy. RRC Casa Alborada's initial hires during the past 12 months have had a background investigation, fingerprinting, and inquiry into the FBI's National Crime Information Center (NCIC). Employee background re-investigations occur at least every five years or earlier if promoted or a routine local "Good Conduct Certificate is processed. The current BOP contract began in 2019, and a listing of 5-year re-investigations is pending completion by the BOP. Volunteers who have regular contact with residents also have criminal background checks completed before having contact with residents. The Business Manager is in charge of human resources functions. The Business Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations that occurred during a pending investigation of sexual abuse. Staff also confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. If applicable, RRC Casa Alborada notifies appropriate licensing/certifying agencies when professional personnel is terminated for substantiated allegations of sexual abuse or sexual harassment. Based on a review and verification of compliant documentation regarding background screenings for new hires, promotions, contractors, and volunteers, RCC Casa Alborada complies with this standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada conducts bi-annual camera audits. The auditor reviewed reports for March and October 2024. The reports indicated 33 cameras placed strategically throughout the facility. This would indicate no increase in camera coverage since the last PREA audit. There have not been any facility expansions since the last PREA audit. Based on the continual internal audits and inspection process for cameras to address supervision,

	monitoring, and possible blind spots, the facility complies with its efforts to enhance the ability to protect residents from sexual abuse.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Casa Alborada staff are not responsible for investigating allegations of sexual abuse. All allegations are forwarded to the Puerto Rico Police Department (PRPD) and the Federal Bureau of Prisons (BOP). Memorandums of Understanding (MOU) are established with the PRPD and Pavia Hospital for evidence and advocacy protocols. Established first responder protocols and procedures for all sexual abuse allegations are outlined in agency policy and cooperating agency procedures. The PRPD and other constituent agencies are regular members of the Community Relations Board for VOAPR Casa Alborada and are familiar with PREA-related initiatives. The Facility Director ensures all residents receive immediate and unimpeded access to emergency medical care and crisis intervention services. Interviews with 16 random staff members and the PCC, director, and other specialized staff roles indicate that staff members are familiar with first responder duties, proper referrals to the contracting entity, and referrals to law enforcement and medical providers. Staff interviews revealed awareness of the responsible parties for conducting investigations relative to sexual abuse/sexual harassment allegations. This facility does not have investigative or medical staff on site. If applicable, RRC Casa Alborada refers all allegations of sexual abuse to local law enforcement and the BOP for investigation. Federal investigative entities follow a uniform evidence protocol as described in the U.S. Department of Justice’s Office on Violence Against Women Publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”. PRPD investigative protocols are consistent with those required by the Office on Violence Against Women Publication. Interviews with the RRC Casa Alborada PCC and Centro de Ayuda a Víctimas de Violación (CAVV) staff confirm that advocacy services are available when requested. No formal victim advocacy agreement has been established with Centro de Ayuda a Víctimas de Violación (CAVV). However, RRC Casa Alborada has obtained medical protocols governing sexual assault offenses, and verified procedures are in place for trained advocates to be available if required. The facility contacted rape crisis centers but none have entered an agreement during the years 2022 or 2023. The Puerto Rico Department of Health develops Sexual Assault protocols for all hospitals with emergency rooms in Puerto Rico. All emergency rooms have nurses who have received forensic training and are capable of working with victims of sexual assault. Hospitals will not sign agreements since they are

	obligated to work with all victims of sexual assault. Additionally, if forensic medical exams are needed, they are performed at Hospital Pavia- Santurce. RRC Casa Alborada also has trained and qualified agency staff victim advocates available if requested. There have not been any allegations of sexual abuse filed during the applicable audit period. Interviews with staff (random and specialized), the CAVV officials providing advocacy services, and hospital officials, and an examination of support documentation confirm the facility's compliance with Standard 115.21.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion VOAPR Casa Alborada policy 115.222 provides guidance 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. All instances of sexual assault, sexual misconduct, or inappropriate behavior must be documented and immediately reported to the BOP Residential Re-entry Manager, to supervisory staff or directly to the RRC Casa Alborada Facility Director. The Facility Director will ensure notifications are made to the Federal Bureau of Prisons, local law enforcement authorities, the VOAPR Chief Executive Officer, and the RRC Casa Alborada PREA Coordinator. The Facility Director will seek direction from the BOP Residential Reentry Manager on the appropriate actions to be carried out. Local staff investigative actions are limited to a "Preliminary Assessment" As specified in the BOP contract, no investigation will be conducted by RRC Casa Alborada staff. The BOP PREA protocols are published under the provisions of their Program Statement, including criminal referrals to the U.S. Department of Justice – Office of Inspector General. This policy is available to the public at www.bop.gov. An agency policy on the agency website (www.voapr.org) ensures allegations of sexual abuse and sexual harassment are referred for investigation. During the audit period, there were no allegations of sexual assault/abuse/ harassment filed during the audit period.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The PCC coordinates RRC Casa Alborada's PREA training. A training policy (115.231) and associated curriculum and procedures address the requirements of this standard. All Casa Alborada new employees receive instruction on the prevention, detection, response, and reporting of sexual misconduct during "New Employee Orientation" and Annual Refresher Training" are the main components of the PREA training program. Current employees receive monthly PREA training, culminating in all topics covered yearly, ensuring they are familiar with the facility's sexual abuse and harassment policies and procedures. The PCC develops and approves PREA lesson plans. The PREA Compliance Coordinator works with the facility director to ensure training is received by all employees, contractors, and volunteers. There was one new hire during the audit period. A review of training documentation for the new employee and a sampling of training documentation for four additional employees reveal that staff is thoroughly oriented to the cultural expectation that PREA protections afford residents and staff. The PREA Compliance Coordinator and Facility Director ensure employees familiarize themselves with all Casa Alborada PREA requirements. The facility used a comprehensive PREA lesson plan to train staff in PREA compliance. The review of the facility lesson plan confirmed that the training provided addressed all elements identified in this standard. Sixteen random staff interviewed indicated receiving the required initial and refresher PREA training. Based on a sampling of five training files and a review of submitted documentation, all staff receiving training acknowledged, in writing, their receipt and understanding of the PREA training. The facility complies with this standard based on the sufficiency of the curriculum, training frequency, and staff acknowledgments of receipt and understanding.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard Auditor Discussion RRC Casa Alborada policy and procedures manual addresses the requirements of Standard 115.232. All Casa Alborada contractors and volunteers receive instruction on preventing, detecting, responding to, and reporting sexual misconduct. Volunteers and contractors received training before working with federal offenders and during refresher sessions held monthly for employees. Volunteer and contractor PREA training is coordinated by the facility's PCC, which is responsible for approving PREA lesson plans. The PREA Compliance Coordinator works with the Facility Director to ensure training is received by all employees, contractors, and volunteers. There were 13 contractors and volunteers approved to contact federal offenders. The auditor selected and reviewed a sample of four volunteer and four contractor PREA training records. The review of training documents confirmed that facility contractors and volunteers received training related to their responsibilities

	concerning the PREA (zero tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months and annual refresher instruction. Interviews with three contractors and one volunteer, as well as a review of support documentation, confirmed that PREA training was provided. All contractors and volunteers receiving training acknowledged, in writing, their receipt and understanding of the PREA training.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Casa Alborada policy requires residents entering Casa Alborada to receive verbal and written information concerning sexual abuse during new arrival orientation. The facility Director with the assistance of the PCC will ensure a comprehensive resident intake and orientation process is in place to educate and inform arriving residents regarding overall program rules and responsibilities, resident rights, including their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. During in-processing procedures, Casa Alborada residents receive a resident's manual describing the facility's PREA compliance program. The information is provided primarily in Spanish and there is an English version of PREA training, and informational posters available in English and Spanish. Residents are provided educational pamphlets in English and Spanish on PREA. Residents are provided information on reporting sexual assault, protection from retaliation, and treatment and counseling. The information contained in the handbooks and pamphlets identifies the key elements of the program and informs Casa Alborada residents about the facility's zero-tolerance policy toward sexual abuse and sexual assault and the multiple ways to report sexual abuse/sexual harassment. The auditor requested and reviewed a sample of 20 resident files and confirmed that PREA education is received and documented. An additional 16 resident interviews confirmed that PREA education is received and understood. All resident interviewees confirmed prior familiarization with PREA due to being a transfer from a BOP secure facility covered under PREA regulations. Sampling and interviewing did not reveal the need for specialized information delivery based on a disability. Nevertheless, a facility resources directory identified specialized agencies available for specialized education. Bilingual staff (Spanish/English) interpreters and telephonic translation services are available to inmates who are not proficient in Spanish. A facility tour confirmed that PREA educational posters were prominently displayed in all housing and common/program areas. The resident education program complies with standard 115.233.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to RRC Casa Aborada policy and procedures, the PREA Coordinator at RRC Casa Alborada is only allowed to conduct preliminary assessments of incidents if requested by the Federal Bureau of Prisons(BOP) if there is an alleged event of sexual abuse or sexual harassment by another resident, an employee, a contractor, or a volunteer. The PREA Coordinator at RRC Casa Alborada does not complete administrative or criminal investigations. The Facility Director ensures all incidents of sexual abuse, sexual harassment, or sexually related misconduct are immediately reported to the Federal Bureau of Prisons, the VOAPR Chief Executive Officer, and local law enforcement authorities, if applicable. Once reported, the Facility Director will ensure all employees understand that no local staff investigation will proceed without specific written guidance/direction from the BOP. Through the Statement of Work, the BOP contract does not provide RRC Casa Alborada the authority to investigate criminal acts, and no investigation can be undertaken by staff without BOP approval. Additionally, RRC Casa Alborada staff does not have the technical/professional expertise and training to administer these specialized investigations. Ordinarily, investigations of sexual abuse, sexual harassment, and sexual misconduct of staff or residents will be investigated by BOP Residential Reentry Office or BOP Office of Internal Affairs staff, or local Law Enforcement Authorities if the behavior violates local or federal law. There were no sexual abuse allegations received during the audit period. Specialized investigative training is not applicable to this facility.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Casa Alborada does not have medical or mental health practitioners on staff. All medical and mental health examinations will be conducted at local hospitals near RRC Casa Alborada. The Facility Director will ensure all staff and volunteers are trained in responding to medical or mental health emergencies and how to notify emergency professionals in the community. However, the facility does not have part-time or full-time medical or mental health staff. Casa Alborada staff does not have the training and/or expertise to provide medical or mental health treatment and RRC Casa Alborada does not employ personnel designated as part-time or full-time medical or mental health staff. The facility must rely upon professional assistance

	from the local community when confronted with medical or mental health emergencies. Staff is only trained in basic life-sustaining methods and to recognize warning signs of some mental health conditions. Information on medical and mental health resources are available throughout the facility. This standard does not apply to this facility.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion All residents accepted to the reentry program at Casa Alborada are previously screened for routine classification issues before acceptance. The PREA-related screening procedures require a brief intake screening for the risk of victimization and abusiveness for housing purposes. Case Managers will conduct a private interview within 72 hours of admission using the PREA Risk Screening Tool. Data is stored in the Casa Alborada “SecurManage” database. Specifically, agency policy requires that upon arrival, residents shall be assessed for risk of sexual victimization or abusiveness. The policy requires that risk screenings shall be initiated in the SecurManage system by intake and case management staff using the Resident Intake Checklist and the PREA Screening Form. RRC policy requires a risk assessment to be conducted upon admission, transfer, initiation, and conclusion of investigations into substantiated or unsubstantiated allegations, referral due to mental health concerns, and/or referrals due to concerns of substantial imminent risk of sexual abuse. Within 30 calendar days from the inmate’s arrival to Casa Alborada, policy requires the resident to be reassessed regarding victimization or abusiveness risk based upon any additional, relevant information received since the initial intake screening. Policy requires the absence of the reassessment to be documented in the resident’s file. The “PREA Screening Form” is used to determine whether or not a resident is deemed to be at risk of sexual victimization or has the potential to be sexually abusive to other residents while housed at Casa Alborada. This screening tool is also used to determine appropriate housing. Facility policy prohibits residents from being disciplined for refusing to answer screening questions or for not disclosing complete information, during the screening process. Information received during the screening process is deemed confidential and only available to staff with a need-to-know and never to other residents. The auditor reviewed documentation pertaining to 21 residents. No intakes or initial risk screenings were observed as there was no activity during the on-site visit. As observed thru document review, intake and case management personnel screen all new arrivals within the first 72 hours of the

	resident's arrival, but this activity ordinarily occurs on the day of arrival. The screening process also includes the review of records or information from other facilities, as most resident admissions are transferred from federal facilities, and referral classification packets were reviewed pre-admission. Housing strategies are established for residents deemed in the victim or abuser categories. All residents are immediately assessed for a history of sexual abusiveness and risk of sexual victimization during the initial intake processing by the resident monitor. Staff members use the facility's screening tool which gauges the propensity for abusiveness or victimization. The screening tool considers and evaluates 21 categories including all identified criteria as per standard 115.241. All required variables in each risk area are evaluated Additional variables deemed relevant, are included in the screening tool at RRC Casa Alborada. These additional variables are likely good predictors of risk propensity, but it is not known if they have been validated based on professional industry research. Nevertheless, they are thought to serve the mission of this community confinement agency. Based on the scoring as per assessments of the variables on the screening tool, a resident could be assigned a level of risk of victimization or abusiveness or a "NO Risk" assignment. Based on a review of whether the screening instrument yields an objective assessment, using the current screening tool, there is a likelihood of an objective assessment. It was noted that the current screening tool was implemented during the current audit period, changing from a previous screening instrument. Issues noted to improve the objectivity of the screening instrument during the last audit were implemented by the facility after obtaining independent expertise to improve the screening instrument. The PREA reassessment process is included in the individualized program plan review, which occurs 10-14 days after arrival. Twenty cases were selected and reviewed. Staff revisits pertinent risk screening factors to determine if there have been additional sexual safety concerns since the resident's arrival or if additional information has been received impacting risk propensity. Individualized program plan documentation also shows ongoing PREA risk documentation at every program meeting. The resident is asked if there are changes in any of the original risk screening variables and whether there have been any changes in sexual safety since arrival. Based on a review of 21 files and interviews with 10 specialized staff and 16 random residents, PREA risk screening is conducted at Casa Alborada in compliance with Standard 115.241.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

RRC Casa Alborada has a resident intake process that includes a risk assessment and screening to ensure the identification, prevention, and response towards sexual victimization or abusiveness characteristics. The policy requires risk screening information to be used to determine bed assignments. Education, work, and program assignments are not as impactful within the risk screening process as the Individualized Program Plan (IPP) has primary jurisdiction in the aforementioned areas. The policy requires these determinations for various assignments to be made on a case-by-case basis. The policy requires the Facility Director, with the assistance of the PREA Coordinator to ensure that all residents are assessed by case management staff for the risk of being sexually abused or harassed by other residents or being abusive towards other residents.

The policy requires staff to assess and determine the housing of transgender and intersex residents on a case-by-case basis. This is to be accomplished by an individualized assessment of the resident upon admission. RRC Casa Alborada's policy requires that transgender and intersex residents shall be allowed to shower privately from other residents. In deciding whether to assign a transgender or intersex resident to a housing unit for male or female residents and in making other housing and programming assignments, staff at RRC Casa Alborada will consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Housing unit assignments for transgender or intersex residents are not based solely on the identity documents or physical anatomy of the resident. A transgender or intersex resident's views concerning his or her safety will be given serious consideration. Identified contingent housing with a shower will be available to house transgender or intersex residents. They will be allowed to shower separately from other residents. RRC Casa Alborada will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or sections solely based on such identification or status unless such placement is in a dedicated facility unit or section established in connection with a consent decree, legal settlement, or legal judgment for protecting such residents.

Upon arrival at RRC Casa Alborada, a Resident Monitor will complete a brief intake screening for risk of victimization and abusiveness for housing assignments. During the intake screening, the residents will respond to the following questions: Have you been a victim of sexual violence in a prison or jail? Have you been convicted of sexual violence in prison or jail? If, during the intake screening, the resident responds "yes" to one of the questions, when the screening is finalized, the Resident Monitor will contact the PREA Coordinator and the Facility Director. This information is documented in the daily shift log in the database SecureManage system. In victim or predator identification instances, a written report will be immediately forwarded to the Facility Director and PREA Coordinator, and the Resident Monitor will provide a housing assignment consistent with the identified contingent housing areas outlined in facility policy 115.242. If the resident responds "no" to both questions during the intake screening, the Resident Monitor will provide a housing assignment.

	The intake screening form is in the database SecureManage system, Intake section, and Resident Forms section. The staff has been provided with additional training and resource materials. Casa Alborada, residents at risk for victimization or the perpetration of sexually abusive behavior, based on screenings pursuant to 115.241, or at any time new information becomes available, are referred to the Facility Director and PCC for an assessment of management needs. Casa Alborada residents with a known or potential sexual predation or victimization potential are governed by the process outlined above. In instances of identified victimization or predator characteristics, the Facility Director will notify Key staff or the assigned Case Manager for further assessments. Case management staff conduct a comprehensive PREA assessment within 72 hours of the resident's arrival. During the comprehensive PREA assessment, housing placement is reviewed for appropriateness. Case managers responsible for risk screening and the PCC were interviewed. During the onsite audit, intake resident monitors were interviewed. The resident monitors were familiar with the housing placement process. There was one transgender residents housed during the audit period. The auditor interviewed 16 residents. All residents confirmed that PREA-related intake screening questions were asked. The auditor reviewed 20 intake forms associated with corresponding risk screenings to ensure initial housing concerns were addressed and reviewed during the formal risk screening. Based on interviews and documentation, the facility is compliant with this standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The RRC Casa Alborada policy manual and training provided to staff and residents offer guidance on resident reporting. Policy and training require any staff member who becomes aware of sexually abusive behavior to report this information immediately. The policy requires all staff to document any allegation immediately. Established procedures allow the family and friends of residents to report sexual abuse/sexual harassment by using the VOAPR website (voapr.org), sending an email to prea@voapr.org, or making a phone call to facility staff. RRC Casa Alborada policy and supplemental information, such as the “hotline” numbers and advocacy information posted in the housing and public areas of the facility, provide options for staff use to assist in counseling residents on their reporting options. RRC policy outlines several reporting mechanisms available to staff and residents. Resident initial orientation information and pamphlets provided to all residents at Casa Alborada inform comprehensively all methods for reporting sexual abuse and

	sexual harassment. The information is printed in English and Spanish. As observed in the facility housing areas and common areas throughout the facility, notices on display reflect the agency's zero tolerance toward sexually abusive behavior, as well as reporting procedures. Reporting capabilities also exist in the intake screening process and during the PREA risk screening. Information regarding intake and risk screening is stored electronically in a secure portal. Based on a tour of the facility and a review of documentation indicated that there are multiple ways available to residents and staff to report sexual abuse or sexual harassment, including verbal or written notification to staff/administration, filing a grievance, and emailing VOAPR and third-party reporting. E-mailing capability is accessed via voapr.org using the e-mail address prea@voapr.org. A tour of the facility also confirmed that there were numerous posters on display explaining sexual abuse/sexual harassment reporting procedures. The posters on display and information contained in orientation materials addressed how a resident can contact an entity outside of the agency for support. Residents may contact the Facility Director, the facility PREA Coordinator, a case manager, the local Police Department, and at least two outside advocacy organizations. Contact telephone numbers are prominently displayed on this contact information. Twenty-six staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from residents made verbally, in writing, anonymously, and from third parties. In addition, the same staff confirmed that they would promptly document any reporting and immediately notify their superior while keeping the resident safe. All 16 residents randomly interviewed during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. During the audit period, there have not been any allegations of sexual abuse or harassment received by internal or external reporting methods. Interviews with staff and residents, on-site observations, and examining supporting documentation confirm the agency's compliance with PREA standard 115.251.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard Auditor Discussion RRC Casa Alborada has a grievance program and is not exempt from this standard. Grievances filed alleging sexual abuse/sexual harassment would result in the immediate referral to Facility Director for forwarding in BOP and other federal investigative personnel for the opening of a formal investigation. The policy states that there is no time limit for filing a grievance relating to sexual abuse or sexual harassment. Additionally, the policy does not require a resident to use any informal grievance process before filing an allegation involving sexual abuse/sexual

	harassment. The policy requires that a decision on the merits of any portion of a grievance alleging sexual abuse be made within 90 days of the filing. Agency policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Allegations of abuse by staff may be referred directly to the BOP in accordance with procedures established for such referrals. RRC Casa Alborada policy addresses the filing of emergency grievances. If a resident files an emergency grievance with the facility and believes he/she is at substantial risk of imminent sexual abuse, an expedited response is required to be provided within 48 hours. A decision on the impending nature of the grievance will be made within five days. If a resident reasonably believes the issue is sensitive and the resident's safety or well-being would be placed in danger if the grievance became known at the facility, the resident may submit the grievance directly to an appropriate BOP official. There is no prohibition that limits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, in assisting residents in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of residents. A review of and information reported on the PAQ related to grievances indicated that there were no grievances filed alleging sexual abuse within the applicable 12-month audit period. There were zero grievances alleging sexual abuse/sexual harassment filed within the last twelve months that resulted in disciplinary action, zero grievances in which the resident declined third-party assistance, and there was no emergency grievance alleging a substantial risk of imminent sexual abuse. Sixteen residents were interviewed and were aware of the grievance process as one avenue of reporting sexual abuse or harassment. Casa Alborada complies with Standard 115.252
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada ensures mechanisms are available to residents to voice their concerns, report sexual abuse and sexual harassment incidents, and have access to confidential community support services. The PREA Coordinator will ensure that all residents have access to local community services related to sexual abuse and sexual harassment. Residents will be provided information on the network of available community resources during the orientation program within the first five days of their arrival. Residents will have access to a network of outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline 411, Sexual Abuse and Sexual Harassment - Prevention and Intervention numbers, or national victim advocacy or rape crisis organizations. Staff is required to ensure that residents are allowed reasonable communication between these organizations and agencies, in as

	confidential a manner as possible. Residents are informed about the confidentiality process and its limitations regarding the investigation and legal process before referring them to the resources. Residents will be informed, before having access to the confidential resources, 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. Based on a tour of the facility and a review of attempts to enter written agreements with local agencies, residents have access to, are informed of, and provided contact information regarding confidential support services. A resource directory is prominently displayed throughout the facility, listing contact information and the type of services provided. RRC Casa Alborada has documented attempts to enter a Memorandum of Understanding (MOU) with the University of Puerto Rico, and HealthproMed for providing residents with emotional support services related to sexual abuse. These attempts to enter agreements were verified by the auditor. The facility contacted their liaisons at the University of Puerto Rico and HealthproMed. They have agreed to review and add to the MOU, the provision of confidential support services. The MOUs will be reviewed yearly during the months of May, June, and August. Facility staff members have been trained as victim advocates. Residents are informed as part of their orientation process of the extent to which mandatory reporting is required and rules governing privacy and confidentiality. Sixteen residents interviewed were aware of the availability of confidential support services. Confidential support resources are conspicuously displayed throughout the facility's housing units and general common areas. RRC Casa Alborada enables reasonable communication between residents and outside support services. Residents have mobile phones to communicate privately with these organizations. A review of the identified outside services and MOU agreements, a confirmation of services, in addition to on-site interviews with 16 residents and 16 random staff, confirm the facility's compliance with Standard 115.253.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada and the PREA Coordinator will ensure that all residents and third parties, such as family members, volunteers, contractors, and others, are aware of the PREA reporting process and options to address any sexual abuse or sexual harassment with the referring authority. RRC Casa Alborada brochures will include an overview of the PREA law, the Zero Tolerance Policy, and ways to report sexual abuse and sexual harassment. RRC Casa Alborada will provide family members and visitors with brochures of the Center with an overview of PREA law purpose, the zero tolerance Policy and the ways to report sexual abuse and sexual harassment.

	The following are examples of third-party mechanisms available for reporting sexual abuse and harassment: 1. Reporting to the agency and facility by email: prea@voapr.org 2. Reporting to the Administration at Casa Alborada, including the PREA Coordinator 3. Reporting to the Puerto Rico Police Department for forwarding to the agency. 4. Reporting directly to the staff 5. RRC Casa Alborada established a mailbox accessible to the residents, staff, and contractors located on the first floor. 6. During the Initial Orientation, the Case Managers provide the residents with a copy of the Resident's Handbook. The handbook has information on third-party reporting. 7. During the Family Orientation, the family members are educated on the PREA Law, third-party reporting, and emailing procedures. The auditor verified the above third-party mechanisms by reviewing written materials reviewing reporting methods posted on the public website (www.voapr.org). and based on interviews with 16 residents and 12 random staff. The auditor concluded that third-party reporting information is prominently communicated to residents and their constituents.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada policy outlines that the Facility Director, in coordination with the PREA Coordinator, will ensure a responsive plan is in place, one which communicates to all staff the requirement to immediately report all incidents of sexual abuse, sexual harassment, retaliation, staff neglect, or violation of responsibilities related to ensuring the safety of residents. The PREA Coordinator will ensure all employees understand the responsive protocol and reporting procedures. The policy requires staff to report information related to sexual abuse through their chain-of-command and additionally to any necessary investigative or treatment entity. Staff is required to protect information from being released to unauthorized persons. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff to promote a safe and professional workplace. Staff is required to protect and respect the privacy and confidentiality of the victim and will ensure his/her security and protect the victim from retaliation by not revealing any information related to sexual abuse reports to anyone other than those identified by their superiors. All instances of sexual misconduct, inappropriate behavior, or retaliation must be documented and immediately reported to supervisory staff or directly to the Facility Director.

	Upon notification of any alleged sexual misconduct or inappropriate behavior of staff, the Facility Director will immediately report the allegation to the Federal Bureau of Prisons, VOAPRRRC Chief Executive, U.S.Probation Office, and Puerto Rico Police Department, if applicable. If the alleged victim is 18 or under, the PREA Coordinator will notify Puerto Rico's state agency, the Family Department. Sixteen random staff interviews and 10 specialized staff interviews revealed an understanding of the facility's sexual abuse reporting requirements. The Director's designee and the PREA Coordinator were interviewed regarding reporting sexual abuse. Interviews with two contractors and one volunteer confirmed that all knew and understood their reporting duties and responsibilities. Facility compliance with all aspects of Standard 115.261 was verified through interviews and document and policy review. Casa Alborada does not house residents under the age of 18. The procedural and policy guidance of agency leadership is consistent with the applicable standard. Electronically stored confidential information in safeguarded through systems of security access. Casa Alborada has not had any applicable reports of sexual abuse or retaliation for the audit period.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada's policy manual addresses the requirements of this standard. The Facility Director will ensure all staff understand and have internalized the steps necessary to protect the safety of residents. In conjunction with the PREA Coordinator, the Facility Director will ensure all staff has received training in action steps necessary to protect the safety of any resident at substantial risk of imminent sexual abuse. Staff is required to immediately intervene, challenge, and/or report any inappropriate behavior of residents and other staff in order to promote a safe and professional workplace. All instances of sexual misconduct or inappropriate behavior must be documented and immediately reported to supervisory staff, PREA Coordinator, or directly to the Facility Director. The auditor reviewed facility policy and confirmed that all procedural steps necessary to protect the safety of residents are outlined. The agency director designee and the facility director were interviewed regarding procedures to respond to imminent risks of sexual abuse. Sixteen random staff and 10 specialized staff interviews confirmed they were all aware of their responsibilities if they become aware or suspect that a resident was at imminent risk of being or has been sexually abused. Both random and specialized staff interviewed indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area

	as a potential crime scene to preserve evidence, and notifying the Facility Director or PREA Coordinator. Casa Alborada uses the facility's "responsive plan," which outlines all steps to complete when responding to sexual abuse incidents. During the audit period, there were no reported residents subjected to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of support documentation confirm the facility's compliance with Standard 115.262.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion As required by RRC Casa Alborada policy, the Facility Director, in conjunction with the PREA Coordinator, will ensure procedures are in place to report allegations of sexual abuse that may have occurred at other facilities before the resident's arrival. Any allegation of sexual abuse received by staff or coming to staff attention that reportedly occurred before the resident's arrival to RRC Casa Alborada will be immediately reported to supervisory staff, up to and including the Facility Director. The Facility Director must immediately report the allegation to the Chief Executive Officer, VOAPR, and to the Bureau of Prisons (as required by the contract). In concurrence with the direction provided by the Bureau of Prisons and the VOAPR Chief Executive Officer, the Facility Director will notify the head of the facility or appropriate office/agency where the alleged abuse occurred. The Facility Director will, with concurrence from the Bureau of Prisons, make this notification within seventy-two (72) hours of receiving the allegation and thoroughly document the reporting of the allegation. Documentation and interviews revealed that within the last 12 months, there was one allegation of sexual abuse reported that allegedly occurred at a prior facility. The evidence reviewed by the auditor revealed that facility leadership at the preceding facility was contacted within 72 hours and notified of the allegation. There were no notifications to RRC Casa Alborada of sexual abuse incidents occurring at RRC Casa Alborada and reported to other facilities.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion RRC Casa Alborada's policy and procedure manual addresses the requirements of Standard 115.264. Staff members must follow a coordinated response plan using

	the responsive protocol. Staff members are to immediately safeguard the victim when sexually abusive behaviors have been reported. Staff is required to immediately intervene, challenge and/or report any inappropriate behavior of residents and other staff to promote a safe and professional workplace. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond is required to notify the Control Center to request assistance. Staff must provide support and protection to the victim, separate the victim and the alleged predator to prevent further harm or injury, use supportive, non-judgmental language when communicating with the victim, and inform the victim about the staff's role, including getting only basic information for the investigator. Staff is directed to offer access to emergency medical and mental health care at any hour, secure the scene, and preserve evidence for the investigative process. Staff is directed to instruct the alleged victim not to brush his/her teeth, change clothes, drink, eat, smoke, shower, use the restroom, wash hands until an investigator is available to collect evidence. Casa Alborada's first responder plan includes helping the alleged victim fill out Casa Alborada's PREA Incident Report-01; alerting a supervisor; notifying the Facility Director, the PREA Coordinator, the Assistant Facility Director, and the Senior Resident Monitor. Staff is directed to then report the incident to Puerto Rico Police Department for further investigation (if applicable) and only with the concurrence of the Facility Director. A staff member of the same sex, if approved, will accompany the victim to seek medical assistance. Staff will then complete Casa Alborada's PREA Incident Report-02 with copies to the Facility Director and PREA Coordinator. Sixteen random interviews were conducted with resident monitors and those who can act as first responders. All staff were knowledgeable concerning their responsibilities as a first responder and the actions required when learning of an allegation of sexual abuse/sexual harassment. All resident monitors and first responder staff interviewed during the on-site audit, indicated they would separate the residents, secure the area as a crime scene, not allow inmates to destroy any physical evidence, and contact the PREA Coordinator and Facility Director. During the audit period, there were no reported incidents in which resident monitors or other staff were required to respond to an incident and separate the alleged victims and abusers. The facility reported zero or no applicable instances in which staff members were notified within a period that still allowed for collecting physical evidence. Interviews with staff and an examination of support documentation confirmed Casa Alborada's compliance with Standard 115.264.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	RRC Casa Alborada's policy and procedures manual (sections 115.264 and 115.265) addresses the requirements of Standard 115.265. Additionally, the facility developed a "PREA Response Plan," which reflects first responder protocols and notification requirements. Staff members must follow the first responder protocols and the Coordinated Responsive Plan. Staff members are to immediately safeguard the victim when sexually abusive behaviors have been reported. After an alleged incident of sexual abuse has been reported and the first responder staff has completed their duties, RRC Casa Alborada is required to approach the incident with a coordinated multi-disciplinary team. The team will include staff first responders, medical and mental health practitioners from one of the local hospitals in the area, law enforcement investigators, RRC Casa Alborada PREA Coordinator and Facility Director. RRC Casa Alborada's Coordinated Response Plan requires the Facility Director to notify partner agencies with jurisdiction, use emergency procedures if necessary to ensure medical treatment and provide essential information to medical providers. Staff must immediately intervene, challenge, and/or report any inappropriate behavior of residents and other staff to promote a safe and professional workplace. Casa Alborada's first responder/PREA Coordinated Response Plan includes helping the alleged victim to fill out the Casa Alborada's PREA Incident Report-01; alerting a supervisor; notifying the Facility Director, the PREA Coordinator, the Assistant Facility Director, and the Senior Resident Monitor. Staff is to then report the incident to the Puerto Rico Police Department for further investigation (if applicable) and only with the concurrence of the Facility Director. A staff member of the same sex, if approved, will accompany the victim to seek medical assistance. The agency Director designee, the facility director, and the PREA Coordinator were interviewed regarding the facility's coordinated response plan. All facility management staff are conversant regarding the response plan. The response plan is specific to Casa Alborada RRC and contains all required information..
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Directive 115.266 states that RRC Casa Alborada is committed to ensuring a safe and secure environment for all residents and staff. "There is no bargaining unit in Volunteers of America PR, Inc., RRC Casa Alborada." "The Facility Director will contact the CEO VOAPR and Human Resource/Business Manager and request an immediate removal from the facility of any 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."

	During the audit period, no staff members were removed from contact with RRC Casa Alborada residents due to alleged sexual abuse. There were no reported staff-resident sexual abuse allegations during the audit period.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Casa Alborada 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. RRC Casa Alborada partners with agencies to provide emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. These individuals will be monitored for at least ninety days or longer if the initial monitoring indicates a continuing need. RRC Casa Alborada established a Retaliation Monitor. The Facility Director, Deputy Director, or PREA Coordinator will be designated to monitor staff members and residents who report retaliation complaints or events. The staff member designated cannot be involved in the case. In addition, RRC Casa Alborada created a "Retaliation Monitor Form" to document 30, 60, and 90-day monitoring contact and pertinent comments regarding contacts with staff or residents. RRC Casa Alborada employs 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. Usually, for at least 90 days following a report of sexual abuse, the Retaliation Monitor at Casa Alborada will monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse. The Retaliation Monitor will report if there are changes that may suggest possible retaliation by residents or staff and will act promptly to remedy any such retaliation. Issues monitored by the retaliation monitor include any resident disciplinary reports, housing or program changes, negative performance reviews, or staff reassignments. RRC Casa Alborada will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. For residents, such monitoring will also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, RRC Casa Alborada will respond appropriately to protect that individual against retaliation. The Retaliation Monitor at RRC Casa Alborada will terminate monitoring if the investigative staff from the FBOP or USPO determines that the allegation is unfounded. The auditor interviewed all staff who qualify as appointees for retaliation monitoring responsibilities. The director designee was also interviewed. All potential monitors

	are familiar with the process. They described a retaliation monitoring process that satisfies the requirements of the PREA standard. There were no sexual abuse or harassment allegations made during the applicable audit period. The facility has a process established to exercise and document retaliation monitoring. The facility complies with the standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility directive on investigations states that RRC Casa Alborada is committed to operating a safe and secure facility through a zero-tolerance culture towards sexual abuse and sexual harassment. All instances of sexual abuse and sexual harassment will be referred to the FBOP or USPO for investigation. The Facility Director will ensure practices are in place to immediately report all allegations of sexual abuse and/or sexual harassment to the FBOP or USPO. This includes all third-party and anonymous allegations. RRC Casa Alborada does not employ trained investigators. All PREA-related allegations must be referred to the federal client entity (FBOP) and local law enforcement. Federal investigative entities investigate all allegations. The federal client may occasionally authorize a preliminary assessment to determine internal disciplinary or PREA-based conduct or violations. Under the governing contract, RRC Casa Alborada cannot investigate criminal acts independently. The FBOP contract also prohibits administrative investigations without Federal Bureau of Prisons concurrence. RRC Casa Alborada will document all sexual abuse and sexual harassment incidents in order to cooperate with the FBOP and, when appropriate, Puerto Rico Law Enforcement authorities investigations; this includes providing copies of incident reports, victims and witnesses' written declarations, preservation, and production of evidence, descriptions, and reports of actions taken by the facility to protect the victim, and any after-action reports requested. The retention of documents will meet contract requirements, and all reports and documents related to any allegations of sexual harassment or sexual assault will be maintained until the expiration of the contract, at which point these documents will be turned over to the FBOP. RRC Casa Alborada will routinely request updates and information from the FBOP on any investigation of sexual abuse or sexual harassment that occurred in its facility. RRC Casa Alborada does not determine the substantiation of abuse allegations. However, investigative agencies use preponderance of the evidence standard to make a determination. There were zero allegations of sexual abuse or harassment reported for the applicable audit period. Interviews with 16 residents revealed none had made PREA allegations while at RRC Casa Alborada. Based on a review of facility policy and procedures and interviews with the facility director and PREA Coordinator, RRC Casa Alborada has procedures in place to ensure investigations into sexual abuse are

	conducted in accordance with the applicable standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Casa Alborada does not make any determinations of whether sexual abuse or sexual harassment occurred because of their contract requirements. However, should RRC Casa Alborada be authorized to substantiate whether sexual assault or sexual harassment occurred, the policy requires staff to use the preponderance of the evidence standard. The PREA Coordinator will complete a preliminary assessment and provide a written report to the Facility Director. The Facility Director will send the report to CEO VOAPR, FBOP RRM, or USP. There were zero allegations of sexual abuse or harassment reported for the applicable audit period.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Facility policy 115.273 states that RRC Casa Alborada is committed to ensuring that residents are kept informed regarding the status of any allegation of sexual abuse. The Facility Director will ensure all residents involved in an allegation of sexual abuse are informed of the outcome of the investigations upon approval from the investigating authority to release the information that the allegation was substantiated, unsubstantiated, or unfounded. The Facility Director or PREA Coordinator will request the FBOP or USPO for the relevant information and inform the resident victim. Following a resident victim's allegation that a staff member has committed sexual abuse against the resident, RRC Casa Alborada will subsequently notify the resident unless the agency has determined that the allegation is unfounded. Residents will be notified whenever a staff member is placed on administrative leave; the staff member is no longer employed at RRC Casa Alborada; RRC Casa Alborada learns that the staff member has been indicted related to sexual abuse within the facility, or RRC Casa Alborada learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

	Following a resident victim's allegation that another resident has sexually abused him or her, RRC Casa Alborada will subsequently inform the alleged resident victim whenever: RRC Casa Alborada learns that the alleged abuser has been indicted related to sexual abuse within the facility or RRC Casa Alborada learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Policy requires RRC Casa Alborada to document all such notifications or attempted notifications. There were zero allegations of sexual abuse or harassment during the last 12 months. During the audit period, no residents reported sexual abuse. Interviews with 16 residents did not reveal any reports of sexual abuse at RRC Casa Alborada.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The facility's policy, in section 115.276, outlines RRC Casa Alborada's commitment to ensuring a safe and secure environment for residents and will take appropriate disciplinary action when staff violate standards of conduct and fail to follow established laws and procedures. The Facility Director in conjunction with Human Resource staff, will ensure appropriate disciplinary policies are in place, up to and including termination, for staff that violates RRC Casa Alborada's sexual abuse or sexual harassment policies. The policy states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility policy states that disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable violations by other staff with similar histories. Facility policy requires all terminations for violations of RRC Casa Alborada sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, to be reported to the FBOP, Law Enforcement agencies(unless the act was clearly not criminal), and to any other relevant licensing body. Based on interviews with the facility director and the human resources manager, during the audit period, there were zero staff who were alleged or found to have violated sexual abuse policies. Therefore, there were no cases where disciplinary action or reporting requirements were necessary or executed as per the governing policy. The facility complies with this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility's policy (115.277) stipulates that RRC Casa Alborada is committed to ensuring a safe and secure environment for residents and will take appropriate disciplinary action when a contractor or volunteer violates the standards of conduct and fails to follow established laws and procedures. The policy requires the facility director to ensure any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to the FBOP and law enforcement agencies unless the activity is not criminal and to relevant licensing bodies. The policy directs RRC Casa Alborada to take appropriate remedial measures. It shall consider whether to prohibit further contact with residents after consultation with FBOP staff in the case of any violation. In the past 12 months, there were zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents. During the applicable audit period, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Based on a review of documentation, policy, and interviews with administrative staff, RRC Casa Alborada complies with this standard. In the Pre-Audit Questionnaire in item 115.277 (a3), staff answered in the affirmative that "In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. This answer does not reflect an accurate report. No referrals or investigative reports were required.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility's policy in section 115.278 outlines RRC Casa Alborada's commitment to ensuring residents' safe and secure environment. The facility has established formal disciplinary procedures and sanctions for resident-on-resident sexual abuse. The Facility Director will ensure procedures are in place to take appropriate formal disciplinary action following an administrative finding that a resident violated prohibited acts, including engaging in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The potential sanctions are outlined in the FBOP Program Statement 5270.09 (Inmate Discipline). They are imposed considering 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. The disciplinary

	process considers whether the resident's mental disabilities or mental illness (if applicable) contributed to his or her behavior in determining the type of sanction, if any, that should be imposed. According to the client's Statement of Work requirements, formal sanctioning for disciplinary infractions related to resident-resident sexual abuse will remain with the FBOPs' Discipline Hearing Officer. Participation in interventions designed to address and correct underlying reasons or motivations for sexual abuse will be considered, and the resident may be required to participate in these interventions as a condition of continued residence at RRC Casa Alborada. Facility policy states that a resident may only be disciplined for sexual contact with a staff member upon a finding that the staff member did not consent to the contact. The policy allows a resident to report an allegation of sexual abuse if made in good faith based upon a reasonable belief that the alleged conduct occurred. If an investigation does not establish sufficient evidence to substantiate an allegation, if reported in good faith, this shall not constitute falsely reporting an incident or lying. RRC Casa Alborada prohibits all sexual activity between residents, and residents will be subject to disciplinary sanctions for this conduct. If it is determined the sexual activity was coerced and constitutes sexual abuse, disciplinary action will be initiated. During the audit period, there were no administrative findings of resident-on-resident sexual abuse that occurred at the facility. In the past 12 months, there were no criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility. Based on a review of any applicable disciplinary reports, policy provisions, and interviews with director and PREA Coordinator, RRC Casa Alborada is in compliance with this standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Facility policy outlines RRC Casa Alborada's commitment to ensuring all resident victims have immediate and unimpeded access to emergency medical care and crisis intervention services. The policy requires the Facility Director to ensure procedures are in place to ensure any resident victim of sexual abuse receives timely, unimpeded access to emergency medical care and crisis intervention services. There is no medical or mental health staff available on-site. Medical and mental health practitioners (local community resources) will determine the nature and scope of the medical care and crisis intervention services. It has been verified that local referral sites have the necessary protocols in place to ensure medical care is provided to any resident victim of sexual abuse. Security and non-security first responders are the initial staff resources. Casa Alborada staff responding to a report of sexual abuse will take preliminary steps to protect the victim and immediately notify emergency medical services and mental health practitioners; the Facility

	Director; the PREA Coordinator, and law enforcement authorities. Further notifications (referring authority, etc.), as required by the situation, will be addressed as needed by management staff. Residents who have been the victim of sexual assault will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, per standards of care delivered in the local community hospital as approved by the FBOP or USPO. Treatment shall be provided to the victim without financial cost and regardless of whether the victim names the abuser(s) or cooperates with any investigation arising from the incident. Sixteen first security and non-security first responder staff were interviewed. . All first responder staff interviewed are aware of medical service provisions for any resident victim of sexual abuse. No medical emergencies were reported during the audit period. The facility complies with this standard.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion There were no sexual abuse allegations or substantiated cases for the audit period. Facility policy outlines RRC Casa Alborada's commitment to ensuring all residents have appropriate medical and mental health evaluation and treatment if victimized by sexual abuse. The Facility Director will ensure all residents who have been victimized by sexual abuse are offered medical and mental health evaluation and, as appropriate, treatment. The evaluation and treatment of victims shall include, as appropriate and with approval from the FBOP or USPO, follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or release from custody. RRC Casa Alborada will coordinate, with approval from the FBOP or USPO, the provision of medical and mental health services consistent with the community level of care, as immediate care will be provided in a community setting. Resident victims of sexually abusive vaginal penetration while at RRC Casa Alborada shall be offered pregnancy tests. If pregnancy results from sexually abusive vaginal penetration while confined, service provision agencies will provide the victim with timely and comprehensive information about timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections as medically appropriate. Treatment services, as approved by the FBOP or USPO, will be 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. RRC Casa Alborada will attempt to coordinate a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by approved community or FBOP mental health

	practitioners. All service providers will be approved by the Bureau of Prisons or another contracting agency. Agency staff interviewed confirmed the availability of services. The facility complies with this standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	During the applicable audit period, there have not been any investigations of alleged sexual abuse. Therefore, no substantiated or unsubstantiated findings required an incident review by Casa Alborada staff. However, the facility has an established policy (115.286) and an organizational structure in place by which to guide and implement the incident review process. Facility policy requires RRC Casa Alborada staff to ensure that a critical incident review is conducted after every sexual abuse investigation, including the allegations that have not been substantiated (unless the allegation has been determined to be unfounded). RRC Casa Alborada will ordinarily review the case within 30 days of the conclusion of the investigation. RRC Casa Alborada has established an Incident Review Team. The Incident Review Team includes upper-level management, with input from line supervisors. Information from non-RRC Casa Alborada investigators and medical and or mental health practitioners will be solicited and considered if made available. The Deputy Director, as Chairperson, leads the Incident Review Team at Casa Alborada. Regular members of the team include the PREA Coordinator, a case manager, a resident monitor, and medical/mental health personnel from local medical facilities as available. Medical team members will be officially requested to participate in the incident review process, but if they are not available, Casa Alborada team members will move forward and complete the review. Based on an interview with the Chairperson of the Incident Review Team, the main focus of the team is to consider whether the allegation or investigation indicates a need to change RRC Casa Alborada's policy or practice to better prevent, detect, or respond to sexual abuse; to consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at RRC Casa Alborada; to examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; to assess the adequacy of staffing levels in that area during different shifts, and to assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Facility policy requires the PREA Coordinator to prepare a report of team findings, including but not necessarily limited to determinations made pursuant to the above assessment areas, make recommendations for improvement, and submit such

	report to the Facility Director. A final report will be sent to the CEO VOAPR, FBOP, or USPO. RRC Casa Alborada will implement the recommendations for improvement or document the reasons for not doing so. Existing policies and expected practices are in place to comply with the standard. Systems are in place to perform incident reviews when required.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Case Alborada's policy outlines the facility's commitment to ongoing program evaluation and review of program data to improve program performance continually. The Facility Director ensures a system is in place to collect accurate, uniform data regarding every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, using the Survey of Sexual Violence conducted by the Department of Justice (DOJ) as a guide. The facility aggregates the incident-based sexual abuse data annually and includes data from incident reports, investigation files, and sexual abuse incident reviews where applicable. This data is available for review by the Federal Bureau of Prisons and, upon request, provided by VOAPR to the DOJ (no later than June 30 of each year. The Facility Director will assess the data to identify potential improvements in sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action, and preparing an annual report addressing annual aggregate data. The report shall be made available to the President/CEO VOAPRRRC, provided to the Federal Bureau of Prisons, and made available on the facility's public website. Only information that would present a specific threat to the security and safety of VOAPR Casa Alborada would be redacted. The data will be securely stored and treated as privileged information. Data annually aggregated will be provided to the Federal Bureau of Prisons for publishing at their discretion. The auditor reviewed the information posted on the facility webpage (www.voapr.org). Sexual abuse data is reported in an annual report and is embedded in reporting data covering several aspects of operations. During the reporting period, there were no sexual abuse data to report or related corrective action. Statistics on PREA screenings for risk determinations are kept. The annual reports appear to contain the information typically solicited from the most recent version of the applicable SSV but are not presented in a chart format.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

	Auditor Discussion There has not been any sexual abuse data reported for the audit period. RRC Casa Alborada has a system in place to review and assess all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, identify any issues or problem areas, and take corrective action if needed. The auditor reviewed the PREA section of the 2023-24 "PREA Annual Meeting and Report." The report referenced the last PREA audit conducted in December 2021. Even though all standards were met in the 2021 audit, recommendations were made that prompted plans for improvements in the PREA risk screening process to make the risk determination outcomes more objectively based. Other improvement measures prompted by the 2021 PREA audit included case management validation of initial housing assignments made by the Resident Monitor; updating Memorandums of Understanding, and minor updates to the policy and procedure manual. The President/CEO of VOAPR (Casa Alborada) will provide the data to the Federal Bureau of Prisons, and it can be made available at their discretion. Annual reports are also provided on the voapr.org website. The website contains a policy and procedure link. Once accessed (voapr.org), the website has links to various resources such as Re-entry Services, PREA Law and Purpose, Annual Reports, Final PREA Reports, ; a Resource Directory; Reporting information; Resident Handbooks in English and Spanish; a staff directory. The annual reports appear to contain the information typically solicited from the most recent version of the applicable SSV but are presented in a narrative, rather than a chart format.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion VOAPR Casa Alborada ensures incident-based and aggregate data is securely retained before submittal to the Federal Bureau of Prisons. Incident-based data submitted to the BOP is published on the BOP's and voapr.org public websites. The incident-based and aggregate data reports are available to the President/CEO VOAPR for forwarding to the Federal Bureau of Prisons and are available at the BOP's discretion. Only information that would present a specific threat to the security and safety of the facility will be redacted. The data is securely stored and treated as privileged information. The BOP maintains VOAPR Casa Alborada data submittals for at least 10 years. VOAPR Casa Alborada complies with this standard.

115.401	Frequency and scope of audits
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	RRC Casa Alborada previously received a PREA audit on December 7-8, 2021. VOAPR, also known as Casa Alborada, is a standalone facility operated by Volunteers of America Inc. and has a contractual relationship for providing re-entry services to Federal Bureau of Prisons offenders and pre-trial offenders under the jurisdiction of the U.S. Probation Offices for the districts of Puerto Rico and the U.S. Virgin Islands. The Federal Bureau of Prisons contractual agreement determines the facility's staffing. This contract provides no medical, mental health, or investigatory resources. The Federal Bureau of Prisons has direct oversight of all investigatory matters, along with local law enforcement. Medical and mental health resources are gained through community providers. VOAPR Casa Alborada does not have jurisdiction over other VOA facilities and is not responsible for the auditing frequency of any other facilities. The auditor was allowed full access to records and to inspect all areas of the facility. The PREA Coordinator promptly supplied all electronic data by uploading documents to the OAS and/or providing hard copy documentation. Residents were notified of the PREA audit by posting notices in all housing and common areas. The audit notices were posted at the facility on October 15, 2024. Residents were provided information on how to communicate confidentially with the PREA Auditor. The auditor was allowed to interview residents and staff privately and was accompanied by an independent interpreter service..

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	VOAPR Casa Alborada has published on its agency website the Final Audit Report for the PREA audit conducted in December 2021. The website is voapr.org.

Appendix: Provision Findings		
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

	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.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

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

	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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

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

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
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,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
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	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
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
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
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	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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