

# PREA Facility Audit Report: Final

**Name of Facility:** New Bedford Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 03/08/2026

**Date Final Report Submitted:** 04/15/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jack Fitzgerald	<b>Date of Signature:</b> 04/15/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	01/14/2026
<b>End Date of On-Site Audit:</b>	01/15/2026

FACILITY INFORMATION	
<b>Facility name:</b>	New Bedford Reentry Center
<b>Facility physical address:</b>	493 Belleville Avenue, New Bedford, Massachusetts - 02746
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Paula Slowe
<b>Email Address:</b>	pslowe@crj.org
<b>Telephone Number:</b>	781-249-6790

<b>Facility Director</b>	
<b>Name:</b>	Jamall Gill
<b>Email Address:</b>	jgill@crj.org
<b>Telephone Number:</b>	857-310-0071

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	26
<b>Current population of facility:</b>	10
<b>Average daily population for the past 12 months:</b>	12
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	22 - 72
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the</b>	22

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Community Resources for Justice
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	355 Boylston Street, Boston, Massachusetts - 02116
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Deborah M. O'Brien
<b>Email Address:</b>	dobrien@crj.org
<b>Telephone Number:</b>	857-408-6211

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Paula Slowe	<b>Email Address:</b>	pslowe@crj.org

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
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:**

1

- 115.215 - Limits to cross-gender viewing and searches

**Number of standards met:**

40

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-01-14
2. End date of the onsite portion of the audit:	2026-01-15

### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>The Auditor researched the program, the availability of SANE services in the area, and the local rape crisis network through internet searches and direct communication. The Auditor also completed internet searches in applicable state laws, the training programs for SANE nurse certifications, and training requirements for rape crisis advocates. The Auditor reviewed media coverage related to the program and a search for any litigation against the facility for issues covered in the standards. Interviews with community-based services confirmed that the materials provided were accurate and reliable. The Auditor also spoke with representatives from the Massachusetts Adult Probation Office which is the funding source to see if any concerns were raised and to assess the level of communication. The Adult Probation would receive potential information of concerns from regional probation offices or county sheriff's offices who may use the program. The Auditor also spoke with the Massachusetts Department of Corrections' PREA Office who serves as an outside reporting option for clients to report sexual abuse or sexual harassment.</p>
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**AUDITED FACILITY INFORMATION**

<p><b>14. Designated facility capacity:</b></p>	<p>26</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>12</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>2</p>
<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) </p>

**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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	10
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>22</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The Auditor interviewed all residents in the facility during the onsite portion of the audit.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>

<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified. The resident who previously reported a concern was no longer in the program.</p>

<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor reviewed the client list with the facility Director and the Intake Release Coordinator who would have the most knowledge of the resident's need. The Auditor also made further inquiries with staff during formal and inform conversations. The Auditor also spoke with all residents to see if any targeted groups were not previously identified.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility is a unlocked community confinement facility without a segregation unit.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Auditor was able to interview all residents in the program during the two-day audit. The Auditor stayed into the evening hours to get residents who were at work on day one and came in on the overnight shift of day two to see staff and residents who leave for work before 7am.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor interviewed all staff who were present across two days. The Auditor interviewed staff on all shifts by working over 20 hours in two days across all three shifts.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>5</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>The facility has a director and assistant director who manage day to day operations. The case managers, Intake Release Coordinator and Community Specialist serve as on-call support to residential monitors. The agency has a multi-tiered senior leadership that also supports the needs of the facility through regional managers, the PREA Coordinator and the Senior Director who reports to the CRJ Vice President of Reentry Services.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The Auditor tested critical functions, including testing both internal and external reporting methods for the residents. The Auditor called listed numbers to ensure that they were accurate and confirmed the mailing addresses are also correct. The Auditor observed signage throughout the facility in multiple languages and confirmed with staff the most common languages they deal with after English. In addition to the sample target and random interviews, the auditor took downtime to move about the facility and speak on an informal basis. The Auditor also talked to staff and residents on the tour to ensure the Audit notice was posted and they were aware of the purpose of my visit. As a community confinement facility, the residents can possess their own phone from which to make private calls. Residents and staff confirmed that if they do not have a phone, they can use the agency phone system which is not recorded and can be allowed a private space away from peers or staff to make a call.</p>
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**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.

<p><b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The Auditor requested the population and staff list to get a random sample of documentation selected by the Auditor to complement the examples provided. Because the population of the program was so small the auditor requested all current residents' information be available for one site review along with a sampling of residents who were discharges in the 6 months prior. The Auditor did check client records on site and, when appropriate, asked for additional examples or information to be provided. The Auditor did not review HR files on site as they are kept in the agency's headquarters in Boston. The Auditor had asked the agency to provide the dates of critical elements of HR files for all staff, which were later used to select a random sampling of HR Records uploaded to the OAS. The Auditor interviewed the HR Director by phone along with one staff who was responsible to accumulating the information to be uploaded.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	1
<b>Total</b>	1	0	0	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	0	0
<b>Total</b>	0	1	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment at the facility in the 12 months prior.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The local police reportedly have not officially closed the case into the allegation made by a former resident in 2025 during a new arrest. The police did come to the facility and interviewed the director and staff about the allegation.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Coordinator Training</p> <p>CRJ Organizational Chart</p> <p>Individuals interviewed/ observations made.</p> <p>Senior Director of Reentry Services</p> <p>PREA Coordinator</p>

Residents

Staff

Indicator Summary determination.

Indicator (a). Community Resources for Justice has a policy that mandates zero tolerance toward sexual assault or sexual harassment at all its facilities. Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) include the statement, "CRJ has a zero-tolerance stance towards all forms of sexual abuse and sexual harassment and is applicable to residents, staff, volunteers, visitors, and contractors. The zero-tolerance stance includes education, prevention, detection, and responding to sexual abuse and sexual harassment incidents immediately." The policy outlines New Bedford Reentry Center's and the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment incidents. The 23-page policy covers different aspects of protecting, detecting, and responding to sexual abuse or sexual harassment incidents. Interviews with random residents supported the existence of a zero-tolerance environment at the New Bedford Reentry Center. Residents support that staff address negative behaviors. In Interviews with the Auditor, residents reported that if they were to voice a concern, they believed it would be taken seriously and stated the environment is safe from sexual misconduct. In random staff interviews, they identified key information from training and gave examples of things they do in their jobs that support a Zero-tolerance culture. The New Bedford Reentry Center is a three-story house and a detached office space that once was a recovery center. The program includes a common kitchen/living room on each floor. The laundry is in the basement. Housing is contained to the second and third floors The first floor contains various office and common spaces and the staff monitoring station from which staff can monitor residents throughout the program. Of the current population interviewed the residents confirmed that sexualized behaviors do not exist, and that staff would address inappropriate language or topics of conversation.

Indicator (b). Community Resources for Justice has an individual assigned to oversee the agency's efforts toward compliance with the Prison Rape Elimination Act (PREA). The agency policy addresses the role of the PREA Coordinator throughout the policy. Language on page 4 provides a summary of some of the duties. "Staff Responsibilities

1. The PREA Coordinator is responsible for oversight of all PREA-related activities.
2. The PREA Coordinator will:
  - a. Coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring in CRJ Programs

- b. Maintain related statistics and complete the annual Bureau of Justice Services' (BJS) Survey of Sexual Victimization (SSV)
- c. Supervise the PREA activities, and
- d. Conduct audits to ensure compliance with CRJ policy and PREA of 2003."

The Agency's PREA Coordinator is the Agency's Implementation and Development Director. The PREA Coordinator works as a senior leadership member in the agency's Social Justice Services Division reporting directly to the Vice President of Reentry Services. As noted, the PREA Coordinator tracks incidents, trains staff, supports identified needs, and ensure all investigations are completed consistently with agency expectations and standards requirements. The PREA Coordinator and the Senior Director of Reentry Services confirmed the PREA Coordinator's ability to develop and implement policies and procedures to ensure residents' sexual safety across the agency. The PREA Coordinator routinely interacts with the residential Directors, including the New Bedford Reentry Center Director. The agency provided the Auditor with the agency management flowchart confirming their agency-wide role as PREA Coordinator for the past 6 months.

**Compliance Determination**

The Agency's PREA Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) supports zero-tolerance expectations toward any form of sexual assault or sexual harassment. Policy 900.00 goes on to address the role and responsibilities of the PREA Coordinator (page 3). Interviews with the Senior Director of Reentry Services and the PREA Coordinator confirm sufficient resources in place to prevent, detect, and respond to any allegation of sexual abuse or sexual harassment. The Policy addresses numerous aspects of the agency's efforts to provide a zero-tolerance environment. The other supporting documentation provided confirms the PREA Coordinator's role in ensuring compliance with the standards. New Bedford Reentry Center residents confirmed the program's safety and said they would feel safe addressing concerns with staff. The Auditor also considered the staff members' knowledge of PREA training and zero-tolerance expectations in determining compliance. Compliance was based on the policy, interviews, and supporting documentation that confirmed the standard's expectation. The residents' comments on safety and the staff's knowledge of training further supported the existence of a zero-tolerance culture.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>CRJ Agency Website</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Senior Director of Reentry Services</p> <p>Indicator Summary determination.</p> <p>Indicator (a). New Bedford Reentry Center is not a public agency; it is a contracted facility funded by the Massachusetts Adult Probation.</p> <p>Indicator (b). New Bedford Reentry Center is not a public agency; it is a contracted facility funded by the Massachusetts Adult Probation.</p> <p>Indicator (c). New Bedford Reentry Center is not a public agency; it is a contracted facility funded by the Massachusetts Adult Probation.</p> <p>Compliance Determination</p> <p>The standard is compliant as the agency is not a public entity. New Bedford Reentry Center is part of Community Resources for Justice, a private, nonprofit organization. The Agency has subcontracted beds in a separate program and that facility has completed a PREA Audit in the past year and is regularly visited by agency staff and funding source representatives. Information was confirmed through discussions with the Agency PREA Coordinator, the Senior Director of Reentry Services, and the Auditor’s review of the agency website.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

New Bedford Reentry Center Staffing Plan w/ floorplans & camera locations

CRJ Annual PREA Report

PREA Coordinator Memo on the review process

Individuals interviewed/ observations made.

PREA Coordinator

New Bedford Reentry Center Director

Senior Director of Reentry Services

Random Residents

Funding agency representative

Observation of Staffing consistent with the schedule

Indicator Summary determination.

Indicator (a). New Bedford Reentry Center has developed a staffing narrative that outlines the number of staff needed per shift to provide adequate supervision of residents and promote a safe environment. The facility provided a PowerPoint. The PowerPoint addresses the facility's physical layout and the location of cameras that support active supervision. The 22-page document addresses the various elements required in indicators (a) and (c). In speaking with agency leadership, it is clear they consider all incidents, not just PREA events, in determining staffing and video surveillance needs. The staffing plan was guided by the Massachusetts Probation Department's contractual guidelines and by the American Correctional Association's standards. The agency's staffing plan covers staffing assignments, the physical plant layout across three floors and an outbuilding, camera placement, and identification of blind spots. The document also covers the current population makeup and the frequency of PREA-related incidents. The facility's designed capacity was originally 26 and after renovations the number the facility plan is based on upto 16 residents. The facility operated in the 4 years ago, with an average population of 12 residents in this all-male environment in 2025. The Auditor observed staff moving about the building and completing tours. The Director was aware of blind spots and described the expectation on staff to respond if a resident lingers in these spaces. CRJ requires one staff member in the staff monitoring station to view cameras at all times, except in exigent circumstances. Staff were also able to demonstrate how they use cameras to track residents' movement in the

program using 30 cameras. The facility has a separate building that houses the Director, and assistant director.

During the on-site portion of the audit, the Auditor was able to see the cameras' locations and the positioning of offices that support residents' supervision. The facility has had no allegations of sexual assault in the past year from a discharged resident and no sexual harassment allegation. Policy 900.00 (page 4) addresses this indicator's elements by defining the content expectations for the staffing plan.

"Staffing Plan

a. The program has developed a staffing plan that provides for expected levels of program supervision and monitoring, to ensure that the facility is safe and secure.

b. Video monitoring is also used to monitor and supervise residents in common areas and provides additional protection against sexual abuse.

c. Once a year, during the budget preparation period, the staffing plan is reviewed to assess for any necessary adjustments:

(1) in the staffing plan,

(2) in prevailing staffing patterns,

(3) with the deployment of video monitoring systems and

(4) with other monitoring practices or the allocation of facility resources to commit to the staffing plan to ensure PREA compliance."

Interviews with the facility Director and the Senior Director further support knowledge of the elements to be considered initially and in an annual review. The Auditor also reviewed the staffing schedule, including non-custodial positions, to compare it with client schedules. This supports the additional resources being available to monitor interactions when there is greater movement in the facility. The Auditor's interview with the funding agency to determine whether there were no staffing concerns. The Massachusetts Probation office does site reviews in addition to site visits by individual Probation Officers or County Jail representative who use the program for their clients. The Director confirmed they have to provide the state with a staffing plan annually for approval. Interviews with the facility Director and the PREA Coordinator further supported knowledge of the elements to be considered initially and in an annual review. The Auditor also reviewed the staffing schedule, including the non-custodial positions, to compare against client schedules. This supports those additional resources available to monitor interactions when there is larger movement in the facility

Indicator (b). The indicator does not apply, as the facility has reportedly not fallen below minimum staffing levels. New Bedford Reentry Center Director reports that they have not had a situation in which they did not meet the minimum staffing requirement. The Program Director reports that they have the capacity to mandate

coverage or request volunteers in an emergency to provide support. The Director reports that they try to avoid requiring staff to stay and adjust administrative staff schedules to ensure minimums are met. The Human Resources staff confirmed that the facility has had turnover but is actively recruiting staff. All case management staff are trained to perform resident monitoring functions and can cover as needed. Policy 900.00 Page 4 states, "If a deviation ever occurs in the staffing plan, it is documented, and the reason for noncompliance is justified." The program has a minimum staff complement of 2.

The staffing plan document shows that monitors are available on all shifts. The schedule also shows that case management and administrative staff who are not normally included in the minimum calculation have regular work hours, including night and weekend shifts, to support increased supervision when most residents are in the facility. The Facility Director reported that if the program was at risk of falling below the minimum, the Director, Assistant Director, or others would have staff come to provide relief if necessary. The facility has an on-call duty officer who will ensure all call-outs are covered and documented. Residents interviewed confirm that staff are always available.

Indicator (c). New Bedford Reentry Center has a process in place by which the Director reviews the existing plan for adequacy in providing a safe environment for residents. In an interview with the Auditor, the facility Director stated that they consider the safety of clients daily. The PREA Coordinator and Senior Director also confirmed that the administration would be consulted on any long-term changes or additions to resources, such as video surveillance equipment. Documentation was provided supporting a review meeting completed in April of 2025 that included the PREA Coordinator. The Senior Director and Program Director confirm that immediate solutions will be put in place to address identified risks arising from incident reviews or investigations. The agency will invest in monitoring technology as needed to implement safety and security measures, such as alarmed perimeters, to prevent unauthorized entry.

#### Compliance Determination

The New Bedford Reentry Center is compliant with the standard's expectations. The facility had a written plan that discussed the elements described in indicator (a) and a process for the annual review of staffing and technological needs to support residents' safe management. Interviews support regular discussions between facility and Agency management and the expectation of resolving identified concerns immediately. Agency policy 900.00 Staff and Resident Sexual Misconduct put forth requirements consistent with the standard's language. Residents supported the environment being safe and staff being available. Compliance is based on the documentation provided, the policy, interviews, and the Auditor's observations during the two-day visit.

115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse</p> <p>Policy 1.4.5 Searches</p> <p>Policy 2.4.5 Urine Collection</p> <p>Training Rosters</p> <p>Individuals interviewed/ observations made.</p> <p>Program Director</p> <p>Random Staff</p> <p>Random Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). New Bedford Reentry Center has a policy prohibiting a resident's cross-gender strip or body cavity searches. Community Resources for Justice has eliminated all strip searches of clients in its community-based environments. CRJ policy 900.00 Staff and Resident Sexual Misconduct states, "CRJ authorizes only one type of body search, a pat frisk." The Auditor was also provided with a copy of the facility search policy (1.4.5 Searches), which had consistent language prohibiting such searches. Interviews with administration, random staff, and residents confirm no instances of a strip or body cavity search. Because the facility requires urine samples to be observed, the Auditor reviewed the policy and practice as part of the compliance determination. The facility requires the same-gender staff to observe the collections of urine samples for drug testing. Policy 2.45 Urine Collection (page 2) requires "Only a staff member of the same sex shall collect urine specimens for analysis from a resident." The Auditor asked random staff members questions about how this process works, including whether cross-gender observations would ever occur. Residents interviewed confirmed that the same-gender staff always collects urine samples and that they are never required to be unclothed in front of any staff. The agency has also used oral tests with transgender individuals in the past. The OAS documentation also confirmed there were no cross-gender strip or body cavity searches.</p>

Indicator (b). New Bedford Reentry Center serves only male residents. The Facility has not had a transgender admission but trains all staff in completing pat searches of transgender individuals. The facility does not do body cavity or strip searches.

Indicator (d). Community Resources for Justice, Policy 900.00 Staff and Resident Sexual Misconduct, has language that addresses this indicator's requirements. The policy protects residents from being viewed in any state of undress except in incidental view on security rounds. The Policy states, "Residents at the program are able to shower, perform bodily functions, and change clothing without a staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks." "Staff of the opposite gender announces their presence when entering a resident room or bathroom where residents are likely to be showering, performing bodily functions, or changing clothes. (page 9)." The Auditor observed opposite-gender staff making announcements before entering bedrooms or bathrooms at New Bedford Reentry Center. During the tour, the Director knocked on each door, announced themselves, and then opened it. This same process was repeated as the bathroom. The Auditor also confirmed with residents that they could shower, use the bathroom facilities, and change without the staff of the opposite gender seeing them. New Bedford Reentry Center residents also supported that both male and female staff knock and announce before entering resident rooms or bathrooms.

Indicator (e). This element is currently suspended from consideration as part of this audit.

Indicator (f). This element is currently suspended from consideration as part of this audit.

#### Compliance Determination.

The agency has policies that consistently address the standard requirements (Policies, 1.4.5, 2.4.5, 900.00). The Community Resources for Justice has implemented a policy prohibiting strip searches, body cavity searches, and cross-gender pat searches (Policies 1.4.5 and 900.00). The agency and facility management confirm they have been able to manage security issues in a community confinement setting while avoiding more intrusive and potentially traumatic practices of cross-gender searches of any type. Interviews with staff confirm they have been trained on how to respectfully complete pat frisk searches of residents. Intake staff confirmed no strip searches or pat frisk searches are performed to determine genital status and that strip searches do not occur at New Bedford Reentry Center.

The Auditor finds New Bedford Reentry Center compliant with the standard expectations on limited cross-gender searches or viewing. Staff and residents both

	<p>confirmed there are no strip searches as a practice and no cross-gender pat searches. The staff have been provided appropriate training on the completing pat searches including the importance of communication with the resident about the search. The Auditor also confirmed with the residents the agency's practice of same-gender staff being present when urine samples are being secured for drug testing. The facility policy, observations of the physical plant, and observations made of staff practice support residents are able to shower, perform bodily functions, and get change without opposite gender staff seeing them. Residents' support staff provide appropriate notice before entering the bedroom or bathroom areas. The Auditor finds that the standard has been exceeded. All elements required have been met as discussed above; the Auditor believed New Bedford Reentry Center exceeds the standard by creating an environment in which residents feel safe while removing all strip searches and cross-gender pat searches.</p>
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<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 1.1.6 Intake Process</p> <p>Day interpretive services contract</p> <p>Day interpretiveservice.com website</p> <p>Resident Handbook (Large Print/English/ Spanish)</p> <p>Intake Paperwork/ posters in English/Spanish</p> <p>TTY machine</p> <p>THE WOMEN’S CENTER of New Bedford of Massachusetts website</p> <p>Individuals interviewed/ observations made.</p> <p>Contract Oversight Manager</p> <p>Random Staff</p>

## Random Residents

Indicator Summary determination.

Indicator (a) The Community Resource for Justice's PREA Policy (900.00) and the Intake Policy (1.1.6) require the identification of populations who may have difficulty in understanding information. The PREA Policy (pages 6-7) requires facility staff to ensure residents understand, regardless of disability or language barriers, the facility's efforts to maintain a PREA-safe environment. The Policy states, "As part of orientation for residents during intake, staff will communicate PREA information verbally and in writing, in a manner that is clearly understood by residents.

Information will include but is not limited to:

- Presentation of this policy
- Resident Grievance process
- CRJ's zero tolerance stance
- Self-protection methods (see Section C., 8., Prevention)
- Prevention and intervention
- Treatment and counseling
- Reporting incidents
- Protection against retaliation
- Consequences of false allegations"

The Intake Release Coordinator describes information provided at intake including; how to keep oneself safe, the facility's zero-tolerance stance, how to report a concern, and how to access treatment. As a Reentry facility, admissions come from the Massachusetts Department of Corrections, the state's Probation Offices or County Jails. As a result, New Bedford Reentry Center receives information in advance about residents with significant medical issues/disabilities or other mental health disorders that may impact PREA scoring. The Intake/Release Coordinator sits with each new resident and screens for any missed medical information or other factors that may impair their understanding of the facility rules, including the zero-tolerance policy toward Sexual Abuse and Sexual Harassment. This screening would help identify those who have comprehension or limited reading ability. The Auditor had the Intake and Release Coordinator describe the steps he takes to provide initial education on PREA as well as the questions being asked as part of the PREA screening process. they asked them to describe how they would handle individuals with disabilities or language barriers to ensure comprehension and was provided a description of the availability of interpretive services and how breaking information

into smaller pieces of information is done for individuals with comprehension issues.

The PREA Coordinator confirms the agency can provide written materials to clients in various formats and languages as needed. The facility can support individuals with a range of disabilities. The Auditor was provided copies of the Resident Handbook in English and Spanish and in large print. The tour showed the posting of PREA information in multiple languages and confirmed with the residents they have continual access to PREA information as required in 115.233. The program has TTY for individuals who are deaf and the local rape crisis agency also has reportedly TTY capacity. The agency's experience supporting individuals with developmental and intellectual disabilities has positioned itself with resources to support clients with those issues and an ability to provide training specific to working with that clientele. The agency provides programming for these populations in another division of the agency. Residents with physical or cognitive disabilities confirmed there are staff available with whom individuals could ask and receive assistance in comprehension or accessing any part of New Bedford Reentry Center's efforts to keep them safe from sexual abuse or sexual harassment.

Indicator (b). New Bedford Reentry Center has signage up related to PREA and other important information in both English and Spanish, the most common languages spoken by their population historically. Intake paperwork and handbooks can be translated into multiple languages as needed. The agency has provided access to interpretive services through an online system through [Dayinterpreting.com](http://Dayinterpreting.com). The on-demand system is a telephonic aid to resident and staff communication. The Auditor was able to learn how staff would access the system if needed. Day Interpreting website supports the service and can translate into over 100 languages. Residents acknowledged there was some staff whom they could approach who could aid in their understanding of information. The Auditor was not able to speak with any LEP residents and there were no individuals with developmental disabilities. Random staff interviewed acknowledge they cannot use resident interpreters to ask any sensitive information, including PREA-related questions. The Auditor asked bilingual residents if they were offered a handbook in Spanish at intake. The Auditor was not able to observe an intake but asked the Intake Release Coordinator how they assess language and disability barriers. The Auditor tested the posted phone number for the interpretive services. Though the facility did not report a LEP resident in the past year the Auditor suggested that staff refreshed about how to access the language line as not all knew where to find the number to call. The facility did not have a Limited English Proficient individual in the past year who required translation services to communicate. Policy also addresses the concerns by stating, "The program provides residents with PREA education in formats accessible to all residents, including those who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills."

	<p>Indicator (c).</p> <p>Random staff interviewed confirmed that resident interpreters are not appropriate in any communication about concerns of sexual misconduct. Staff are aware that it is only appropriate to do so in an emergency basis to find out information sufficient to obtain appropriate medical care. Staff were aware of the existence of interpretive services. Training records and materials support the expectation that has been made apparent to staff. CRJ PREA Policy 900.00 states, "The use of resident interpreters, resident readers, or other types of resident assistants will not be used, except in limited circumstances, where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties or the investigation of the resident's allegations. In these exceptions or limited circumstances, documentation of all such cases shall be documented." Staff reports they have not had to use resident interpreters for any form of emergent communication.</p> <p>Compliance Determination</p> <p>New Bedford Reentry Center was able to present information on its ability to support LEP and disabled residents to its efforts to prevent, detect, and respond to sexual misconduct. The facility can aid disabled or LEP residents in understanding PREA, how to report a concern, and how to access assistance if one has been a victim. The agency had provided documentation, and the Auditor could see how LEP or disabled individuals could access information on the tour. CRJ's experience with individuals with intellectual and developmental disabilities provides an invaluable resource when individuals with these challenges are admitted. Residents' interviews support staff are available if they are having difficulty in understanding. Staff interviews and training documentation further confirm the staff's ability to aid the residents in all aspects of the facility's effort to have a zero-tolerance, PREA-safe environment. The Facility did not have any individuals with significant physical disabilities, hearing/sight loss or cognitive challenges requiring specialized assistance. There were also no individuals who were Limited English Proficient. The Agency has found services to use with residents and provided documentation of the training. Compliance is based on policy, the documentation provided, Informative documents are available to residents, and information from both staff and residents.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p>

Hiring/Applicant Tracking System

Pre-Employment Questionnaire

Prior Institutional Employer Inquiry form

Employee handbook

Human Resources Memo

Random Staff Files.

Employee Standard of Conduct

Individuals interviewed/ observations made.

Human Resources Director

Human Resources Staff

New Bedford Reentry Center Director

Senior Director of Reentry Services

Indicator Summary determination.

Indicator (a). The Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 2 of the policy addresses the definition of sexual abuse consistent with the federal definitions. The policy on page 4 addresses this indicator's requirements. "CRJ prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who:

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

(2) 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; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a., (2) of this section.

CRJ considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor, who may have contact with residents." Using language from the standard, the policy strictly prohibits the employment or contracting the services of individuals who have been convicted of engaging or attempting to engage in, or administratively be adjudicated for sexual

assault. Upon hire to New Bedford Reentry Center, all employees have signed a form that directly asks if they have engaged in prohibited behaviors. The PREA Employment Questionnaire uses language consistent with the standard. This form is also required to be filled out each time an individual is promoted. The Auditor's review of the employee handbook also finds a list of different areas the agency will use in completing the criminal background checks. The document confirms that employees must allow the check as part of their eligibility. "Employees shall sign an agreement authorizing the background check(s) with the understanding that information obtained from a criminal justice record check will be used only to determine eligibility for employment. Failure to sign the agreement authorizing the checks will result in denial of employment or termination if already employed."

New Bedford Reentry Center does not currently hire contractors who have regular contact with residents, nor do they have they had any volunteers. Human Resources Staff confirm that individuals with past histories described in indicator a) would not be eligible for employment. The Facility Director confirmed any one-time contractor such as completing service repairs reportedly would be supervised by staff while on-site reportedly. These individuals would also be informed about PREA and the residents' right to be free from sexual abuse or sexual harassment. Upon arrival the facility staff required the Auditor to sign into the building and offered me information on the Prison Rape Elimination Act and the agency's zero-tolerance stance toward sexual abuse, sexual harassment or retaliation against those who report or cooperate in an investigation of such acts.

Indicator (b). As noted in indicator (a), New Bedford Reentry Center does not contract with individuals who provide direct services to residents. The Human Resources Department for CRJ will review all employees recommended for promotion. It will require the PREA Employee Questionnaire to be completed, followed by a complete Human Resources file review. The Human Resources Director confirmed if the Talent Acquisition Specialist identifies sexual harassment concerns in the staff file, the information would be referred to the Director of Human Resources and the Senior Director before a promotional offer would be extended. The agency is small enough that both middle and upper managers would be able to identify historical concerns before any promotional opportunity would be finalized. Policy language in 900.00 addresses the indicator's concern. "CRJ considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents."

Indicator c). Community Resources for Justice policy 900.00 states, "CRJ requires that before any new employee, who may have contact with residents, is hired: (1) a criminal background record check is conducted, and (2) best efforts are made 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." The Auditor was provided information supporting all current employees who have had an initial criminal background check. In addition to the policy, background checks are a requirement of the funding source. The agency also

has in place a system to make inquiries of prior institutional employees. None of New Bedford Reentry Center's current employees have had prior institutional employment other than the Director whose documentation included prior employment search information.

The Human Resources Director and the facility Director committed to the agency's efforts to protect clients by seeking information about previous misconduct. The Agency utilizes a background service to check criminal and employment histories. The service has a PREA-specific release they require prospective employees to sign to allow a specific inquiry into past concerns of sexual misconduct. (Prison Rape Elimination Act Questionnaire for Prior Institutional Employers). The Auditor was able to review the content and process map for new employees. All employees have criminal background checks which include multi state and federal criminal record, a social security trace, MV check from the states t.he applicant has lived in, sexual offence registries and OIG exclusion lists.

Indicator (d). As noted in indicator (a), New Bedford Reentry Center not contract with any individual to provide services to the client on-site. Residents seek medical and mental health services in the community. All visitors to the facility are monitored by staff when on site. The facility has one vendor who provided food delivery to the facility daily at the kitchen, who has little to no contact with the clients, and a second vendor who fills the vending machine. The Auditor was provided with documentation that criminal Background Checks have been completed on these individuals. The Human Resources staff confirmed that criminal background checks would occur on any volunteer and any contractor who would have access to the residents.

Indicator (e). The Community Resources for Justice Policy 900.00 requires all employees and contractors to undergo a criminal background check every five years. "CRJ requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees and contractors." New Bedford Reentry Center has only been open for less than five years. The Auditor is confident the process was in place to complete the required background checks as the agency is required to submit all employee, contractors, volunteers, and intern reportedly in the facility's contract with the state. The agency has completed the necessary checks on individuals in their other programs for 5-year background checks. The HR representative confirmed they have in place a system to identify staff ahead of the 5th year to ensure continued compliance.

Indicator (f). Noted in Indicator (a), all New Bedford Reentry Center employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. CRJ had all existing employees complete the form after it was initiated in 2015. The employee signs the form after they read the information, including the following: "CRJ shall impose upon employees a continuing affirmative duty to disclose any such misconduct". The Employee Standard of Conduct document also sets forth the

requirement that the employee must report any engagement in criminal activity. Staff understood the expectation to report any behavior by themselves or other staff. The Auditor reviewed documentation supporting these forms that have been completed.

Indicator (g). The Community Resources for Justice PREA Employee Questionnaire also contains the following passage: "any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination." Human Resources Director confirmed they have not had to fire any individual at New Bedford Reentry Center for any such inaccuracies related to any sexual misconduct.

Indicator (h). CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allow the agency to disclose any PREA-related concerns with proper releases of information to other institutions. The policy states, "CRJ 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." Interviews with Human Resources Director confirm they make requests of outside employers when hiring; they report they do not frequently receive similar requests for prior employees. As New Bedford is a newer facility there were no requests about former staff who had gone on to other institutional settings.

#### Compliance Determination

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard, including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with the Human Resources Director was completed by phone. The Auditor received electronic copies of random staff files. The Auditor requested in advance of the on-site visit the following information: dates of hire, original and 5-year background check (if they existed), dates the staff signed acknowledgment on a continuing obligation to report the behaviors listed in indicator (a), and if the individual had prior institutional employment. This process allowed the Auditor to select a diverse sample of staff to be reviewed. During the Pre-audit phase, the Auditor requested documentation of the dates HR elements were completed for at the time all individuals employed at New Bedford Reentry Center. The Auditor reviewed a sample of current staff files matching the hard documentation dated to the previously provided dates. The process allows the Auditor to confirm the hard documentation of selected files against the previously provided dates.

Documentation from the personnel files for New Bedford Reentry Center supported this standard's requirements, including asking employees about past sexual misconduct, responsibilities of continuous disclosure, and consequence for omission or falsification of information. Supporting New Bedford Reentry Center's compliance were the policy that agreed with the standard's elements the interview with CRJ Human Resource staff, and the agency PREA Coordinator. The Agency has policies, procedures, and practices in place to support ongoing compliance. The Auditor also

	<p>considered compliance with the CRJ Employee Handbook, which informs individuals about prohibited behaviors and conduct that can lead to discipline or the termination of employment. Interviews with HR and agency and facility administration further support the needed communication and practices maintained.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>NBRC Staffing plan</p> <p>Documentation of the new camera system.</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Senior Director of Reentry Services</p> <p>New Bedford Reentry Center Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Community Resources for Justice took over the zoned residential site of a former sober living center. This is the facility's second PREA audit at this location. During the last Audit the facility was in the midst of renovations. There reportedly have been no changes to the physical plant since that project was done. Because the plan was reviewed during the past audit and the facility reports no other changes this indicator is considered N/A. The Auditor observed changes did allow for staff offices to be inside the building which further supported the resident's safety</p> <p>Indicator (b). The New Bedford Reentry Center replaced the system from the prior</p>

	<p>audit which was install by the previous occupant. The new system had improved quality of video, increased recording capacity and new locations which address concerns noted in the prior report. Documentation was provided of the new system. The Auditor spoke with the Director on how to improve documentation of change process for this indicator and indicator a.</p> <p>Compliance Determination</p> <p>The Director was able to describe their steps in ensuring safety and assessing risk factors like blind spots and how to utilize the risk information for bed and room assignments. Indicator a) is actually Not Applicable as there were no new modification beyond what the auditor saw in construction in the prior audit. The Director was able to point out how new camera’s addressed prior blind spots to further mitigate risk. The Auditor finds the standard as compliant based on interviews, staff and management’s knowledge of areas they must pay additional attention to ensure the safety of the facility and documentation also provided.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Corrective Action was required as documentation needed to be added to the OAS supporting compliance. The information was provided days into the corrective action period.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Misconduct</p> <p>2017 MA Adult Sexual Assault Law Enforcement Guidelines Police of Investigations</p> <p>Mass Statues on sexual abuse investigations</p> <p>Director’s memo on The Women’s Center of New Bedford</p> <p>PREA Signage (English/Spanish)</p> <p>MA. Dept Of Public Health website</p> <p>Website of MA Bureau of Community Health and Prevention. (SANE Training Program)</p>

Websites of the Women's Center of New Bedford and St. Luke's Hospital

Individuals interviewed/ observations made.

St. Luke's Hospital Representative

Discussion with the Women's Center of New Bedford staff

Coordinated response plan visible in the facility.

Staff understanding of the response plan

Summary determination.

Indicator (a). The New Bedford Reentry Center program has had no allegations of sexual abuse that required an investigation by the local police or the need to send a client for a forensic exam. The New Bedford Police Department is responsible for criminal investigations at the New Bedford Reentry Center. The administrative investigation would fall under CRJ's responsibilities. New Bedford Reentry Center staff would not be involved in evidence collection, but they are trained, as part of their first responder duties, to seal off potential crime scenes and to instruct potential victims and perpetrators on how to preserve evidence. The State of Massachusetts sets forth the state protocols for the collection of evidence in a rape kit. The University of Massachusetts provides SAFE/SANE nurse training in the state. The Auditor communicated with the Hospital staff about the training and confirmed that St. Luke's Hospital has access to SAFE-trained staff. The state's Attorney General's Office and the Department of Public Health (DPH) websites each have information on helping victims of sexual abuse.

Indicator (b). New Bedford Reentry Center would not house any youthful adult inmates. The Massachusetts Health and Human Services Division trains SANE nursing staff using practices outlined in a state-developed protocol. The state protocol was developed consistent with the DOJ National Protocol for sexual abuse patient care. A 22-member panel routinely reviews the protocol for forensic examination and evidence collection. The Auditor reviewed both documents to compare the topics and information covered.

Indicator (c). The New Bedford Reentry Center has documented in its Coordinated Response Plan that resident victims are sent to St. Luke's Hospital. The Hospital confirmed that its staff nurses are trained as SANE. The greater New Bedford area has several hospitals with SANE-trained nurses. Through interviews and website

searches, the Auditor confirmed that victims of sexual assault are provided services free of charge. The cost is covered by the Massachusetts Victims Compensation and Assistance Division within the Attorney General's Office. Community Resources for Justice sets forth Policy 900.00. Page 12 outlines the requirements for using a hospital with SAFE/SANE forensic examiners. Page 14 of the same policy confirms that resident victims are provided services free of charge, regardless of whether they agree to cooperate with an investigation. The Auditor was provided with information confirming the relationship between the program and St. Luke's Hospital. The state websites reviewed by the Auditor support that there are multiple medical facilities in the region with SANE services. The Auditor also reviewed websites for information on who pays for the forensic exam.

Indicator (d) CRJ entered into a working relationship with the Women's Center of New Bedford in 2023. The Women's Center of New Bedford provides rape crisis services to victims of sexual abuse. Initially the OAS file was lacking a documentation of the relationship. The Auditor learned they were in the process of getting an updated MOU in place and the Director added information on this process. The Auditor confirmed, through conversations with both parties, that there had been open dialogue. The CRJ PREA Policy 900.00 Staff and Resident Sexual Misconduct sets forth the agency's responsibility to provide residents with access to a rape crisis agency. There are no current residents accessing services at The Women's Center of New Bedford. The Women's Center of New Bedford can not only provide crisis services and supportive counseling, it can also provide clinical services to individuals struggling with their victimization history. The representative confirmed hospital and police allow accompaniment services for victims. The hospital does confirm that they will allow emotional support advocates to be with the victims during a forensic exam. The Auditor also reviewed the state website which provides information about rape crisis agencies across the state as well as the Women's Center's website

Indicator (e). A representative of The Women's Center of New Bedford can provide support for victims of sexual abuse, including support during forensic exams, investigative interviews, and ongoing support services. The agency confirmed they would help a resident at the New Bedford Reentry Center find a support network if they move to another area at the time of release. Hospital Staff confirmed its protocol to offer The Women's Center of New Bedford services to victims of sexual assault. The New Bedford Reentry Center's Coordinated Response plan requires the Residential Supervisor or Case Manager on duty to notify The Women's Center of New Bedford to request they come to meet with a victim or to meet the victim at St. Luke's Hospital if the client agrees to go for an exam. The Women's Center of New Bedford staff would be allowed professional visit status at New Bedford Reentry Center.

Indicator (f). The Auditor was presented with a letter from the New Bedford Police acknowledging the responsibility to investigate sexual assault cases at New Bedford Reentry Center during the corrective action period. The New Bedford Reentry Center Director confirmed he would be the point of contact if an investigation occurred. The Director was aware of the need to obtain sufficient information to aid any administrative investigation and to ensure proper notifications are made consistent with PREA standards (115.273). The New Bedford Reentry Center Director confirmed the agency has developed a good working relationship with the New Bedford Police Department.

Indicator (g). The Auditor is not required to audit this provision

Indicator (h). The agency will make a victim advocate available through The Women’s Center of New Bedford, so the indicator is NA. The facility confirmed the relationship with the Women’s Center. Hospital staff also confirmed that services are available to anyone in the community and that they call for advocates as part of their standard practice.

**Compliance Determination:**

Absent any investigations of sexual assault requiring a forensic exam, the Auditor had to make a compliance determination based on information provided by the facility and on research the Auditor conducted into community-based resources available. The Auditor finds New Bedford Reentry Center in compliance with this standard’s expectations. Though the facility does not provide many of the services directly covered in the standard, being in New Bedford, the required elements are all found in the community, including SANE services at multiple local Hospitals, a metropolitan police force, and an active Rape Crisis Agency. In addition to the interviews, the Auditor found a great deal of information on the state websites, which was consistent with the information I received verbally and in documents from New Bedford Reentry Center management and the community contacts referenced above. The Auditor considered, in determining compliance, the random staff knowledge of preserving evidence, the policy, documentation about relationships with community agencies, and the available resources in the community. The facility was place in a brief corrective action period while awaiting documentation to be put in the OAS which was resolved quickly.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Misconduct

Mass Website on SANE Services

Attorney General Protocol for the treatment of Sexual Abuse cases

Individuals interviewed/ observations made.

Regional Director

Program Director

Agency PREA Coordinator.

Indicator Summary determination.

Indicator (a). New Bedford Reentry Center has policies in place to ensure that all reported incidents of sexual abuse or sexual harassment are investigated. Policy 900.00 states, "program staff must report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the local authorities and all contracting agencies for further investigation" (page 16). Interview with staff confirmed they must report all allegations of sexual assault or sexual harassment no matter the source or if they think the allegation is true or not to the New Bedford Reentry Center Director. The staff were also able to describe the process for protecting evidence and documenting the incident. Agency response plans also ensure all allegations are investigated. An interview with the Regional Director and the Facility Director confirms the expectation. The Director reports that the agency will involve the PREA Coordinator and other key individuals in the organization to ensure a thorough review occurs in a timely fashion. In the allegations of sexual harassment, the facility leadership responded quickly. The PREA Coordinator and Director of Reentry Services were also made aware on the same day as the New Bedford Reentry Center Director. The OAS documented that no allegations resulted in a investigation but the Auditor did learn and investigation occurred from a former resident compliant. The investigation was completed by the New Bedford Police who received the allegation and the Auditor required documentation to be added to the OAS on the administrative investigation that occurred.

Indicator (b). As noted in indicator (a), the New Bedford Reentry Center and Community Resources for Justice policy require all criminal investigations to be

referred to the local police. The policy requires that funding sources within federal or state penal systems be notified. CRJ would ensure that non-criminal acts would be investigated internally. The agency has provided the training records of multiple individuals who would complete administrative investigations in the Special Investigative training standard. The CRJ policy is available on the Agency website. The Agency PREA Coordinator receives information on all allegations and both he and the New Bedford Reentry Center Director would document the referrals to any outside investigative body. The New Bedford Reentry Center Director or the Regional Director would ensure that the funding source would also be immediately aware. Discussions with the referring authority support the agency does inform them of critical incidents in a timely fashion.

Indicator (c). CRJ's PREA Policy 900.00 requires a referral of criminal acts to the local authorities who have the authority to investigate crimes at New Bedford Reentry Center. The letter of agreement from the New Bedford Police Department ensures that any PREA-related crime at New Bedford Reentry Center will be referred to the criminal investigative unit that investigates sex crimes in the city. The Regional Director for CRJ Massachusetts Programs, who is one of the agency's trained investigators, confirmed the facility would ensure the police investigative officer is aware of the federal requirements on victim notification in PREA. He also reports there would be an expectation to set up regular calls to review the progress of the case. The New Bedford Reentry Center Director also confirmed that if an administrative investigation found information that may support a criminal finding, the police would immediately notify them. The New Bedford Director will complete the investigator training in 2023 reportedly.

Indicator (d). The Auditor is not required to audit this provision.

Indicator (e). The Auditor is not required to audit this provision.

#### Compliance Determination

The Auditor finds that the facility has in place trained staff, who know all allegations must be referred for investigation and how to protect evidence. The facility has multiple staff associated with the program trained to complete administrative investigations (115.234). The Agency also has provided evidence to support that the New Bedford police department is ready and willing to provide criminal investigative services. Finally, the agency in standard 115.221 provided evidence of access to trained forensic examiners at St Luke's Hospital. Interviews, documents provided, and the information stated here support a finding of compliance with this standard.

	The Auditor also took into consideration the administrative investigation which support the facility also followed through in reviewing the allegation.
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Misconduct</p> <p>Training Records</p> <p>CRJ PREA Courses</p> <p>Attendance Roster with scores</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>New Bedford Reentry Center Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The staff of New Bedford Reentry Center are trained using the same curriculum that other CRJ facilities use. The Agency will utilize the NIC PREA Course and Agency’s PREA Course provided on Zoom by the agency’s PREA Coordinator. A review of the PowerPoint presentation and the accompanying exercises shows the 10 topics required were addressed. The topics included 1) a zero-tolerance policy for sexual abuse and sexual harassment 2) the duty to protect, detect and respond to incidents of Sexual Assault or Sexual Harassment 3) the resident's right to be free from abuse 4) both the staff and resident right to make a report without fear of reprisal 5) the dynamics of Sexual Abuse in institutions 6) signs and symptoms of a victim of sexual abuse 7) how to act in response to a disclosure of Sexual Assault 8) How to avoid inappropriate situations with residents 9) How to effectively communicate with LGBTI and gender non-conforming residents and 10) what are mandated reporting requirements. The auditor spoke with all staff working in the facility during the two days audit and the staff Interviewed were able to give</p>

examples of the various elements of the training. In addition to being able to recount the content of the training, the staff confirmed the frequency of the PREA training. They reported additional related training are made available online or provided in staff meetings, including a information on Professional Boundaries, ethics, and searches. The Auditor was also provided Policy 900.00 (page 5), which specifically requires the training to cover the elements described in this indicator. "Training on staff and resident sexual misconduct, staff and resident boundary violations, and staff response shall be incorporated into New Employee Orientation (NEO) and included in the basic training for all new SJS Department employees. The training will include, but not be limited to:

- a. CRJ's zero-tolerance stance for sexual abuse and sexual harassment;
- b. How to fulfill their responsibilities under CRJ sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c. Resident's right to be free from sexual abuse and sexual harassment;
- d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- e. The dynamics of sexual abuse and sexual harassment in confinement;
- f. The common reactions of sexual abuse and sexual harassment victims;
- g. How to detect and respond to signs of threatened and actual sexual abuse;
- h. How to avoid inappropriate relationships with residents;
- i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

The Agency PREA Coordinator and the New Bedford Director provide the training virtually to staff in online group sessions. In the Auditor's questioning of random staff, they were able to give examples of information they learned related to the different elements described here.

Indicator (b). The PREA training for staff at CRJ addresses how both male and female victims may react and why each gender may engage in sexual misconduct. The majority of the CRJ facilities service both male and female residents. The New Bedford Reentry Center Director confirms that if staff came from a female facility, the employee would be reoriented to working in the male New Bedford Reentry Center. None of the current staff had transferred in from CRJ's other programs. Policy 900.00 (page 5) sets forth the training requirement to address the gender-specific issues for the population the employee works with. The further policy states

additional training will be provided when a staff person is reassigned to a different gender environment than they had previously worked. "The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa."

Indicator (c). New Bedford Reentry Center employees are all trained in the items required in indicator (a) upon hire and at a minimum of every other year. CRJ staff participates in other PREA-related topics at a minimum of once per year. CRJ also provided annual training on searches, ethics, boundaries, and working with diverse populations as noted in indicator (b). Staff interviewed supported that PREA training and related topics occur at least once a year with reminders covered in staff meetings. Training records were provided to the Auditor to support the ongoing training has happened in addition to the file reviews. The Auditor reviewed training records provided by Human Resources and reviewed the training logs for consistency of information. CRJ provides training classes that include individuals from across their 9 facilities. In doing this CRJ is able to improve the class size and discussions while ensuring a consistent message of agency expectations.

Indicator (d). Employees complete online training in which they are required to take a test that proves they understand the content of the materials presented. Copies of the training records prove that staff have completed the course and obtained a passing score. The PREA Coordinator reports that staff who do not initially pass will get further reviews with the facility Director to ensure they can understand their role in responding to allegations of sexual abuse, harassment or retaliation. The PREA Coordinator is the individual who performs the Training and logs attendance. Program Directors are notified when individuals do not attend their annual training and the individual will be rescheduled. New employees are provided information about PREA one their initial day with the agency and will meet with the Director reportedly on site to further stress the importance of this policy until formalized training can occur. Staff interviewed supported that PREA and the agency's Zero Tolerance stance toward sexual abuse or sexual harassment is a frequent topic they are reminded about not only when first hired but throughout their employment.

#### Compliance Determination

The Auditor finds the New Bedford Reentry Center is compliant with the requirements of this standard. Compliance is based on the materials presented relating to the training consistent with indicator (a). The agency provided documentation of all employees' original PREA training and ongoing training in training rosters, certificates, and Human Resource records. Training dates were provided for all employees who were hired at New Bedford Reentry Center in the last two years. The training documentation for all staff including three who were hired in the last year was provided. In addition to formal PREA training, the facility provided other related training to reinforce PREA training information. The Auditor

	<p>also considered the random staff interviews in determining compliance. Staff spoken with were able to relate the information they learned as part of the agency training, including examples of all ten elements covered in indicator (a). The staff reported to the Auditor the training was effective; this was evident by the knowledge staff were able to relate back information to the Auditor.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Training PowerPoint</p> <p>Memo on contractors / volunteers</p> <p>Contractor/ Visitor log showing PREA information provided.</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>staff</p> <p>Sign-in logs at the front desk</p> <p>Summary determination.</p> <p>Indicator (a). New Bedford Reentry Center does not contract for an individual to provide direct services to their residents and they do not currently have any volunteers. CRJ PREA Policy 900.00 addresses if the agency does hire contractors or volunteers the policy sets forth that all individuals who have contact with residents have some level of education on the agency's Zero tolerance expectation and the efforts to prevent, detect and respond to sexual assault and sexual harassment claims. The facility Director confirms if the facility has volunteered with routine resident contact, they must meet with them for PREA education. Visitors who are one-time or not routine are provided the PREA brochure, which tells them about</p>

PREA and ways to report concerns. The Auditor was provided with this same material upon entry to the facility. I requested the brochure in Spanish, and the staff was able to provide that copy also. There is a process for documentation of a one-time visitor's receipt of PREA brochures for all individuals entering the facility during which they are informed about the zero-tolerance policy and the resident's right under PREA to be free from Sexual abuse or harassment.

Indicator (b). CRJ's Policy 900.00 states, "All volunteers and contractors shall have at least been notified of the agency's zero-tolerance stance regarding sexual abuse and sexual harassment and informed how to report such incidents." The Director reports and material presented confirmed that one-time visitors like the Auditor are given a PREA Brochure upon entry as part of the signing-in process. Individuals providing more frequent visits who have contact with residents get a more formal discussion about PREA with an administrator. If they have interns, the individuals receive the full PREA training course like any new employee. Staff report they are expected to notify everyone who comes into the facility about the zero-tolerance policy toward sexual abuse or harassment of residents.

Indicator (c). All visitors are required to be registered at the front desk. Documents were provided that all contractors are provided information about PREA. The facility administration educates volunteers who provide services on PREA. Policy 900.00 page 6 states, "The program shall maintain documentation confirming that volunteers and contractors understand the training they have received." There were no current or recent volunteers or contractors that provided any direct service to clients.

**Compliance Determination**

In policy 900.00, Community Resource for Justice addresses the standard language expectations even though NBRC has no contractors or volunteers. The Auditor was also able to see firsthand the process visitors are informed on residents' rights to sexual safety. Absent any contracted staff or volunteer, the information provided to the Auditor, staff knowledge of the normal practice, the Director's description of expected practices, and the interviews all support a determination of compliance.

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Corrective Actions: The facility failed to upload the supporting documentation of resident education that was reviewed on site. The Auditor reviewed the current population on days of the site visit, and 6 files of residents discharged in the three prior months. The Facility was asked to correct information on a brochure that was outdated.

Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Client files

Resident handbooks

Posters and brochures

Memo on intake process

Individuals interviewed/ observations made.

Posters in the Facility

Random Resident

Targeted Residents

Intake and Release Coordinator

Summary determination.

Indicator (a). Agency policy and New Bedford Reentry Center practice support all residents are provided PREA Education upon admission. They are educated on the client handbook, including PREA information, the facility's Zero Tolerance for sexual misconduct, and a PREA Brochure. The Intake and Release Coordinator has the residents sign for the education they receive. The forms can be provided in multiple languages. The Auditor was provided a Resident handbook, PREA brochure, and the PREA education acknowledgment form in English and Spanish, the two most common languages spoken. Resident interviews support they know several ways they could report PREA concerns, that they would be protected from retaliation, and that being free from abuse is their right. Policy 900.00 provides specific information on the content of resident education and residents' support they are provided information about PREA in the first hours in the facility. "Within three days after the initial intake, the facility case management staff provides a full orientation to the program, including a second review of the PREA information. The Policy states, "As

part of orientation for residents during intake, staff will communicate PREA information verbally and in writing, in a manner that is clearly understood by residents. Information will include but is not limited to:

- Presentation of this policy
- Resident Grievance process
- CRJ's zero-tolerance stance
- Self-protection methods (see Section C., 8., Prevention)
- Prevention and intervention
- Treatment and counseling
- Reporting incidents
- Protection against retaliation
- Consequences of false allegations

b. Staff shall make every resident aware of PREA and the program's zero-tolerance stance prohibiting sexual contact, sexual abuse between residents or between residents and staff while at the program.

c. Staff shall communicate to residents the definitions of sexual abuse and sexual harassment violations, and information on the various reporting mechanisms for residents who believe they are a victim of or witness to this behavior.

(1) Residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents.

d. Staff shall distribute to each resident a Resident Handbook, which includes the above information in language easily understood by residents. Staff shall also orient the residents to the section of the Handbook which discusses disciplinary sanctions for residents who intentionally make false allegations."

Random residents confirmed they received information from the Intake Release Coordinator in the first day at the facility. They report that the case worker will provide a further overview on their first session. The Intake and Release Coordinator described the intake process for the Auditor including what information was provided about PREA and the steps taken to ensure that the residents with Language or other comprehension barriers are provided materials in a way to ensure the residents comprehend. The facility has a contract with an interpretive service, has documents available in Spanish, has a TTY machine for hearing impairment, and has large print documents available to individuals with visual impairments. Residents who were interviewed by the auditor confirmed they knew

about PREA before they got to NBRC. The residents were able to describe the information they were provided at intake consistent with the description provided by the intake staff. The Intake and Release Coordinator, absent an intake to observe, showed how the PREA Intake Orientation form is used to document information to the resident, and how the information provided by the resident informs screening and possible referrals to community support for those with victim histories. The Auditor observed the posting in the facility were easily understood and posted in English and Spanish the auditor confirmed understanding of the information provided in formal and informal interactions with residents. The Auditor did not have to use the interpretive services but was able to call the agency listed in standard 115.216 and staff were aware of the service. The staff reportedly would have to call the 800 number and provide the agency identification to access services.

Indicator (b). The New Bedford Reentry Center facility does not routinely receive or transfer residents to or from other CRJ facilities. Most residents have had prior education about PREA in another state, county, or federal correctional centers. According to the Intake and Release Coordinator, New Bedford Reentry Center's education occurs no matter where the individual is coming from, be it the community, a correctional center, or another CRJ program. The Intake release person confirmed there is no difference in the educational process no matter where the individual is admitted from. As noted in an indicator a) Most residents have prior correctional experience and are quite familiar with their rights under federal law.

Indicator (c). The Auditor received PREA materials in 2 languages. The facility has translation services to aid limited English proficient and a TTY for those with a hearing disability. Individuals with visual impairments can get larger print materials. Residents interviewed confirmed there are enough staff available that someone can help if they have trouble reading. Policy 900.00 requires "These residents (LEP and Disabled) are provided equal opportunities to participate in or benefit from all aspects of CRJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The Intake and Release Coordinator discussed with the Auditor steps taken to ensure individuals with disabilities or language barriers comprehend the information provided. He described how he asks individuals about their comprehension of the materials. There have been no instances where he needed to use the translation services to complete an intake with the resident. The Auditor also asked bilingual residents if they were asked which language they would prefer the materials in. The Auditor was told they have the capacity for large print materials. The residents have case workers assigned who could support them if there were reading comprehension issues. Case Workers at CRJ Programs are required to bring up PREA and ask questions about safety, sexuality, and victim history every two weeks throughout the stay.

Indicator (d). Each resident's PREA Intake Orientation Sheet is signed and dated by the resident in a paper format that is then placed in their file. The Auditor reviewed a sample of 12 current resident forms. Resident interviews randomly confirmed that the orientation process occurs in most cases within the first 24 hours of admission. NBRC admissions are scheduled so it would be an unlikely situation where they could not complete all intake paperwork in the first hours in the facility. The Intake and Release Coordinator use the PREA Intake Orientation Sheet to review and document the information he provides to the residents as well as documenting some of the information received from resident's referral sources.

Indicator (e). The Auditor confirmed that residents had handbooks, brochures, and postings (English and Spanish) about PREA and how to report a concern on each level of the facility. Resident interviews support they were aware of the information even if they said they were not worried about PREA. Residents also supported that there were staff who were both approachable and willing to help residents who might not understand the information provided in written formats. The Auditor also confirmed with bilingual residents that they are offered information in Spanish if they chose.

**Compliance Determination**

The Auditor has determined New Bedford Reentry Center is meeting the standard expectation in policy, practice, and documentation. The random resident interviews supported all residents of New Bedford Reentry Center are provided education related to PREA. Resident interviews supported they know the zero-tolerance expectation toward sexual abuse or sexual harassment. The random residents confirmed that intake staff also educated them on how to report a concern and community-based services for those with victimization histories. Residents confirmed they did receive the information in a timely basis upon arrival. Two policies, Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 6-7) and Policy 1.1.6 Intake Process (pages 1-2), address the requirements of education of residents on PREA. Materials are available in more than one language, and the staff were aware of the translation services available. Residents support they understand their rights under PREA and know where to turn for information if needed. The residents confirm the information provided was done in a manner consistent with the description provided by the Intake and Release Coordinator. The Auditor also considered the documents found in client files consistent with policies supporting PREA education has occurred in determining compliance.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Reviewed the NIC training on Investigating Sexual Assaults in a Correctional setting.

Certificates of CRJ staff who have completed the training.

Individuals interviewed/ observations made.

Staff trained in investigating sexual assault or sexual harassment claims.

Summary determination.

Indicator (a). New Bedford Reentry Center and CRJ would not be responsible for completing criminal investigations. The New Bedford Police Department would have the primary responsibility for completing criminal investigations at New Bedford Reentry Center. The funding source and referring authority of the clients involved will be informed of any PREA-related investigations. The agency has trained multiple staff in completing an administrative investigation in a reentry facility. The agency has used the NIC training on investigating sexual assault in a confinement setting. All investigations go through a multi-level review within the agency to ensure thorough investigations are completed. All investigative reports are also provided to the referral source and the state Probation office.

Indicator (b). The NIC training provides the individual with the required content of the standard indicator. The information includes interviewing techniques with victims of sexual abuse, how to provide a Garrity or Miranda warning, the importance of sexual abuse evidence collection in a confinement setting, and the factors used in substantiating a finding in an administrative or criminal case. The Auditor reviewed the NIC course to ensure the course content met the standard's obligations. As a private agency, Garrity does not apply, and the agency staff would only be responsible for conducting an administrative investigation. Investigative staff interviewed were aware if an administrative investigation unveiled a potentially criminal act, the event is immediately referred to the police. The investigative staff are aware of the importance of working communication with the local police to ensure the administrative investigation does not impede the criminal investigation.

Indicator (c). The Community Resources for Justice has provided the Auditor with the certificates supporting the training of investigators. The Agency has multiple staff who would be able to complete investigations at New Bedford Reentry Center.

The individuals have completed the training, and the Auditor reviewed the certificates (Investigating Sexual Assault in a Confinement Setting) of the 3 individuals most likely involved in a PREA investigation at New Bedford Reentry Center. The Auditor’s interview with the Facility Director, who is one of the trained investigators, supports they understand key aspects of the training related to indicator b). The Director, PREA Coordinator Regional Director and the Senior Director are all trained in completing administrative investigations into sexual abuse allegations. The investigators from CRJ would only be responsible for completing an administrative investigation of staff misconduct or investigations of client-on-client incidents that are clearly not criminal in nature. The funding source also reports they would be informed of any sexual abuse allegations and would get a copy of the investigation from both a criminal and administrative. Before a report is finalized it will go through multiple levels of review in the agency.

Indicator (d). The Auditor is not required to audit this provision.

**Compliance Determination**

The Auditor finds New Bedford Reentry Center compliant with the standard requirements. In determining compliance, the Auditor took into consideration the materials provided in the NIC course. The Auditor also used the certificates provided as proof of training. The Auditor considered the interviews with the Director and the agency’s PREA Coordinator, both who received the NIC training. The Auditor relied on agency policy, and the NIC training materials. The Director was able to describe in 115.271 the application of the materials provided in the training and what makes up an administrative investigative file. The staff interviewed knowledge of the agency investigator further supports a determination of compliance. The investigator understood the importance of preserving evidence, how to communicate with victims of recent trauma, how communication with the New Bedford police would be maintained, and how to determine a finding.

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Mass.gov SANE services webpage</p>

Individuals interviewed/ observations made.

CRJ Mental Health Professional

Facility Director

Indicator Summary determination.

Indicator (a). New Bedford Reentry Center does not employ any medical or mental health staff in their contract. Most residents will receive community-based services. The Community Resources for Justice as a parent agency does employ mental health professional (MHP) who consults with case management staff in determining appropriate treatment referrals for mental health service. At times the MHP will complete interviews with clients as part of this process and is available to support residents in crisis. Agency PREA policy requires the training to be "The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents." The agency has had these professional takes both the agency PREA Course, and a course based on the materials associated with PREA Resources Center's course Resources for Health Care providers. Interviews with a consultant confirmed that they are aware of the signs of a victim of trauma including sexual assault might display, how to encourage a recent resident victim to preserve evidence and who in the agency to report a concern if there is a disclosure. As a mental health clinician, they report their training includes ability to work effectively which those who have experienced trauma including sexual abuse. The Auditor reviewed the online program to confirm the training material addressed the standard's elements.

Indicator (b). The indicator is NA. New Bedford Reentry Center does not employ any medical staff.

Indicator (c). As noted in Indicator (a) New Bedford Reentry Center does not employ any medical staff. Mental health staff have received training in working with victims of trauma and have completed the online course supporting specific information on working with sexual abuse victims.

Indicator (d). CRJ provided the certificate for the consultant who may work with residents with mental health needs or are in crisis as well as the PREA training.

Compliance Determination

Not all indicators apply as New Bedford Reentry Center does not employ any medical staff. Though the facility does not employ mental health staff to work with

	<p>residents the agency has a consultant who comes on site and may meet individually with resident to aid in finding appropriate community resources. The agency has in place the appropriate training for Mental Health Professionals who may come in contact with residents. Compliance is based on policy, training materials reviewed and interviews with a MHP and the Director.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Corrective Action: The facility had to upload documentation reviewed on site. The records reviewed on site included the current population and 6 residents released in the prior 6 months.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 1.1.6 Intake Process</p> <p>New Bedford Reentry Center case files in Secure Manage</p> <p>New Bedford Reentry Center case notes</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Facility Director</p> <p>Intake and Release Coordinator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). All residents admitted to New Bedford Reentry Center are direct admissions from the community or federal correctional centers. Transfer within the CRJ system would be rare and require the approval of the funding source. Policy 900.00 requires all admissions to be screened upon admission. "All residents arriving at the program shall be assessed during an intake screening (and upon transfer to another facility) for their risk of being sexually abused by other residents or sexually abusive toward other residents, using the PREA Possible Victim/Predator</p>

Screening and Scoring Checklist.” The Auditor reviewed the files of 6 clients admitted six months prior and the files of all current admissions. All files reviewed confirmed that the clients were screened at admission on their risk of victimization or perpetrating behaviors.

Indicator (b). The Auditor reviewed admissions over the previous year. The Auditor asked for open and closed files. The files reviewed supported that some of the screenings were not completed in the first 72 hours as Identified in the OAS where the facility reported 100% of the screening were done on time. The Agency policy requires the screening to be completed consistent with the standard. “Intake screening shall ordinarily take place within 72 hours of arrival at the program.” Discussion with the Intake and Release Coordinator confirms that the screening is done in the first hour they are at the facility as intakes are scheduled. Residents interviewed confirmed they meet with the intake coordinator who asked questions related to PREA consistent with the required element in most cases on the day of admission. Residents report a clear understanding of PREA and related prior education provided during their stay in state correctional centers. The Community Resources for Justice has a Regional Director that works with the PREA Coordinator to monitor compliance indicators including timeliness of screenings. The Auditor met with the Intake and Release Coordinator who completes all screenings. Absent a new intake, the auditor had this staff person walk him through both the intake process and the documentation that is used in determining how the PREA screening tool is completed. the Auditor asked for the sources used (interviews, historical documents, observations) and how they screens for language and literacy issues. The PREA Intake Orientation checklist provides an outline of information and discussions used to open the client to conversations including their perception of safety and past abuse.

Indicator (c). The PREA screening tool used in all CRJ facilities is broken into two sections, one looking at victimization potential and the other looking at predatory behaviors. All residents are scored with the designation as either a known victim, a potential victim, or a non-victim. Similarly, all residents are given a designation as a known predator, a potential predator, or a non-predator. The Auditor reviewed with the Intake and Release Coordinator the process by which the tool is completed. During the screening process, residents are asked a series of questions that cover the standard’s requirements. Depending on the resident’s answers, direct observation, and information obtained through the file, the screener scores each category either yes or no. Utilizing the number of yes answers in each section determines the resident's level of risk of being a victim or perpetrator of sexual violence. Information from the scoring is then used to determine the most appropriate housing given the current population makeup, offer referrals for treatment, and when approved for work, the case management team will consider how scoring might impact vocational opportunities. The Auditor confirmed with the PREA Coordinator that the agency provides training to new case managers on how

to use the tool. Policy also requires the process is objective “Such assessments shall be conducted using an objective screening instrument.” Discussion with the intake Coordinator confirmed that they do all screening which ensures consistency of the tool application.

Indicator (d). The Intake and Release Coordinator confirmed, consistent with policy 900.00 and the CRJ screening tool, elements of indicator d) are all considered in determining a score. “The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (1) Whether the resident has a mental, physical, or developmental disability;
- (2) The age of the resident;
- (3) The physical build of the resident;
- (4) Whether the resident has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the resident is or is perceived to be (by staff or residents) gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.”

Interviews with resident confirmed they were asked questions at admissions.

Indicator (e). The PREA Screening tool also looks for predatory factors, including a history of predatory sexual behaviors in prison, a history of physical or sexual abuse toward adults or children, a current gang affiliation, a history of consensual sex in institutions, and a history of violent criminal behavior. As a Community Confinement facility, it would be unlikely that an individual with a current or recent history of sexual violence is allowed in the program. Individuals with past histories are allowed as long as deemed appropriate by the referring agency. The screening will ensure they are not housed with any individual with a victim history. The program has one continuous hallway with female residents and individuals who might be at greater risk can be housed closer to the Program Monitor station. The CRJ screening form and policy also go on to address identification of sexually aggressive individuals. “The following elements are included: if the resident has been a prior victim of rape or sexual assault in an institution, if they are significantly younger or older than the current population, if the physical stature of the individual is smaller than the average population, if the individual has any developmental or mental health issues,

if the resident is (or is perceived to be) LGBT or gender non-conforming, has a prior history of sexual abuse, has a prior history of engaging in sexual acts in prison, has a history of protective custody and finally, if the resident perceives that he or she would be at risk in the institution.” Interviews with residents confirm they are asked similar questions to the ones described by the Intake and Release Coordinator.

Indicator (f). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) sets forth on page 8, requires all residents to be reassessed within 30 days. “Within a set time period, not to exceed 30 days from the resident's arrival at the program, staff will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the program since the intake screening.

(1) A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(2) Using the PREA Possible Victim/Predator Screening and Scoring Checklist, the Program Director, or designee, will conduct the 30 day reassessment of the resident's risk level of victimization or abusiveness.”

At New Bedford Reentry Center, the reassessments are completed with information obtained by the case management staff. Weekly case review team meetings allow for additional information to be communicated about the client's progress in the environment. Case management staff routinely ask residents about their perception of safety which is documented in the Secure Manage case file. The case management notes also support routine conversation on elements that the resident's feeling of safety, sexuality, and their victim history. The reassessment is actually completed by the Intake Release Coordinator. The facility had 100% of the residents have a reassessment within 30 days. Usually these interview occur between 14 and 21 days and will take into consideration not only the residents answers, but also will take in any new information and the information provided by staff in the weekly meetings.

Indicator (g). The PREA Coordinator, facility administrators, and the Intake and Release Coordinator are aware that reassessments should occur whenever appropriate information is obtained that might impact a resident's scoring. Reasons for additional screenings can be new information that has been obtained supporting aggressive or victimization histories, behavioral observations, or actual incidents related to sexual abuse or sexual harassment in the facility. Though there have not been any situations where additional Information or client behaviors have required any additional reassessments screening staff and case management staff spoken with were aware of when to perform reassessments. PREA Policy 900.00 addresses this indicator when it says, “A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of

additional information that bears on the resident's risk of sexual victimization or abusiveness." As noted in indicator (f) the case management staff routinely asks questions to assess if there is a potential need to complete a reassessment.

Indicator (h). The Auditor confirmed with an Intake and Release Coordinator that at no time would residents be disciplined for failing to answer questions related to their physical or mental disabilities, their victimization history, their sexuality, or being perceived as LGBTI. Policy 900.00 also states (on page 8) "Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to:

- (1) Whether the resident has a mental, physical, or developmental disability
- (2) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- (3) Whether the resident has previously experienced sexual victimization
- (4) The resident's own perception of vulnerability

In addition to the Intake and Release Coordinator, the program's case management staff also confirmed there is no consequence for the resident not answering the above-named questions. As noted previously the case managers routinely ask residents these related questions.

Indicator (i). Through interviews with the PREA Coordinator and the Intake and Release Coordinator, the Auditor confirmed that PREA-sensitive information used in the scoring process is kept confidential. Secure Manage has levels of security preventing unauthorized information sharing. The Intake and Release Coordinator, Program Director, and Assistant Director are the individuals with access to a client's scoring reasoning. Residential Counselors would not have access to anything more than the resident's scoring classification to ensure known or potential victims are kept from known or potential aggressors.

#### Compliance Determination

The screening instrument used at New Bedford Reentry Center provided an objective scoring process, and the individuals charged with administering it were consistent with the policy on the description of scoring and security of information. The Auditor reviewed case files to confirm the screenings' timeliness and confirmed the 72-hour screening issue identified by the agency continued to maintain compliance supporting the institutionalization of the a screening process to ensure residents safety. The Auditor reviewed a random sample of 12 admissions. Compliance is based on the information provided in advance, the files reviewed on-site and the policy language supporting the standard expectations. The Auditor also

	<p>considered interviews with residents who confirmed element of the screening is asked at intake and every two weeks. The Auditor also relied on the interview with the Intake and Release Coordinator which showed how interviews and reviews of historical documents allow for informed and objective screening to occur. The Corrective action was resolved by the upload of information that was viewed by the Auditor on site</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Memo from Facility Director</p> <p>Resident casefiles</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>PREA Coordinator</p> <p>Intake and Release Coordinator</p> <p>Random Residents</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator (a). The New Bedford Reentry Center administration uses the PREA Screening information to inform housing/ bed assignments and recommendations for treatment or vocational decisions. New Bedford Reentry Center does not provide any educational services or internal treatment or work opportunities for residents. The facility uses screening information to identify which bedroom is most appropriate for the resident. The facility will not put known or potential victims in the same sleeping space as those who are known or potential perpetrators of sexual violence. Residents with prior histories of sexual violence may be required to attend</p>

specific treatment if required by the referring authority. Agency policy 900.00 states, "The program uses information from the PREA Possible Victim/Predator Screening and Scoring Checklist to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The program makes individualized determinations about how to ensure the safety of each resident." Interviews with the Director and case management staff report there are routine meetings where possible conflicts of a resident going in the community could be discussed. If a resident has concerns about another resident the facility can consider each resident's schedule when leaving to allow for reduced potential contact out in the community while having staff provide additional observations when they are both on-site. Those individuals admitted to NBRC with sexually aggressive histories would not be referred unless their current risk was determined to be minimal. As a community confinement center the agency will not allow any aggression and with work with the referral sources to remove clients displaying any form of aggression. The facility does not have education and treatment groups occur offsite, usually a required Probation arranged treatment centers.

Indicator (b). New Bedford Reentry Center's Intake and Release Coordinator is responsible for utilizing the screening information to provide the most appropriate housing for each population. The screening instrument helps identify parameters that ensure potential victims are not housed with individuals prone to sexual aggressions. Residents can be moved when needed to ensure the most comfortable setting possible. All moves of rooms would be approved through facility leadership, who would have knowledge of risk screening results. As noted in indicator (a) policy, 900 sets forth an expectation of individualized planning based on individual residents' needs. With multiple housing floors, separate kitchens, and living spaces and rules preventing residents from going in other rooms, the facility can separate individuals who may be likely victims from those with aggressive histories or histories of sexual relationships in an institution. Residents have little reason to interact with individuals on other floors given the current building configuration. The facility could put individuals at higher risk such as individuals with disabilities where there is the greatest opportunity for direct staff supervision.

Indicator (c). This indicator is not currently being considered as part of compliance determination.

Indicator (d). This indicator is not currently being considered as part of compliance determination.

	<p>Indicator (e). This indicator is not currently being considered as part of compliance determination.</p> <p>Indicator (f). This indicator is not currently being considered as part of compliance determination.</p> <p>Compliance Determination</p> <p>Compliance determination is based on policy language, interviews with screening staff, and case file review. Interview with the New Bedford Reentry Center Director supports they utilize the screening information to protect all residents from sexual assault or sexual harassment. Interviews confirm there are weekly case management review meetings where key elements of the screening information or observations of the client's behaviors in the environment are discussed if it impacts screening results. File reviews support that screening information is used for housing (including bed assignments). If there is a conflict between residents, the Auditor confirmed, bed reassignments must be made by the Director or the Intake and Release Coordinator. This process ensures victims and perpetrators are not together and ensures information about client dynamics learned in weekly case reviews is also considered. In determining compliance, the Auditor relied on policy, the facility's thought process for handling residents with opposing risk screening scores, and interviews with current residents and staff. The Auditor reviewed a memo that was from the previous cycle and determined the process of using the screening information had not changed.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Posters</p> <p>CRJ Website</p> <p>New Bedford Reentry Center Handbook</p>

Individuals interviewed/ observations made.

PREA Coordinator

New Bedford Reentry Center Director

Phone call with Probation Representative

Postings up in the facility

Indicator Summary determination.

Indicator (a). The Community Resources for Justice and the New Bedford Reentry Center facility provide the residents with multiple ways to report sexual harassment, sexual abuse, retaliation, or the neglectful acts of staff that could contribute to such harassment or abuse. Policy 900.00 (page 15) utilizes the standard indicator's language setting forth the expectation. "The program shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Facility brochures, posters, and residents confirm they can tell any staff person, any facility administrator, or the Agency PREA Coordinator. The Auditor confirmed with both residents and staff in interviews on the multiple internal ways an individual may report a concern. Residents were able to give multiple examples; knew they could make anonymous reports and make reports on behalf of other residents. The Auditor also tested the agency's reporting system noted on their website for making complaints to the agency PREA Coordinator, which could include anonymous or third-party reports. Residents of New Bedford Reentry Center often stated that PREA was not a concern of theirs in this facility. They would tell staff if they were a victim and were aware of the multiple other avenues. Residents are provided information in their orientation to New Bedford Reentry Center, through their handbook, on posters throughout the facility, and on the CRJ website. The Posters were available in English and Spanish the most common languages spoken at the facility. Observation of the locations of posters and their content confirmed there was no barrier to residents' access. Individuals supported they understood the content of the PREA education, and the materials posted or provided in the handbook. The residents are allowed to have their own phones in the program, and they go into the community furthering the ability to make confidential communications. If they do not have a personal phone, they may use the facility phones that are not recorded. Residents also understood they can report any retaliation or staff neglect after reporting a PREA concern.

Indicator (b). New Bedford Reentry Center utilizes as an outside option for reporting a concern to Massachusetts DOC PREA Coordinator or to the individual's community supervision officer as assigned by DOC, Probation, or Parole. Any complaints to the

DOC PREA Coordinator or to Regional Probation/Parole Officers would be forwarded also to the individual who oversees the contract for the State of Massachusetts who would inform the facility of the allegation and ensure the appropriate level of investigation is achieved. The information is posted in the facility and the resident interviews supported knowledge of this reporting option. Policy language also addresses the indicator, "The program also shall inform residents of at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." The residents also knew they could report to local law enforcement authorities or their probation officer. The Auditor call the DOC PREA Office and the funding source the Office of Adult Probation to confirm that they would field the call and make appropriate notifications. The funding source confirms there are several avenues for them to obtain information including officers from the varying agencies who visit the facility to meet with clients regularly. The Auditor observed signage in English and Spanish (the most common languages in the facility), promoting ways in which individuals could report a concern internally or externally. The signs were posted in a manner to allow the individual to easily read information. The residents interviewed supported they understand the information and knew the posting and the handbook had information, though PREA was not a worry for them. Residents can use their own phones or phones in the community to make confidential calls and can mail letters to outside individuals while in the community or through the facility. There is a mailbox also for internal communication where complaints could be lodged with a level of privacy.

Indicator (c). Policy 900.00 requires all staff to accept a report of sexual abuse, sexual harassment, or concerns of retaliation from any resident or a third party and to report them to the supervisor and document the information. Interviews with random staff confirm that they know they must receive and document an allegation of sexual misconduct, no matter the source, immediately. The agency policy states, "As soon as practical, Program staff must report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the appropriate local authorities and contracting agencies for further investigation." The Auditor also confirmed with staff that they must report these actions and any concerns related to retaliation immediately to their supervisor no matter if they believed the allegation to be valid.

Indicator (d). CRJ provides the staff of New Bedford Reentry Center with multiple ways in which a staff person can report a concern about PREA in the facility. As noted in the previous indicator, staff interviews confirmed they could go outside the chain of command if they felt they needed to without cause. Staff recognized they could report a concern directly to the New Bedford Reentry Center Director, the agency PREA Coordinator, the Senior Director of Reentry Operations, or to the

	<p>Human Resources Department. Staff confirmed they would not get in any trouble for reporting outside the chain of command. The Human Resources staff also confirmed staff reports made in good faith are not subject to any consequences.</p> <p>Compliance Determination</p> <p>The Auditor finds the standard is compliant based on policy language, client and staff knowledge of reporting options, educational material, agency website, handbook, and posters observed in the facility. The Auditor also tested the posted methods of reporting. The agency and facility have put in place multiple avenues for staff and residents to report concerns of sexual misconduct. The agency PREA Coordinator also confirmed there were no hotline calls from a resident or third-party individual at the New Bedford Reentry Center. Interviews with residents, staff, and agency administration supported that the necessary resources were in place to ensure a timely response. Most residents confirmed they would go to a staff they trust as a primary option if they felt a need to report a concern and believed it would be taken seriously. Compliance is based on policy, interviews with staff and residents, observation and testing of resources by the auditor, and conversation with both internal and external reporting options.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>New Bedford Reentry Center Handbook</p> <p>Memo from facility director</p> <p>Individuals interviewed/ observations made.</p> <p>Resident Interview</p> <p>Staff Interview</p> <p>Director Interview</p> <p>Senior Director Interview</p>

Indicator Summary determination.

Indicator (a). This indicator applies to New Bedford Reentry Center. Residents can file a grievance internally to the facility director which can be appealed to the Dictator's supervisors, the Regional Director or the Senior Director. The facility policy on grievances is in addition to the information provided in the resident handbook that supports the standard on exhaustion of administrative remedies. There were no PREA-related grievances in the past year. Policy 900.00 addresses the requirements of this standard.

“Exhaustion of Administrative Remedies

1. The program ensures a formal administrative process to address resident grievances regarding sexual abuse and sexual harassment. The program prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.

2. The program shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.

3. A resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint.

4. Such grievance is not referred to a staff member who is the subject of the complaint.

5. CRJ shall 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.

6. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

7. CRJ may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision; CRJ shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

8. 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, the resident may consider the absence of a response to be a denial at that level.

9. Emergency Grievances

a. The program shall provide procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment.

b. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the program's determination whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance.

#### 10. Unsubstantiated Grievances

a. The program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith."

Indicator (b). As noted in indicator a) Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) provide direction related to residents filing a grievance. Consistent with the policy the facility handbook states that residents are not required to resolve incidents through an informal process. "New Bedford Reentry Center shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment." The policy and handbook also states there is no time frame in which the PREA-related grievance must be filed. "The program prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment." The Auditor's Review found the resident handbook had language consistent with the standard's various indicators."New Bedford Reentry Center prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment." No resident has filed a grievance related really to sexual assault or sexual harassment in the past year.

Indicator (c). Grievances at New Bedford Reentry Center are generally submitted directly to the Facility Director or Assistant Director. If the Facility Director is the subject of the grievance, it may be submitted to either an Assistant Director, the Regional Director, or the CRJ PREA Coordinator. The policy acknowledges there is no informal resolution attempt requirement, and the resident handbook states there is no time frame requirement for filing a PREA-related grievance. The Handbook provides information to the residents that they do not have to be filed with the staff who is the subject of the grievance or that that individual will be the person reviewing the grievance. "A resident who alleges sexual abuse or sexual harassment may submit the grievance without submitting it to a staff member who is the subject of the complaint such grievance is not referred to a staff member who is the subject of the complaint". Residents spoken with confirmed they understood they had an option of whom to submit the grievance to. Most residents felt they would go

straight to the Director if they had a concern and bypass a grievance process for something as serious as sexual harassment or sexual assault.

Indicator (d). New Bedford Reentry Center PREA policy 900.00 addresses the maximum time frames in which a grievance must be resolved. The time frames include an initial response within 7 days with an extension of an additional if notice is given in writing. New Bedford Reentry Center's short length of residents stays, (approximately 4 months) means they reportedly try to resolve concerns in an expedited fashion. The Director and Senior Director confirmed that All allegations of sexual assault would be handled immediately and that most other sexual harassment claims would be responded to in a timeframe more consistent with an emergency grievance.

Indicator (e). Random staff interviewed confirmed that third-party grievances are possible. Staff acknowledged that complaints and/or grievances might be filed by the resident's family members, attorneys, community agencies, or other professionals working with the client. Interviews with residents and staff confirmed there is no formal policy that prohibits a resident from filing a grievance on behalf of another resident or a resident assisting a fellow resident in the preparation of a grievance. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 15) also cover the requirements of this indicator. According to this policy, the alleged victim in a third-party grievance has a right to decline the grievance to be processed. The PREA Coordinator confirms there were no grievances filed related to any sexual misconduct or retaliation for prior reporting.

Indicator (f). As shown in indicator a) Policy 900.00 defines the conditions for emergency grievances related to sexual assault or sexual harassment cases. The policy addresses time frames in which emergency grievances must be responded to, including an initial response within 48 hours and a final resolution within five days. A policy also covers the requirements of determining if the imminent or substantial risk of sexual abuse exists for the client. The emergency grievance procedures are also outlined in the resident handbook (page 25). "New Bedford Reentry Center shall provide procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, New Bedford Reentry Center shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) to a level of review at which immediate corrective actions may be taken, shall provide for the initial response within 48 hours, and shall issue a final decision within five calendar days. The initial response and final decision shall be documented in the New Bedford Re-entry Centers determination of whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action

taken in response to the emergency grievance. Interviews with staff confirmed they understood how to protect residents who allege a concern about imminent danger related to any form of physical or sexual abuse or harassment. The staff stated that they would protect the resident, keep them separated from the parties they're having difficulty with, and immediately report the concern to a supervisor who will come and investigate the situation to see if there is a resolution that can be worked out. As noted previously the NBRC is a community program and if there is believed to be any aggression the individual will be removed.

Indicator (g). Language in policy 900.00 (pg.16) states that residents who file a grievance can only be disciplined if, after an investigation, it is determined that the grievance was filed in bad faith. It says, "The program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith." New Bedford Reentry Center has not had any cases in which a PREA grievance was purposefully filed in bad faith. As a result, there is no disciplinary process to review. Interviews with residents of the program confirmed they understood the only way they could get in trouble for filing a PREA grievance is if they were found through an investigation to purposefully lied about the situation.

**Compliance Determination**

New Bedford Reentry Center has had no cases in which a grievance was filed related to PREA, including any third-party grievance complaints. The Director confirmed that formal grievances on any topic at the facility are rare. He confirm any complaint even if not filed as a grievance will be treated seriously and investigated. The Auditor considered determining compliance, interviews with staff, residents, the Director, the Senior Director, the resident handbook, and policy. Staff interviewed were aware that they must accept all grievances, including those from a third party. Residents were aware of their rights under the grievance policy and the related language in PREA policy 900.00. The Director was familiar with PREA requirements related to time and response requirements. The Auditor also took into consideration the program's actions to provide an improved mechanism to file grievances after the Auditor's tour.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

PREA Brochure (English and Spanish)

Resident Handbook (English and Spanish)

PREA Postings (English and Spanish)

Research on Mental Health services providers

Individuals interviewed/ observations made.

PREA Coordinator

Case Manager

Random residents

Women's Center representative

PREA-related postings in the facility

Resources available from caseworkers

Discussions with community support agencies

Indicator Summary determination.

Indicator (a). At New Bedford Reentry Center, residents are provided information on accessing services for individuals who may have been the victim of sexual abuse. These organizations include The Women's Center of New Bedford and local mental health clinics. The residents are provided information in written form as part of their initial packet upon admission. The facility's PREA brochure and the resident Handbook each have information about these organizations. The Auditor also was able to see information posted about these organizations in hallways, common areas, and case management staff offices. Residents of New Bedford Reentry Center have access to a phone on-site that is not recorded. Residents may also have cellular phones, which would allow private communication with representatives of these organizations. Residents confirm they can make confidential calls on-site or make arrangements to seek counseling services in the community. They report the staff is helpful to those who are less familiar with the area and will provide you with information on how to contact and find local services. The New Bedford facility also sits next to a recovery center which also has individuals who help people find services in the community. The Women's Center information is posted up in the

facility and the Auditor confirmed the number. The Massachusetts state website also confirmed that TTY and bilingual services are available through the Women's Center and its state partners. Residents can mail letters from the program or when they are in the community, incoming mail would not be read from a treatment provider or rape crisis center as it would be treated as professional mail as confirmed in conversations with staff and administration.

Indicator (b). New Bedford Reentry Center residents are made aware of all staff members' duty to report any incident of sexual abuse. Residents of New Bedford Reentry Center have access to unmonitored communication with outside agencies. The Phone system of New Bedford Reentry Center is not monitored, and residents are allowed to have cellular phones. The resident interviewed understood the limitations of confidentiality if they disclose a crime or significant risk to an individual in the house. The Women's Center of New Bedford, the local rape crisis agency, confirmed the ability to provide confidential support to the resident and provide those support directly at the agency's offices, or through phone contact with residents. The Women's Center of New Bedford office is approximately 3 miles away. The Auditor had spoken with a representative of the agency who confirmed that NBRC clients would be able to access services. The representative also confirmed that there had been some discussions with the administration of NBRC about entering into an MOU. A letter from the Women's Center of New Bedford confirming the relationship was finalized during the post Audit period and a copy was provided to the Auditor and uploaded in the OAS. Residents understand that the outside agency's treatment is confidential other than confirmation of attendance and what the outside provider would be obliged to disclose by law.

Indicator (c). The Community Resources for Justice has entered into a relationship with The Women's Center of New Bedford. The Women's Center of New Bedford's letter supports they provide comprehensive, free services, including a 24-hour hotline, advocacy, individual and group counseling, and case management. The Auditor confirmed in phone interviews the ability to provide accompaniment services during forensic exams and police interviews of a victim. The representative confirmed they do not have any current concerns of New Bedford Reentry Center being a hotbed of sexual assault allegations. The Women's Center of New Bedford also provides community awareness and prevention services through partnerships and training with organizations and communities. The Auditor asked that the facility brochure be corrected to include the local agency instead of a rape crisis center serving another portion of the state.

#### Compliance Determination

Residents at New Bedford Reentry Center are provided access to outside confidential support services. The residents have access to local mental health services providers in the area, in addition to services available through The

	<p>Women’s Center of New Bedford. The agency provided documentation that supported the appropriate relationships required in indicators (a) and (c) is in place. The formal documentation of the relationship was delayed passed the site visit though the agency representative confirmed the ability to work with clients from NBRC. Interviews with the New Bedford Reentry Center Director and case management staff confirm how residents can be assisted in making an appointment for counseling. Observation during the tour supported that information about services was available in both English and Spanish. These languages are the two most common languages spoken by residents entering New Bedford Reentry Center. Resident interviews supported victims of sexual abuse could get supportive confidential counseling services in the community or from the ‘hotline.’ Compliance is based on the materials available, the relationships developed with community providers, the resident’s knowledge of how to access the resources, and the documentation of an up to date MOU provided in the post Audit period. The Auditor also considered the program’s proximity to a community-based recovery center which also can assist residents in finding a variety of treatment and life-affirming services.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Agency Web Site (third party reporting form)</p> <p>Brochures for Residents and Visitors on PREA</p> <p>Resident Handbook</p> <p>Memo on Third Party Reporting</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Facility Director</p> <p>Adult Probation Manager of Reentry Services</p> <p>Resident Interviews</p>

Staff Interviews

Visitor sign in process showing the distribution of Brochure on PREA

Signage posted throughout the facility.

Summary determination.

Indicator (a). Community Resources for Justice has established systems to receive third-party reports on sexual assaults or sexual harassment. The agency website provides a phone number and Email address, and a printable form to aid in filing a complaint on behalf of a resident. The agency PREA policy 900.00, page 15, states that the program is to distribute information on how to report concerns related to PREA. "5. Third Party Reporting

a. The program shall allow for third parties to report sexual abuse or sexual harassment for any resident and distributes information explaining how to report sexual abuse and sexual harassment on behalf of a resident. The PREA Third Party Reporting Form is available for individuals to report sexual abuse or sexual harassment on behalf of an offender. Copies of the form can be found at the program and on CRJ's website, under the PREA section.

b. All reports of sexual abuse and sexual harassment received from third parties shall be responded to according to CRJ policy by agency staff.

c. Any staff receiving a third-party report of sexual abuse or sexual harassment shall forward such report to their immediate supervisor who will in turn forward to the Program Director and PREA Coordinator who will follow the proper PREA reporting guidelines.

d. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and sexual harassment, and shall also be permitted to file such requests on behalf of residents.

e. If a third-party files such a request on behalf of a resident, CRJ 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.

f. If the resident declines to have the request processed on his or her behalf, CRJ shall document the resident's decision."

This is accomplished by distributing brochures on PREA, which provide information on how to report a concern internally to the agency-wide PREA Coordinator. Residents are also provided information on how to report a concern related to PREA in their handbook and postings in the facility. The random residents interviewed

supported they could make a complaint on behalf of a peer if they were too fearful for some reason. They also reported confidence that if a family member called on their behalf, the situation would be investigated. Residents also were aware they could make reports through the CRJ website, outside agencies, or their probation officer. The Massachusetts State Reentry Manager confirmed that she is notified on any concerns brought to Probation, Parole, and DOC staff and would forward all concerns to CRJ Administration. Staff interviewed were aware that all third-party complaints needed to be taken seriously and referred immediately to the Facility Director and the Agency PREA Coordinator. The Auditor also reviewed the agency website and recognized multiple avenues available to residents, families or other interested parties to receive complaints about sexual misconduct.

**Compliance determination:**

The New Bedford Reentry Center and Community Resources for Justice have successfully provided multiple means for residents and other interested parties to make a PREA complaint as a third party. The information is publicly available on their website and is provided to visitors in brochures that were updated in the post audit period and postings as they enter the facility. The facility has trained the New Bedford Reentry Center staff on the need to accept all complaints no matter the source and refer them so they can be investigated. Interview with staff and residents support the policy 900.00 expectations are understood. The Facility Director, random staff, and the agency PREA Coordinator all reported not having received any third-party PREA related complaints in the past year. Interviews with residents confirmed that they can report on behalf of a peer or a family member could report on their behalf and they believed the situations would be investigated. The Auditor has previously tested the third-party reporting system by sending an email to the address listed on the website. Compliance is based on all the factors listed here, which support multiple avenues to report a concern about sexual harassment or sexual assault.

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Staff PREA Training materials</p>

MA Department of Public Health Website

MA State Police website

Memo from Program Director

Individuals interviewed/ observations made.

CRJ PREA Coordinator

New Bedford Reentry Center Director

Random Staff

Random Residents

Indicator Summary determination.

Indicator (a). Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) repeatedly requires the immediate reporting of sexual abuse and sexual harassment claims, retaliation, and staff actions that may have contributed to such behaviors. Page 16 of the policy states, "Reporting Duties a. Any staff must immediately report to the Program Director or designee, any knowledge, suspicion, or information regarding:

- (1) an incident of sexual abuse or sexual harassment that occurred in the program;
- (2) retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment;
- (3) any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation".

The policy goes on to state (page 17), "Upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Program Director or designee, the SJS Deputy, and the SJS Department Director." The policy addresses the reporting of abuse that occurred in previous institutions and the duty to report retaliation incidents and incidents where staff duties may have contributed to abuse occurring. In random interviews, staff consistently reported they understood their responsibility to report in the areas described in Indicator (a). The staff knew they must report all allegations of sexual assault or sexual harassment, no matter the source of the allegation, or even if they had questions on the validity of the allegations. The policy also requires the Program Director to notify the local authorities to begin the criminal investigation. Absent a sexual abuse case the auditor relied on staff knowledge to report all allegations no matter the source to their supervisor including any allegation of retaliation.

Indicator (b). Policy 900.00 (pg.18) requires the staff to keep confidential any PREA disclosure except to agency administrators and supervisors to facilitate treatment. The policy states, "Apart from reporting to designated supervisors or agency officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions." Staff in random interviews repeatedly confirmed their awareness of the importance of protecting the victim and the investigative process by limiting the disclosure to those with a need to know. They were also aware of documenting the incident on email or written document to their supervisor but not putting it in the Secure Manage electronic case management system where others could read. The client records are maintained in a separate office in locked cabinets that are only accessible by case management, and facility management. The electronic records used by CRJ in the programs have a hierarchy that would further limit who has access to case notes with sensitive information about the client's history.

Indicator (c). New Bedford Reentry Center does not employ staff in medical staff members. An agency Mental Health staff person weekly supports case managers and residents in obtaining appropriate mental health services. Clients would potentially be referred to the local medical clinics for physical health issues where disclosure could be made.

Indicator (d). The New Bedford Reentry Center would not receive a resident under the age of 18. Staff are trained in mandatory reporting laws, and the local police could apply additional charges to crimes against these protected populations. The state of Massachusetts website confirms that residents over the age of 60 and those with disabilities have special protection under the law from sexual abuse. These crimes can be reported to local police and to the Department of Public Health in the state of Massachusetts. The Websites reviewed support mechanisms are in place to report if those who are targeted for their age, their disabilities, or if they have a diminished capacity. The Massachusetts State Police also has a unit that investigates crimes against these populations. The physical plant limits the programs' ability to house individual with serious physical disabilities

#### Compliance Determination

The Auditor concludes the standard is compliant based on training materials, policy, sexual harassment investigations, and interviews completed. The one investigative file was reviewed for staff actions and if the individuals were in target groups. There were no individuals in the current population with an allegation and there was no staff who had acted as a first responder to an allegation of sexual assault. None of the incidents required first responders to perform any actions beyond keeping the

	<p>person safe and reporting to a supervisor. The Auditor spoke with the Facility Director, the CRJ PREA Coordinator, and random staff. The policy addresses the staff's need to report all incidents of Sexual Assault or Sexual Harassment while protecting the resident victim's privacy and the investigative process. Further supporting compliance is the interview with staff who consistently understood their duty to report while also understanding the need to protect victims' privacy.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Memo</p> <p>Individuals interviewed/ observations made.</p> <p>Senior Director</p> <p>Program Director</p> <p>Random Staff</p> <p>Random Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). New Bedford Reentry Center reported no situation where a resident has needed protective services from a substantial or imminent risk of sexual assault. As a community Confinement facility, there is no tolerance for aggression. The facility has trained its staff to handle these situations in accordance with first-responder expectations, including taking immediate actions to ensure safety, keeping them separate from any perceived threat, and notifying supervisory staff. In the past three years, the facility has not had to separate residents as a part of a plan to keep a resident safe from sexual misconduct. The facility takes all resident conflicts seriously and works with individuals to help them complete their respective stays. The Auditor's discussion with residents indicates that no aggression will be</p>

	<p>tolerated. The residents spoken to did not report any concerns about sexual aggression in the environment. Interviewed staff described the steps they would take to protect a resident with concerns about potential abuse. They know to keep individuals apart, to support the individual reporting the risk, and to notify the Program Director of the resident's stated concern.</p> <p>Compliance Determination</p> <p>The New Bedford Reentry Center has not had to provide protection duties for a resident in danger of sexual assault. Without a case to review, the Auditor relied extensively on interviews and policy to determine compliance. Residents who display any form of aggression would be removed from New Bedford Reentry Center rather quickly, so protection duties would be limited as compared to a correctional setting. Interviews with the Senior Director and Program Director confirmed multiple steps to ensure the safety of all clients. Random staff who were interviewed stated they would immediately respond to any concern related to residents' safety. Absent any imminent risk situations, compliance is based on policy, and interviews supporting plans are in place, and staff are aware of how to respond.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Corrective action: The Auditor awaited the uploading of documentation to support compliance.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Memo from Program Director</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>CRJ PREA Coordinator</p>

MA Probation Representative

Indicator Summary determination.

Indicator (a). Community Resources for Justice policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) requires that the Director of New Bedford Reentry Center notify the director of another facility if a resident reports previous sexual assault incidents at the other facility. An interview with the New Bedford Reentry Center Director confirms she is aware of this responsibility. The agency policy states, "Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred." The Program Director of New Bedford Reentry Center confirmed that all allegations are reported through the Massachusetts Probation Office to the facility in question. The representative of Massachusetts Probation did not report any complaint to or from New Bedford Reentry Center for abuse at other institutions.

Indicator (b). In the interview, the New Bedford Reentry Center Director was aware that notifications must be made within 72 hours of their staff being made aware of a sexual assault at another institution. Policy 900 goes on to state the requirement to report to the institution where the abuse occurred is "as soon as possible but no later than 72 hours after receiving an allegation." They would report the concern also to the CRJ Regional Director and to the Senior Director of Reentry Services immediately upon notification. These individuals would notify the funding source and the Director would notify the prior facility normally within the first day.

Indicator (c). The Facility Director confirmed they would document the notification by making a follow-up email after making initial contact with the Director of the other facility or the individual responsible for Massachusetts Adult Probation. As noted in Indicator (b) copies of the informational notice would be sent to the CJR Regional Director.

Indicator (d). As noted in indicator (a) the New Bedford Reentry Center Director and PREA Coordinator confirmed that an investigation would be enacted immediately upon notice from another institution of any criminal behavior at New Bedford Reentry Center. Agency policy states, "The agency head or program director that receives such notification shall ensure that the allegation is investigated in accordance with these standards." There was one allegations received at New Bedford Reentry Center. The auditor asked for a update on the police investigation and a copy of the administrative investigation to be uploaded. Document provided

	<p>in the post audit period confirm that the allegation received by the local police was investigated criminally by the police department and administratively by the facility.</p> <p>Compliance Determination</p> <p>CRJ had received one report from other correctional institutions or law enforcement about claims of sexual assaults at New Bedford Reentry Center. The facility did not have to report any claims of sexual assault to any other correctional institution.</p> <p>Compliance relied on the New Bedford Reentry Center Program Director and PREA Coordinator's knowledge, of the standard's requirements, including timeframes for reporting to other institutions. The Auditor also took into consideration CRJ's PREA policy, which addresses the standard language requirement and the memo from the Director on the 2025 allegation received.</p>
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115.264	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>New Bedford Reentry Center Coordinated Response Plan</p> <p>CRJ PREA Training materials</p> <p>PREA Memo</p> <p>Individuals interviewed/ observations made.</p> <p>Random Staff</p> <p>Case Management Staff</p> <p>New Bedford Reentry Center Director</p> <p>PREA Coordinator</p> <p>Indicator Summary determination.</p>

Indicator (a). New Bedford Reentry Center has not had a case requiring a staff member to act as a first responder to a sexual assault complaint. The Auditor had to rely on random staff's ability to explain their first responder responsibilities. The random staff interviewed described the steps they were trained on, including separating the victim and the potential threat and securing the crime scene. They also knew to ask both the victim and the accused perpetrator to not shower, wash, brush, eat, drink, or take any other actions that would affect the evidence on them or their clothes. CRJ Policy 900 also sets forth expectations for staff consistent with this indicator (page 12). The policy states, "Upon learning that a resident was sexually abused, the first staff member to respond to the scene must:

- a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence);
- b. Not leave the alleged victim alone;
- c. Ensure no one else enters the area to preserve and protect the crime scene;
- d. Check victim for immediate medical attention and call 911 if warranted.
- e. Contact the Person-in-Charge (Program Director or designee) to request the assistance;
- f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting."

Staff were aware of the key elements needed little prompting to remember all key aspects of their first responder duties.

Indicator (b). All staff at New Bedford Reentry Center are trained to be first responders. All staff are trained in the facility's Coordinated Response Plan. The first four steps of the plan described the actions that a person could undertake in a sexual assault as a first responder. The Auditor confirmed with case management staff and the Intake and Release Coordinator that they also are trained as first responders.

#### Compliance Determination

Absent any sexual assault cases in the past year that was reported at the facility, the Auditor had to rely on random staff interviews in determining compliance with the standard. The Auditor relied on the staff's ability to describe their duties consistent with the training materials reviewed. As noted some staff were well versed in the expectations of a First Responder, but others needed some additional training which was provided in the post-audit period. The staff described the

	<p>protection of the potential victim and the preservation of evidence, be it a physical space or on an individual. Individual staff also noted that the Coordinated response plan could be used as a reference if they were not sure what to do. The Auditor also reviewed the PREA training to get an understanding of the information provided to all staff.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>New Bedford Reentry Center Coordinated Response Plan</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The Community Resources for Justice PREA Policy 900.00 is descriptive on the roles of line staff, facility, and agency administrative response to incidents of sexual misconduct. The Policy gives direction to first responders, facility, and agency administration. It also speaks to the coordination of services of local medical, mental health, emergency response agencies (police, ambulance), and hospital and rape crisis advocates. It states, "Coordinated Response to Alleged Incidents of Sexual Abuse/Staff First Responders</p> <ol style="list-style-type: none"> <li>1. The program will work towards providing a coordinated response to all allegations of sexual abuse, including interventions by first responder staff, medical facility staff, mental health practitioners, local law enforcement, investigators and program staff. This policy and procedure serves as a written plan for providing coordinated actions taken in response to an incident of sexual abuse.</li> <li>2. Upon learning that a resident was sexually abused, the first staff member to</li> </ol>

respond to

the scene must:

- a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence);
- b. Not leave the alleged victim alone;
- c. Ensure no one else enters the area to preserve and protect the crime scene;
- d. Check victim for immediate medical attention and call 911 if warranted.
- e. Contact the Person-in-Charge (Program Director or designee) to request the assistance (including notifying funding source of incident);
- f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting.

(1) If toileting needs to take place, the resident should be instructed to not wipe.

3. In the event of an allegation of sexual abuse within the last 96 hours, including but not limited to those involving penetration, staff will have resident transported to a local hospital, with the victim's permission, equipped to evaluate and treat sexual abuse/rape victims, where he/she may receive a forensic medical exam by medical personnel not employed by the program.

a. Staff will not allow the resident to wash, shower, toilet, change clothes, brush teeth, eat or drink (unless medically indicated) before an examination, as evidence may be destroyed.

b. The medical personnel will use an evidence collection kit for the collection of forensic evidence with the resident's consent and without financial cost where evidentiary or medically appropriate.

c. Program staff are prohibited from providing forensic medical examinations to any victim of sexual abuse.

4. Where possible, examinations performed at the community medical facility are performed by Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) nurses"

The facility has a Coordinated Response Plan available to staff that reduces the policy information to a step-by-step action plan in responding to a sexual assault. The plan focuses on the first responder's actions and included information on the hospital the victim is to be sent to and the number for the local Rape Crisis agency. Since the agency does not employ medical or Mental Health staff, there are no specific duties for these positions. The Staff were provided refresher training on this

	<p>with the first responder training provided to staff in the post-audit period. Staff also knew the plan had information on the local hospital to ask a resident to go for a forensic examination.</p> <p>Compliance Determination</p> <p>The New Bedford Reentry Center coordinated response plan is available to all staff. Each step indicating a required action and the individual responsible for ensuring it occurs is listed on the chart. The staff's awareness of the coordinated response plan supports compliance. The Auditor believes that New Bedford Reentry Center staff are sufficiently trained in implementing the plan if an incident occurs. The New Bedford Reentry Center Program Director further supported compliance with their knowledge of the plan and the expectation that multiple individuals will have responsibilities.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>CRJ Employee handbook</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Individuals interviewed/ observations made.</p> <p>Regional Director</p> <p>Program Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ, the parent organization of New Bedford Reentry Center, does not employ unionized employees. The agency's employee handbook does state that individuals can be placed out of work during an investigation. Page 15-16 of the</p>

	<p>Agency employee handbook defines the right to discipline employees who engage in “gross misconduct.’ The document goes on to state the right of CRJ to place employees out on administrative leave during investigations into their actions. Agency policy 900 addresses the standard when it states,</p> <p>“a. If there appears to be evidence of sexual abuse or sexual harassment between staff and resident, supervising staff shall take steps to separate them so there is no possibility of further unmonitored contact between them until an investigation is completed.</p> <p>b. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation.”</p> <p>The facility Director and the Regional Director confirmed their ability to immediately place a staff person out on leave in an investigation. In 2025 there were no allegations of sexual abuse or harassment by staff requiring an individual to be placed on administrative leave during the investigation.</p> <p>Indicator (b). The Auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>The Auditor finds the standard to be compliant. The agency has an employment policy that allows New Bedford Reentry Center to put an accused staff person out of work on administrative leave. In doing so, they would be able to protect a resident from any further abuse or subsequent harassment. The employee handbook also supported that there were no collective bargaining contracts and defined that individuals who are subject to an investigation can be placed out of work. The Director confirmed that they would notify the Senior Director of Reentry Services and the Regional Director. Compliance, absent a case, was based on policy and Interviews with facility and agency leadership.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ Employee Handbook</p>

CRJ Retaliation Monitoring form

Individuals interviewed/ observations made.

Facility Director

PREA Coordinator

Senior Director.

Indicator Summary determination.

Indicator (a). Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) establishes, on pages 4 and 5, an expectation to keep both staff and residents who report or corroborate with an investigation into sexual assault or sexual harassment from any form of retaliation. The policy states, "The program must employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:

- (1) Consultation with the referral source;
- (2) Removing alleged resident abusers from contact with victims;
- (3) Removing alleged staff abusers from contact with victims;
- (4) Monitoring resident rooms, including by direct observation, if necessary;
- (5) Transferring potential victims/abusers to other facilities, if operationally possible;
- (6) Actively monitoring, for at least 90 days, the conduct and treatment of residents or staff who reported abuse or harassment, and, of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff;
- (7) Promptly remedying any signs of retaliation detected;
- (8) Monitoring any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff;
- (9) Continuing monitoring beyond 90 days if the initial monitoring indicates a continuing need;
- (10) Providing monitoring that includes periodic status checks for residents; and
- (11) Protecting individuals who cooperate in investigations who express fear of retaliation. The program's obligation to protect against retaliation ends if any allegation is unfounded."

The Regional Director says he would expect the Program Director to be the facility's

primary individual responsible for monitoring any adverse outcomes after a claim has been made. The Facility had no case where the individual had made a claim that initiated monitoring.

Indicator (b). The Director of New Bedford Reentry Center and the Regional Director both spoke to the multiple options Community Resources for Justice has to protect residents from retaliation. This includes reassigning rooms or in more extreme cases, the agency can explore with the funding source permission to have a client move to another CRJ facility, to home confinement, or the individual be removed from the program altogether. PREA Policy 900 also speaks to efforts to separate individuals to protect them from retaliation. "In less serious abuse situations (administrative), the appropriate staff shall consider whether to separate the residents or take other steps for their safety, to prevent intimidation or retaliation. Staff may move residents to another location within the program. The Deputy Director of Social Justice Services or designee shall assist the Program Director with this decision. Staff should also consider whether there are any resident witnesses who should be relocated to ensure their safety and protect them from intimidation."

Indicator (c). As noted in indicator (a), the agency policy addresses the requirements of this indicator. The Facility Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of 90 days. She was able to describe things that would be reviewed as possible symptoms of retaliation. Examples include monitoring for discipline, changes in attitude or behaviors, and changes in interactions with peers. Though there were no retaliation monitoring in the past year, the agency has forms in place to consistently document the resident's progress.

Indicator (d). The Facility Director for New Bedford Reentry Center reports there would be periodic check-ins made by her or the appropriate case management staff to any individual who cooperated in the investigation. The reported contact with clients would be in addition to the regular case management check-ins required for residents. New Bedford Reentry Center varies contacts with clients based on needs but the Director supported the client would be seen at least once a week after a PREA event. By practice, New Bedford Reentry Center case management staff routinely ask all residents about their feeling of safety as it relates to sexual misconduct. The retaliation monitoring form has a space for documenting the clients' monitoring process and boxes that coincide with elements to be considered.

Indicator (e). As noted in indicator (b), the protections enacted by Community Resources for Justice would extend to any individual who cooperated in the investigation of sexual misconduct.

	<p>Indicator (f). The Auditor is not required to audit this provision.</p> <p>Compliance Determination</p> <p>The Auditor finds that New Bedford Reentry Center is compliant with the expectations of this standard. Absent a case in the past year requiring monitoring, the Facility Director and the Regional Director’s Interviews both support policy expectations. The Facility Director understood the monitoring should continue even if the perpetrating individual has been removed. The policy statement, the monitoring form in place, documentation of past monitoring, the counseling services available to staff and residents, and the interview results were supporting this determination of compliance. Included in consideration were the residents who consistently supported in interviews they could approach staff and believed they would be kept safe.</p>
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115.271	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Corrective Action: The Auditor required an update on the police investigation and a copy of the administrative investigation that was completed in regard to the 2025 allegation made by a former resident to the local police.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Staff Training Records of Administrative Investigation</p> <p>Investigation file</p> <p>Documentation of agency efforts to build a relationship with the police</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>PREA Coordinator</p>

Summary determination.

Indicator (a). The Community Resources for Justice policy 900.00 sets forth the requirements of the standard, including an immediate notification by the Program Director to the local police department. The policy states, "All allegations of sexual abuse or sexual harassment must be reported to the PREA Coordinator:

(1) Allegations of sexual harassment between residents will be reported for investigation by the Program Director; Upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Program Director or designee, the SJS Deputy and the SJS Department Director. (1) The Program Director, or designee, must then:

- a) institute the Incident Report process;
- b) call the local authorities to begin a criminal investigation
- c) call the appropriate contracting agency
- d) notify CRJ Human Resources if a staff person is involved)."

Since New Bedford Reentry Center or CRJ staff would not complete a criminal investigation, they will promptly report any sexual abuse or sexual harassment allegation that appears to be criminal to the New Bedford Police Department. The Program Director of New Bedford Reentry Center has been trained to complete administrative investigations of Sexual Misconduct. The Senior Director was interviewed as a trained investigator. He reported that the administrative investigation would happen immediately, and it would include a thorough and objective review of the facts. The only delays in administrative investigations are when those actions would impede the criminal investigation. All interviewed staff understood the need to accept all allegations, including third-party and anonymous reports, and report them immediately. There have been no criminal investigations or administrative investigations of sexual abuse or sexual harassment from a current resident allegation. The one criminal allegation in 2025 was initiated by the New Bedford police who were informed of a allegation during their agency booking process for a former NBRC client. The Facility Director reported the Detective did come and interview him and a staff person who was alleged to be a witness to the assault allegation.

Indicator (b). As documented in 115.234, the New Bedford Reentry Center's Director and several other agency staff have been trained in the investigation of sexual assault in a criminal justice facility. The Program Director's supervisor (Regional Director) and the PREA Coordinator have also been trained. The training they received was from the National Institute of Corrections. The Director described the training and the most helpful elements of the NIC training he received. Copy of the

Investigator Training Certificates was provided for, Director, Senior Director, Vice President, and the Agency's PREA Coordinator. All reports go up the chain for review to the Senior Director of Reentry Operations and the Vice President who has an extensive background in investigations in his prior law enforcement career.

Indicator (c). As stated above, New Bedford Reentry Center would not employ an investigator who would gather DNA or other physical evidence associated with a criminal investigation. DNA and physical evidence collection would be the responsibility of the New Bedford Police and the trained SANEs at the St Luke's Hospital. The New Bedford Reentry Center Director confirmed she would ensure that the New Bedford Police Department would have access to all electronic monitoring information or any written reports completed by employees. CJR has trained staff on the importance of preserving the crime scene. The Regional Director confirmed the agency would make staff and residents available for any criminal investigation as well as any written reports or electronic surveillance video that would aid in the investigation. He reports his investigation of non-criminal cases or administrative reviews of incidents that rose to the level of criminal investigation would also include interviews of the alleged parties involved as well as any witnesses. They would review video and client records for any relevant information that might impact the outcome of the investigation.

Indicator (d). This indicator would be the responsibility of the New Bedford Police Department, which would perform a criminal investigation. New Bedford Reentry Center has not had any sexual assault investigations that required police involvement in criminal acts. In the interview with the Director, he described the steps he would take to ensure open communication in the event of criminal investigations between the New Bedford Police Department and CRJ. The agency and the police have established a relationship through other non-PREA cases. The Auditor was provided a memo supporting the relationship. The Auditor was informed that the criminal case remains pending.

Indicator (e). Interview with the investigator supported that at no time does the Community Resources for Justice require individuals, during an investigation, to undergo a polygraph or other truth-telling device as a condition of said investigation. The investigator confirmed that the credibility of each individual is determined on an individual basis and not based on the individual's status as a staff member vs. a resident. The New Bedford Police do not require the use of any truth-telling devices to initiate a sexual assault investigation. CRJ policy states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." An interview with the investigator

confirmed there is no requirement for truth-telling devices.

Indicator (f). The Regional Director confirmed that he would decide in the course of the investigation if staff actions or failures contributed to the incident occurring as part of the administrative, investigative process and refer them to CRJ Senior Leadership. The Auditor reviewed the steps to be taken in the investigation process with the trained investigator. The Auditor considered the investigator's knowledge of what should be in an administrative investigation report, the steps taken to ensure a thorough investigation was completed, and the thought process used to draw conclusions. The Director was aware that the Administrative Investigation should not impede the criminal investigation process when a criminal investigation occurs. In the allegation reviewed from 2025, the investigator documented that they tried to review video evidence as part of the process in determining the investigation's outcome but the complaint was received more than 90 days after the client had left the program.

Indicator (g). Criminal investigations report content would be the responsibility of the New Bedford police department. The agency would keep any communication on the criminal investigation as well as the administrative investigation. The Program Director reports they have developed relationships with the New Bedford Police Department since opening to ensure lines of communication can occur during an event like a PREA investigation. The agency has not had to request a copy of the completed criminal investigation as there have been none to date completed.

Indicator (h). If an allegation is substantiated, the determination of a criminal investigation would be the New Bedford Police Department's responsibility, which would refer to the County Prosecutor for criminal prosecution. The Director reports that he believes the Police investigator has discussed the case with the prosecutor.

Indicator (i) The CRJ PREA Coordinator would retain all investigative reports related to any PREA incident. The agency policy requires retention for a period of 10 years after an individual has left the facility.

Indicator (j) The Investigator interviewed confirmed that the departure of an alleged abuser or victim would not result in a premature conclusion of the administrative investigation. Policy 900.00 page 20 confirms that the "departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation." The facility did complete an investigation of the former resident's claim even though the individual was no longer at the facility. The case was referred months after the client was released from the program and

	<p>was determined to be unfounded</p> <p>Indicator (k) Auditor is not required to audit this provision.</p> <p>Indicator (l) New Bedford Reentry Center has provided documentation of a working relationship with the New Bedford Police Department. The New Bedford Reentry Center Program Director reported that they would ensure open communication between the two agencies so that federal requirements of PREA, including required notifications, can be completed in a timely fashion. Policy 900.00 (page 20) requires the Director to remain informed about the outside investigative agency's progress. As noted in (j), the Director provided documentation in the corrective action period describing the latest information on the criminal case.</p> <p>Compliance Determination</p> <p>No individual in the current population was a reported victim of sexual assault at New Bedford Reentry Center for the Auditor to interview as part of this standards review. None of the current residents were involved in any of the previous administrative investigations. Absent a completed criminal case, the Auditor relied on interviews, policy, training records, and an administrative investigative file to determine compliance. The Auditor reviewed the information obtained in the sexual harassment claims. The interviews showed an understanding of the steps necessary to complete a thorough administrative investigation. The information included the steps necessary to determine witnesses' credibility, how staff actions impacted the incident, collaborate with outside agencies, and records retention requirements. As a community confinement facility, the perpetrator of sexual assault or sexual harassment would likely be removed from the facility, but the investigator understood the necessity of completing an administrative investigation and deciding whether to substantiate or not substantiate or determine that the claim was unfounded. In the 2025 case the victim was no longer in the program but a report was completed outlining the steps taken in the administrative investigation and how a conclusion was achieved.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p>

	<p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Memo from the Director on the standard used to determine the outcome.</p> <p>Individuals interviewed/ observations made.</p> <p>Trained staff Investigator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 18) stated that no greater standard than a preponderance of evidence would be used in substantiating an administrative investigation. “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The Interview with the Director who is a trained CRJ investigator confirmed this expectation. In addition to stating this measure, the Director described how he came to a conclusion in the administrative investigations he completed. He was able to discuss the credibility of one individual who described a person who did not match a client or staff in the program at the time of the alleged assault. He also stated though the camera footage was not available he could review staff work schedules to further assess credibility of statements.</p> <p>Compliance Determination</p> <p>The Auditor spoke with the Director as the trained investigator. CRJ has several staff trained in completing an administrative investigation of PREA claims of sexual abuse or sexual harassment. The Auditor confirmed there is no greater standard in determining the investigation outcome than a preponderance of the evidence. The Agency policy and investigation file reviewed by the Auditor also supports a determination of compliance.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p>

CRJ Client Notification Form

Individuals interviewed/ observations made.

Interview with the New Bedford Reentry Center Director

Interview with PREA Coordinator

Indicator Summary determination.

Indicator (a). At the conclusion of an investigation, the New Bedford Reentry Center and CRJ administration will ensure, according to interviews, that resident victims are informed of the outcome, including a determination that the claim is substantiated, unsubstantiated, or unfounded. The Agency PREA Policy requires notification to the victim as well as the Agency PREA Coordinator and the agency's executive team. The facility has a form for the notification of the resident on the outcome of sexual assault complaints. The agency form is to be used to inform residents of the outcome of both sexual assault allegations and allegations of sexual harassment. There were no cases in the past year where a resident could be informed. The one allegation from 2025 was lodged by a former resident reportedly after they were arrested on new charges.

Indicator (b). As noted in 115.271 (I), if New Bedford Police Department is completing the criminal investigation, the facility director would open up communication channels to ensure sufficient information is obtained in a timely fashion to report to victim residents. CRJ would complete administrative investigations into sexual assault where appropriate. Such investigations would determine whether the staff's actions or inactions played a part in the assault. Absent a criminal case; the Auditor asked the Director of New Bedford Reentry Center and the Regional Director about how they would stay informed on a PREA criminal investigation.

Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 11) states, "following an allegation of abuse by a staff person, supervising staff shall take steps to separate them, so there is no possibility of further unmonitored contact between them until an investigation is completed. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation". The Program Director of New Bedford Reentry Center is aware of the required notifications to the victim if an allegation involves a staff person, including when the staff person is no longer

employed, has been indicted, or when the staff person is convicted. Given the short-term nature of the program, most likely indictments and convictions might not happen while the resident victim was still in custody.

Indicator (d). The Program Director of New Bedford Reentry Center is also aware of notification to a victim when a resident perpetrator has been indicted or convicted. Since New Bedford Reentry Center's length of stay is usually under six months, notification on convictions would be unlikely and become the responsibility of the Victims' Assistance Office of the Court system.

Indicator (e). The facility will provide the resident with a written notification of the investigative outcome. This will also go into the client's permanent record and a copy will be forwarded to the PREA Coordinator. Documentation can also be written into Secure Manage. The agency completed the form to document the findings and why the resident was not informed, such as, no longer in custody.

Indicator (f). The auditor is not required to audit this provision.

#### Compliance Determination

The Community Resources for Justice has put in place mechanisms to ensure residents are told of the outcome of sexual assault and sexual harassment claims. In determining compliance, the Auditor reviewed policies, websites, and reporting forms and conducted interviews with the Program Director, Regional Director (administrative Investigations), and the agency's PREA Coordinator. Based on the above-stated factors, New Bedford Reentry Center is compliant in its ability to report to residents. New Bedford Reentry Center had not had a sexual assault incident requiring resident notification. The agency policy requires notifications to be made on sexual harassment cases. The Auditor relied on the interviews, the reporting forms to be completed for sexual harassment cases, and the policy in determining compliance.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

CRJ Employee Handbook

Individuals interviewed/ observations made.

Interview with the Director of New Bedford Reentry Center

Interview with Human Resources staff.

Indicator Summary determination.

Indicator (a). In CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) it states staff can be subjected to “disciplinary sanctions up to and including termination for violating CRJ sexual abuse or sexual harassment policy.” CRJ employee handbook (page 15) further informs staff about potential disciplinary action. “The agency reserves the right to discipline or discharge any employee for violating any agency policy, practice, or rule of conduct.” The handbook goes on to state that, “Employees may also be disciplined or terminated for gross misconduct.” There was no staff discipline in the past year for any form of sexual misconduct. The Agency Discipline Policy, under the Progressive Discipline section, states the following: “The appropriate disciplinary action imposed will depend on the nature of the conduct or action. CRJ does not imply, represent, or promise that one form of disciplinary action will precede another, and the agency reserves the right to terminate employment any time it deems proper.”

Indicator (b). CRJ Policy 900.00 states, “Sexual abuse, sexual harassment, or sexual contact with residents shall subject staff to appropriate discipline, up to and including termination.” The Employee handbook states, “Gross misconduct, including, but not limited to violations listed below, may result in the employee being terminated for a single violation.” Gross Misconduct includes acts that are criminal or present a threat to the agency, its residents, or its staff. Human Resources staff and the Director of New Bedford Reentry Center confirmed that employees who engage in sexual misconduct with a resident can be terminated for the first offense. No employees of New Bedford Reentry Center have been disciplined for sexual harassment or sexual abuse of clients at New Bedford Reentry Center.

Indicator (c). Community Resource for Justice is an at-will employer and can determine appropriate sanctions for non-criminal behavior. Policy 900.00 utilizes the standard language to state that consequences should be commensurate with the

nature of the offense and the employee’s history with the agency. The CRJ Employee Handbook notifies staff that they can be terminated. “All CRJ employees are at-will, which means they may be terminated at any time and for any reason, with or without advance notice. Employees are also free to quit at any time.” Interviews confirmed that discipline for non-criminal behaviors would be based on the employee’s overall history and the nature of the offense.

Indicator (d). New Bedford Reentry Center does not employ any individuals who perform duties in a licensed capacity. The agency has one part time licensed mental health person who assist in resident need s assessments, if they were found to have engaged in sexual misconduct would be referred to the state licensing board. The facility will notify the New Bedford Police Department of all sexual assaults or sexual harassment behavior that appears to be criminal in nature, even if the employee has left the agency. The Director of New Bedford Reentry Center confirmed that outcomes of administrative or criminal investigations related to sexual abuse or sexual harassment of clients would be forwarded to Human Resources to become part of their employment record. As noted in Indicator (a), there were no cases of staff discipline.

**Compliance Determination**

The Community Resources for Justice has a policy in place that states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action (900.00 pages 20). Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline, per policy, will be proportional to the nature and circumstances of the acts committed and comparable to other staff with similar histories. All sexual abuse allegations will be reported to the local authorities regardless of whether the staff member resigns or is terminated.

No New Bedford Reentry Center staff has been disciplined for a PREA-related violation in the past year. Compliance was based on policy and the interview with the Program Director of the New Bedford Reentry Center, the agency's PREA Coordinator, and the Human Resources staff. The Auditor also took into consideration the agency PREA policy and CRJ employee handbook, which described the discipline process for staff, including grounds for immediate termination for “gross misconduct.”

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

PREA training record for contractors

Individuals interviewed/ observations made.

New Bedford Reentry Center Director

PREA Coordinator

Indicator Summary determination.

Indicator (a). New Bedford Reentry Center does not employ any individual contractor to provide direct service to residents in a licensed capacity. The facility has no direct service contractors; all contractors entering the facility are supervised by staff. Food served at the facility comes from the neighboring community-based agency and is gotten by the program staff. Neither group interacts directly with the residents. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allow for the immediate cessation of visits by any contractor or volunteer accused of engaging in sexual misconduct. "Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any CRJ programs and shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies." The agency policy requires all criminal behavior to be reported to the police, no matter if the individual is an employee, a contractor, a volunteer, or a visitor. There are no volunteers currently a WMRC.

Indicator (b). According to CRJ and New Bedford Reentry Center policy 900.00 (pages 20-21), in the case of any violation of boundary issues by any contractor or volunteer, the Facility Director will determine if the violation is non-criminal actions should result in the termination of their contact with residents. "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of CRJ sexual abuse or sexual harassment policies by a contractor or volunteer." According to the Facility Director, criminal actions would notify the Police and funding source. They confirmed the individual would have an immediate termination of access to residents during the investigation.

Compliance Determination

	<p>New Bedford Reentry Center does not employ contractors who provide direct services to the clients or any volunteers or college interns. The program had no current volunteers at the time of the audit. CRJ policy 900.00 Resident and Staff Sexual Abuse and Sexual Misconduct (PREA) (page 18) require the notification to law enforcement of any PREA violations, and the misconduct would be grounds for barring admission to the facility (page 20). All non-employees (vendors or interns) entering the site are supervised while on location. As noted in 115.232, all individuals entering the facility are educated about PREA, and Contractors or volunteers are supervised. The facility has not employed or received any voluntary services of a professional to whom a licensing board would be informed for violations of PREA. The Agency PREA Coordinator reports that no volunteer or contractor was the subject of any PREA-related investigation in the past year or required any corrective actions. Compliance, absent any discipline of volunteers or contractors, is based on the policy that supports investigation discipline, and removal of contact.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Program Director</p> <p>Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Policy 900 Staff and Resident Sexual Abuse (PREA) sets forth the requirement of any resident found to have engaged in resident-on-resident sexual abuse can be subject to discipline. It states, “residents will be subject to disciplinary sanctions pursuant to a formal disciplinary proceeding following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment or following a criminal investigation” (page 21). At New Bedford Reentry</p>

Center, there have been zero resident-on-resident sexual abuse cases. Without a case of confirmed resident-on-resident abuse, the Auditor must rely on the policy, and resident handbook information defining discipline and facility leadership. As a Community Confinement Center, the belief is that a new criminal charge would likely result in an immediate placement in a higher level of custody.

Indicator (b). The Facility Director reports that the discipline process is fair and has consequences that vary based on the severity of guideline violation. The resident handbook outlines prohibited actions and types of sanctions for non-criminal acts. As a community confinement center, the local police or referring authority would immediately remove residents engaging in sexual abuse. An interview with the Program Director confirms that the individual's prior disciplinary history could weigh in the process and that sanctions would be consistent with those who committed similar offenses.

Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA), page 21, requires consideration of the resident's mental illness or disability in determining appropriate sanctions. The policy states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." An interview with the facility's Program Director confirms that before enacting any discipline of the resident for actions outside of sexual abuse she would take into consideration the resident's ability to comprehend their actions. As noted above in cases where sexual abuse has occurred the individual would be removed from NBRC.

Indicator (d). As a community confinement facility, it would be unlikely that the perpetrator of sexual abuse or aggression would stay in the facility. Individuals who engage in such actions would likely be returned to higher levels of custody. New Bedford Reentry Center can refer individuals with sexual abuse histories to outside counseling at New Bedford Women's Center or other mental health programs in the area. The New Bedford Women's Center staff confirms they can provide this counseling to individuals with sexual abuse histories.

Indicator (e). Policy 900.00 confirms on page 21 that residents will not be disciplined for engaging in consensual sexual contact with the staff. "The program may discipline a resident for engaging in sexual contact with a staff only after an investigation finding the staff did not consent." The Auditor also confirmed with the Program Director that residents in these situations would be considered victims and not be subjected to disciplinary actions.

Indicator (f). Community Resources for Justice Policy 900.00 and the New Bedford Reentry Center resident handbook (page 6) confirm that a resident can be disciplined if they purposefully lied in submitting a PREA-related complaint. The policy states that complaint files with a reasonable belief that the alleged conduct that occurred shall not constitute a false allegation. CRJ administration confirmed that this would only occur after the completion of an investigation, which supported such intent in its findings. Interviews with residents confirmed an understanding that PREA complaints cannot result in discipline without an investigation substantiating an intentionally false report. There were zero investigations of false reports related to sexual abuse or sexual harassment claims in the past year.

Indicator (g). New Bedford Reentry Center prohibits sexual contact between residents. It is stated in the resident handbook that residents may not engage in sexual acts. According to the facility Director, if residents have engaged in sexual activities, there would be an investigation of facts, and residents would be met with to ensure there was no intimidation by either party to claim the activity as consensual. Residents who would be disciplined through this process would have notifications sent to their referring authorities.

**Compliance Determination:**

The New Bedford Reentry Center has a policy that addresses the concerns of this standard. The residents are also afforded information related to sexual misconduct in the facility in the resident handbook. These documents address the conditions in which a resident could be disciplined that sanctions are equivalent to the nature of the misconduct, the required consideration of a resident's mental health or functioning level, and the consequences for sexual misconduct between residents. Interviews with the Program Director confirmed policy expectations, including no discipline for the residents in consensual acts with staff persons.

Interviews with residents confirm that they are told of prohibited acts at New Bedford Reentry Center at admission and are provided a handbook that outlines the discipline process. Compliance, absent a disciplinary event for sexual assault, is based on policy, handling sexual harassment claims, information available through the client handbook and administration, line staff, and resident interviews.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900 Staff and Resident Sexual Misconduct (PREA)

MA Attorney General's Website

MA SANE Training Site

THE WOMEN'S CENTER of New Bedford Website

Documentation from SANE availability at local hospitals

Individuals interviewed/ observations made.

St Lukes Hospital

Representative of the Women's Center

Random Staff

Program Director

Indicator Summary determination.

Indicator (a). New Bedford Reentry Center has an agreement for the medical treatment of victims of sexual abuse. St. Luke Hospital in New Bedford will provide victims of sexual assault appropriate services. The hospital can provide emergency services, including access to trained Sexual Assault Nurse Examiners. The facility's coordinated response plan requires potential victims to be sent to the hospital. Ongoing support for medical support for victims of abuse can occur at a local hospital or at other community health agencies. Policy 900.00 Staff and Resident Sexual Misconduct (Page 14) has language requiring unimpeded access to care for victims of sexual abuse consistent with the language of the indicator. "Resident victims of sexual abuse shall 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." The staff interviewed understood that resident victims should be offered the opportunity to go to the hospital for a forensic exam. As an open program, residents can be approved to leave the facility to seek health care services. There were no cases in the past year of a resident having to go to the hospital for treatment related to sexual abuse.

Indicator (b). New Bedford Reentry Center does not employ medical staff. All victims would be sent to the hospital. All staff at New Bedford Reentry Center are trained as

first responders. In their interviews, the random staff knew the need to preserve evidence and the importance of emotionally supporting the victim. New Bedford Reentry Center has a coordinated response plan that confirms this practice. Interviews with staff further confirmed the importance of an immediate response to actual sexual abuse incidents and any situation where residents state concern of potential abuse. Staff described the importance of providing physical and emotional safety to the victim and the importance of immediate access to hospital care.

Indicator (c). Interviews with staff at St. Lukes Hospital supported residents would be offered information on emergency contraception and prophylactic medication as necessary. After the emergency visit to the hospital, they may do follow-up care or at area health clinics, where they can receive appropriate services, including medication, even if initially refused.

Indicator (d). Community Resources for Justice policy 900.00 (page 14) states, "treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation." Interviews with community service providers and information on the Massachusetts Victims Compensation Fund website confirm there is no cost for treating victims of sexual assault. The state website states the following; "The MA Attorney General's Office (AGO), Executive Office of Health and Human Services (EHHS), Executive Office of Safety and Security (EOPSS), and MA Hospital Association (MHA) have worked together to ensure that post-assault sexual assault care including forensic examinations are provided to victims at "no cost" as required by Violence Against Women Act (VAWA)." The Victims Compensation Fund is available to ensure no cost for treatment, thus removing fiscal concerns as a barrier to seeking treatment.

#### Compliance Determination

New Bedford Reentry Center does not employ medical or mental health staff. They have trained staff in the duties of the first responders, including getting the victim to treatment services as soon as possible. Line staff were aware they should only ask the victim for enough information to be able to obtain appropriate treatment. They are also mindful of the importance of protecting evidence, including informing resident victims not to take any action that would degrade evidence. Victims of sexual assault at New Bedford Reentry Center have appropriate access to medical and mental health services without cost. The Auditor finds the standard to be in compliance. Absent a case requiring the plan's implementation. The Auditor relied on policy, staff, and administration knowledge of the coordinated plan and community resource information to determine compliance.

	<b>and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>New Bedford Reentry Center Resident Handbook.</p> <p>MA Adult Sexual Assault Law Enforcement Guidelines</p> <p>Individuals interviewed/ observations made.</p> <p>Case management staff</p> <p>Local rape crisis agency</p> <p>Facility Director</p> <p>Local Hospital representative</p> <p>CRJ employed clinician</p> <p>Indicator Summary determination.</p> <p>Indicator (a). New Bedford Reentry Center will offer medical or mental health evaluations and treatment referrals to individuals sexually abused at the facility or during a previous institutional stay. A resident who reports prior victimization history to the New Bedford Reentry Center staff would be offered a referral to community-based counseling services available in the region. Residents can locally access mental health, substance abuse, and psychiatric care in the greater Springfield area. Residents acknowledged they believe the staff will aid individual victims in finding services. The Auditor received information in 115.41 to support those individuals with past victimization histories and was offered a referral for counseling services. Identified residents with victimization histories interviewed confirmed their access to community-based counseling services. Representatives of Southcoast Health confirmed their ongoing support to the victim’s medical needs. CRJ acknowledges that residents have a right to refuse treatment but requests that they sign a form that acknowledges this fact. Case Management staff will encourage treatment and explain the reasons why it is important. The Case Management staff will provide support and referrals at a later date if the victim changes their mind. There have been no cases to date of any resident being victimized at the NBRC.</p>

Indicator (b). Representatives of local medical and mental health clinics confirm they can provide ongoing services while the individual remains at New Bedford Reentry Center. New Bedford Reentry Center does not subcontract for these services, but they are available to the resident through various local service providers. If the resident leaves the area, these agencies confirm they will aid in the continuity of services by making referral recommendations close to the community where they will be living. The representative of the Women's Center of New Bedford also confirmed that individuals with whom they have provided supportive services would be offered information about the availability of support in the community in which the individual was going to live. CRJ employs a clinical staff separate from the NBRC contract that would assist in making referrals to ongoing community mental health services if the victim was not already engaged in such activities.

Indicator (c). Medical and mental health services are available at several community-based providers. Representatives told the Auditor of these facilities that New Bedford Reentry Center clients receive the same services that all individuals living in the community seeking services would receive. In addition to the interview with community agency representatives, the Auditor reviewed several agencies' websites for information on service availability.

Indicator (d). The St. Luke's Hospital staff confirmed residents of New Bedford Reentry Center who were victims of sexual assault would be offered pregnancy testing. The indicator is NA as the New Bedford program is all male.

Indicator (e). The St. Luke's Hospital staff confirmed if the sexual assault results in pregnancy, the victim would receive counseling on pregnancy-related medical services. The indicator is NA as the New Bedford program is all male.

Indicator (f). The St. Luke's Hospital staff confirmed HIV testing is available to all victims of sexual abuse.

Indicator (g). Treatment services are provided to victims even if they do not name the abuser or cooperate fully with the investigation. Interviews confirmed the stated CRJ policy (900.00 (page 14), "treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation." The Program Director confirmed the agency's commitment

to removing any barrier to preventing a victim from pursuing treatment. Massachusetts has put in place financial resources to support victims and ensure that financial considerations are not a barrier to an individual seeking treatment.

Indicator (h). The CRJ’s PREA policy 900.00 (page 14) would put in place a follow-up assessment requirement if a perpetrating individual were to remain in custody. “The program will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.” As a Community Confinement Facility, it would be unlikely a perpetrating individual would remain in such a level of custody. Such individuals would most likely be in local police custody as part of the ongoing criminal case.

**Compliance Determination**

The Community Resources for Justice is committed to ensuring residents in all their programs have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 speaks to each aspect of this standard. The residents have access to area service providers who can provide victims of abuse with the appropriate ongoing support and treatment. Interviews with local hospitals and community health providers confirmed that resident victims could receive free-of-charge services, including HIV testing, prophylactic treatment, pregnancy testing, and related services. The Auditor, in determining compliance, considered conversations with the community service providers, the facility Director, interviews with case management staff and residents with victimization histories, as well as resident records. The Auditor also completed internet research on the various health service agencies to further support the finding of compliance.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 221 Emergency Plans</p>

PREA Incident review form 2021

Individuals interviewed/ observations made.

New Bedford Reentry Center Director

Regional Director

Director of Reentry Operations

PREA Coordinator

Indicator Summary determination.

Indicator (a). the Community Resources for Justice Policy 900.00 Staff and Resident Sexual Misconduct (page 21) set forth the obligation to have a critical review of all incidents of sexual abuse unless the allegation has been unfounded. "The facility shall conduct a sexual abuse or sexual harassment incident review at the conclusion of every sexual abuse/harassment investigation, including where the allegation has not been substantiated" The agency policy goes beyond the standard requirement as it requires reviews of sexual harassment cases in addition to the sexual abuse cases. The Agency's Emergency Plan policy 2.2.1 page 3 also sets forth a practice of critical incident reviews. There were no allegations in the year prior to the site visit from current residents and only one unfounded case.

Indicator (b). Policy 900.00 states the review "will normally occur within 30 days of the conclusion of an investigation." The Auditor can only assess the timeliness without a recent complaint based on policy language and interviews with senior management staff. CRJ also require reviews of substantiated sexual harassment cases.

Indicator (c). The PREA Policy states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, local law enforcement and medical or mental health practitioners." The NBRC does not employ medical or mental health staff, but it is believed that in an actual sexual assault incident the CRJ Mental Health person would be consulted in not part of the actual review. The PREA Coordinator reports, the Regional Director, and Case Managers, when appropriate would be added. If the case was criminal, the review would include information obtained from law enforcement or community medical or mental health service providers. The Senior Director of Reentry Operation will also complete a critical review of the incident.

Indicator (d). The CRJ policy 900.00 (pages 21-22) defines the elements to be considered by the review team consistent with this indicator's requirement. The Policy states, "The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - b. 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 the facility;
  - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - d. Assess the adequacy of staffing levels in that area during different shifts;
  - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and
  - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to sections a. - e. (above) and any recommendations for improvement, and submit such report to CRJ's Chief Operating Officer (COO), the Program Director and the PREA Coordinator.
5. The facility shall implement the recommendations for improvement or shall document its reasons for non-compliance. In addition to the policy, the Auditor was able to see the intended form used to record the information discussed. The Auditor also confirmed with the Facility Director and the PREA Coordinator the elements that would be discussed."

The agency has developed a review form that ensures consistent information is considered including the required elements of this indicator. Interview with the facility Director confirmed an understanding of the elements required.

Indicator (e). Policy 900.00 states, "The facility shall implement the recommendations for improvement, or shall document its reasons for non-compliance." Interviews with facility Director and Agency PREA Coordinator support understanding how information from incident reviews would spur action. In discussions with Regional Director further support both an immediate response to an identified need and the agency's overall process to use a critical review as a mechanism for overall improvement. As noted in indicator (a) there was a no PREA incidents that were substantiated or unsubstantiated cases to review findings including recommendations for operational or policy changes.

	<p>Compliance Determination</p> <p>The New Bedford Reentry Center ensures allegations for sexual assault have a review. The agency policy states reviews will occur on sexual harassment cases also that are substantiated of unsubstantiated. The Auditor was not able to review a completed form as the 2025 allegation was unfounded., as well as policy and interviews to confirm compliance. Interviews with senior management of the agency and facility support an understanding of the requirements of the indicators. The Interviews also supported an understanding of how critical review could put into action changes in policy or procedures if needed. CRJ's upper Administration reportedly look not only at incident reviews as an opportunity to improve the program in question but an opportunity to raise the bar of safety across the agency.</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ PREA Annual report on agency website</p> <p>PREA Data Spreadsheet</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ collects uniform data on all its facilities. The Auditor was provided with a spreadsheet of Data, which includes some 56 data points related to PREA. The spreadsheet collects information on PREA complaints/investigations and tracks screening information, population, grievances, searches, and the number of notifications of investigation outcomes, to name a few items. The definitions used by the Agency in Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) are consistent with the PREA guidelines for Sexual Abuse and Sexual Harassment. Agency Policy states, "CRJ shall collect accurate, uniform data</p>

for every allegation of sexual abuse and sexual harassment at all facilities under its direct control using a standardized instrument and set of definitions. CRJ shall aggregate the incident-based sexual abuse data at least annually.” The PREA Coordinator receives data per month from each of the agency’s programs allowing them to track progress/ trends on both a facility and agency level.

Indicator (b). The agency takes collected aggregate data at the facility and agency levels to attempt to identify trends. The PREA Coordinator receives information monthly from each of the Social Justice Services Programs. CRJ management interviews support an active review of all incidents to determine trends or needs. A client safety issue identified in non-PREA incidents could result in a solution that could also benefit sexual safety (i.e., Camera purchases, procedural changes). The facility has completed an annual report which shows aggregate data.

Indicator (c). The Auditor compared interviews with the Agency PREA Coordinator and information from the PREA DATA Spreadsheet to the SSV-4 form. The Auditor was able to identify the key elements of the Survey of Sexual Violence in the CRJ data report. Each of the agency’s reentry facilities are required to forward to the PREA Coordinator. Through centralizing the data CRJ ensures that data is readily available for senior management review of trends and needs. The Auditor was provided information from the incident tracking report. A updated copy of the report was requested.

Indicator (d). All incident reports and investigations are forwarded to the Agency PREA Coordinator for the required storage.

Indicator (e). N/A- the CRJ is not a government agency does not contract for the confinement of residents. The Agency does have one contracted facility and ensures that information on incident are reported to the PREA Coordinator, The Senior Director of Reentry Services and the funding source.

Indicator (f). N/A- A memo from the CRJ PREA Coordinator confirms the Department of Justice has not asked New Bedford Reentry Center for the SSV data. The Auditor reviewed the elements collected by the facility and the PREA Coordinator to support an ability to complete said report.

#### Compliance Determination

The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs, including the New Bedford Reentry Center. Indicator (e) does not apply as CRJ is not a public agency but does

	<p>track the data and reports to the funding source all incidents. New Bedford Reentry Center has not been requested to complete the SSV report or provide other related data to the Department of Justice (indicator (f)). The Auditor was also able to see a summary report of all programs CRJ runs and their incidents of PREA-related events. The report ensures uniformity of data and incident-based tracking of sexual assaults and sexual harassment complaints. The agency policy 900.00 (page 22) commits the agency to comply with the standard's data collection requirement. Compliance is based on the information provided to the Auditor and the interview with the Agency PREA Coordinator supports their understanding of the elements of this standard. The agency PREA Coordinator is responsible for maintaining the Agency aggregate data on all facilities.</p>
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115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ Website with PREA Annual Report</p> <p>Documentation of CEO approval of the annual report</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Program Director</p> <p>Senior Director</p> <p>Summary determination.</p> <p>Indicator (a). CRJ's PREA Coordinator reportedly meets with the Social Justice Services leadership monthly. The group reviews any PREA-related concerns or other client safety issues and looks for trends. If a sexual abuse incident review identified a concern, this group would further assess the nature of the corresponding response at the agency level. Since this group member would also be involved in the facility-level reviews, they would enable change, when needed, across all facilities. These steps provide the basis for the annual report analysis.</p>

Indicator (b). The Auditor's review of the annual report shows a comparison with the previous year's data.

Indicator (c). The Annual Report is on the agency's website. The last five years' reports are currently available.

Indicator (d). The agency has not had to redact information to date that would impact the security of the facility.

#### Compliance Determination

New Bedford Reentry Center and the Community Resources for Justice policy (900.00) address the standard's requirements on the use of data for corrective action. CRJ's has developed a database that supports corrective action through routine elements monitoring. The agency collects over 50 factors related to PREA and has a mechanism to assess agency-wide needs/improvements. The features look at various indicators in the facility's efforts to prevent, detect, and respond to PREA incidents, including education, screening, and investigatory requirements. Since the facility does not have a history of PREA incidents, there is limited data from which to make a critical analysis. As a result, the agency looks at these events and other non-PREA events when determining safety concerns. The PREA Coordinator works for the Vice President of Reentry Services and works closely with the Senior Director who oversees all the residential programs. Such access allow for problem areas can be identified and corrective action plans monitored. The agency PREA Coordinator, the Director, and the Senior Director all committed in interviews to using data to inform practice and identify change when needed. The agency has posted to the website and annual report approved by the Agency's Chief Executive Officer. The report looks at the data across the system and points toward the agency's ongoing efforts to be responsive. Compliance is based on the data provided, the information posted to the agency website, and the interviews. The interviews supported a consistent message; that data analysis for program improvement is an agency-wide practice.

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

New Bedford Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

CRJ website

Annual PREA reports

Individuals interviewed/ observations made.

PREA Coordinator

Facility Director

Tour of New Bedford Reentry Center

Indicator Summary determination.

Indicator (a). Agency records are maintained securely in the SecurManage software program. The system reportedly utilizes access controls to different fields of information based on an employee's job description. CRJ PREA Policy 900.00 (page 22) states, "CRJ shall ensure that data collected pursuant to Section Q. are securely retained. CRJ shall make all aggregated sexual abuse data from programs under its direct control readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, CRJ shall remove all personal identifiers. CRJ shall maintain sexual abuse data collected pursuant to Section Q. for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Indicator (b). In the Auditor's review of the CRJ Website, he found the last five years of annual reports available to the public. This also supports the policy language provided in indicator (a).

Indicator (c) The Auditor's review of aggregate reports shows no identifiers are used that could result in the identification of any victim of sexual abuse.

Indicator (d). The PREA Coordinator reports PREA data will be maintained for at least ten years. Agency Policy as shown in indicator (a) requires the data to be maintained for ten years.

	<p>Compliance Determination</p> <p>The Community Resources for Justice PREA policy 900.00 addresses this standard's requirements on pages 21- 22. All facility data is provided to the agency PREA Coordinator responsible for maintaining and securing all data. In the event of an incident, all identifying information would be removed before any information is made public. CRJ's PREA Coordinator is responsibility to maintain data for a minimum of 10 years. No state or local law is requiring more extended maintenance of the records. The PREA Coordinator works with the Vice President and the Regional Director to develop an annual report approved by the Executive Director.</p> <p>Compliance is based on the annual report's information, which includes no identifiers and includes information on all PREA-required facilities run by CRJ. The policy indications on handling information support compliance, as did interviews with the Agency's PREA Coordinator and Facility Director. The interviews support an understanding that all data is maintained for at least ten years. The annual report is posted on the agency website as required.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>CRJ Website/ PREA</p> <p>Individuals interviewed/ observations made.</p> <p>Tour of New Bedford Reentry Center</p> <p>General observation of staff and resident interactions by the Auditor</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ is in its fourth cycle of audits. In the last three years, the agency had all of its adult Reentry programs, all of which were audited for compliance with PREA. This is the second Audit of the New Bedford Reentry Center which opened about 4.5 years ago.</p>

Indicator (b). CRJ has Audits spread out over all three years of the Audit cycle. The agency has added and lost programming but has still maintained audits in each of the cycle years. In the last few years, the agency has added or reopened residential programs required to be PREA Compliant. This is the program's second audit.

Indicator (h). The Auditor was not only provided access to all areas during the tour and was also able to move freely about the facility to observe staff and resident interactions. The interviews occurred in a private office which was away from other residents and staff. Interviewees were informed on the confidentiality of the interview process unless abuse was occurring in the facility.

Indicator (i). The Auditor was permitted to request and receive copies of relevant documents. Information was provided in advance, and more was furnished onsite at Auditor's request. The Agency PREA Coordinator provided additional clarity as needed during the post-audit period. The Audit notice was posted in advance and was confirmed with residents that it had been posted for weeks. The Auditor was able to see the secure manage electronic case management system used in the facility. Additional documentation was asked to be uploaded after the site visit.

Indicator (m). The Auditor was able to meet in a private space with clients and staff. The Auditor was provided with the use of the Intake /Release Coordinator's Office. Residents were told they could leave the door open if it made them more comfortable.

Indicator (n). Posting with Auditor's contact information was found throughout the facility. The Auditor confirmed the postings were up for weeks prior to the site visit through interviews with staff and residents. The Program Director was reminded that the notices must stay up until the final report is issued.

#### Compliance Determination

The standard is Compliant based on evidence that the organization Community Resources for Justice has maintained a consistent application of PREA, including required audits over the last five years. As an Auditor, the facility was helpful in preparing documents and the support of staff to get the identified individuals to the interviews in a timely manner. An Opening and a Closing meeting allowed for leadership from across the Agency to participate through the use of zoom. The Auditor also met some of the local Probation staff who come to the facility to obtain feedback.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>New Bedford Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ website</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Summary determination</p> <p>Indicator (f). The Community Resources for Justice has posted on its agency's website (CRJ.org) PREA Audit reports Dating back to 2015. The PREA Audits cover all the facilities in Social Justice Programs required to meet PREA. The prior PREA Audit for NBRC was located on the agency's website.</p> <p>Compliance determination</p> <p>The Community Resources for Justice is compliant based on the agency website's review, which showed prior PREA reports posted.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	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?	
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

<b>(b)</b>		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233</b>	<b>Resident education</b>	

<b>(c)</b>		
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
	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.)	yes
	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.)	yes

	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.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242</b>	<b>Use of screening information</b>	

<b>(d)</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252</b>	<b>Exhaustion of administrative remedies</b>	

<b>(d)</b>		
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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

<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276</b>	<b>Disciplinary sanctions for staff</b>	

<b>(b)</b>		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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

<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	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.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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