

# PREA Facility Audit Report: Final

**Name of Facility:** Road to Renewal

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 03/23/2026

**Date Final Report Submitted:** 05/05/2026

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> Sonya Love	<b>Date of Signature:</b> 05/05/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Love, Sonya
<b>Email:</b>	sonya.love57@outlook.com
<b>Start Date of On-Site Audit:</b>	12/11/2025
<b>End Date of On-Site Audit:</b>	12/12/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Road to Renewal
<b>Facility physical address:</b>	475 Varnum Avenue, Lowell, Massachusetts - 01854
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Christian E Blomquist
<b>Email Address:</b>	cblomquist@riverbendmv.org
<b>Telephone Number:</b>	9787708252

<b>Facility Director</b>	
<b>Name:</b>	Christian E Blomquist
<b>Email Address:</b>	cblomquist@riverbendmv.org
<b>Telephone Number:</b>	9787708252

<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>	25
<b>Current population of facility:</b>	21
<b>Average daily population for the past 12 months:</b>	20
<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>	Men/boys
<b>Age range of population:</b>	18-70
<b>Facility security levels/resident custody levels:</b>	DOC, HOC, MA Parole, MA Parole, MA Probation, Violent, Non Violent
<b>Number of staff currently employed at the</b>	21

<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>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Riverbend
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	101 Jackson Street, 4th Floor Lowell, Lowell, Massachusetts - 01852
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Christian Blomquist	<b>Email Address:</b>	cblomquist@riverbendmv.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:**

0

**Number of standards met:**

41

**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:	2025-12-11
2. End date of the onsite portion of the audit:	2025-12-12

#### 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
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Massachusetts Rape Crisis Program, Boston Area Rape Crisis Center (BARCC).

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	25
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<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>	21
<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>1</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>3</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>One resident was identified by the facility as transgender. The resident considered themselves as questioning/transgender. This resident was counted as transgender. One resident appeared to have cognitive difficulties; a brain injury was counted as targeted.</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>21</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>1</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>	<p>4</p>
<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>	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>21</p>
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input checked="" type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input checked="" type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>Pulled the resident roster by living unit/room/ floor and confirmed information with the PREA Coordinator.</p>
<b>43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?</b>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>

<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>	5
<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 PREA Coordinator indicated that this resident type was not assigned to the facility.</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 PREA Coordinator indicated that this resident type was not assigned to the facility.</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 PREA Coordinator indicated that this resident type was not assigned to the facility.</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 PREA Coordinator indicated that this resident type was not assigned to this facility.</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>None 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>1</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>As verified by the PREA Coordinator.</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>3</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>As verified during a facility tour.</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>As verified through a facility tour and site review.</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>13</p>

<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><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>Riverbend has 21 employees as of the audit date. Most staff hold dual roles. To avoid sampling, staff were categorized as either random or specialized.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	8
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<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 checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## 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
<b>Was the site review an active, inquiring process that included the following:</b>	
<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>No text provided.</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 <input type="radio"/> No</p>
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<p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**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>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<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>	0	0	0	0	0
<b>Total</b>	0	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	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<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>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	Zero allegations reported during this reporting period.

<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 type="radio"/> No</p> <p><input checked="" 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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>0</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 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>Zero allegations of sexual harassment were reported during this reporting period, according to the PREA Coordinator.</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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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>Zero allegation of sexual abuse or sexual harassment was reported during this reporting period.</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

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

1

## 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>	
<b>Auditor Overall Determination Definitions</b>	
<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>	
<b>Auditor Discussion Instructions</b>	
<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>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.211 (a): An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.211 (a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p>A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.</p> <p>115.211 (a)-2 The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p>

A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.

115.211 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.

115.211 (a)-4 The policy includes sanctions for those found to have participated in prohibited behaviors.

A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.

115.211 (a)-5 The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.

115.211 (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.211 (b)-1 The agency employs or designates an upper-level, agency-wide PREA Coordinator. A review of the facility's documentation did not provide an organizational chart to support this standard.

115.211 (b)-2 The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that they have enough time to manage all of your PREA-related responsibilities. The PREA Coordinator indicated that he uses committee meetings to coordinate your agency's efforts to comply with the PREA Standards. The committee addresses the identified issues and develops a plan of action to address the problem.

3. If you identify an issue with complying with the PREA standard.

**Evidence Relied Upon:**

1. Pre audit questionnaire
2. Interview the PREA Coordinator

**Corrective Action:**

1. 115.211 (a) 1-5: An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.
2. 115.211 (a)-2 The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.

3. 115.211 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.
4. 115.211 (a)-4 The policy includes sanctions for those found to have participated in prohibited behaviors. A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.
5. 115.211 (a)-5 The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.
6. 115.211 (b)-1 The agency employs or designates an upper-level, agency-wide PREA Coordinator. A review of the facility's documentation did not provide an organizational chart to support this standard.

**Update:**

Riverbend provided a written policy. It reads as follows:

115.211 - Zero Tolerance of Sexual Abuse and Sexual Harassment

	<p>Road to Renewal maintains a strict zero-tolerance policy toward all forms of sexual abuse, sexual harassment, and sexual misconduct. The program prohibits any sexual activity or contact between residents, staff, contractors, and volunteers. All staff are responsible for preventing, detecting, and responding to sexual abuse and sexual harassment. This policy applies to all individuals entering the facility.</p> <p>115.211 (a)-2 The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>A review of the documentation provided by the facility failed to provide evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Corrective Action is required.</p> <p>115.211 (a)-2 A review of the documentation provided by the facility on 1/21/26 provides evidence of a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.211 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. (1/21/26).</p> <p>115.211 (a)-4 The policy includes sanctions for those found to have participated in prohibited behaviors. (1/21/26).</p> <p>115.211 (a)-5 The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. (1/21/26).</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making a recommendation for corrective action or a request for additional information to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<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>Standard 115.212 - Contracting with other entities for the confinement of residents.</p> <p>115.212 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Not applicable. The agency does not contract for</p>

confinement services, according to the PREA Coordinator.

115.212 (a)-1 The agency has entered into or renewed a contract for the confinement of residents on or after 20 August 2012, or since the last PREA audit, whichever is later. Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

115.212 (a)-2 All of the above contracts require contractors to adopt and comply with PREA standards. Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

115.212 (a)-3 The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after 20 August 2012, or since the last PREA audit, whichever is later: 1. This is a reporting error. Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

115.212 (a)-4 The number of the above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

115.212 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

115.212 (b)-1 All of the above contracts require the agency to monitor the contractor's compliance with PREA standards.

Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

115.212 (b)-2 The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor the contractor's compliance with PREA standards: 0.

Agency Contract Administrator - Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

**Evidence Relied Upon:**

1. Pre audit questionnaire
2. Interview the PREA Coordinator.

**Corrective Action:**

1. 115.212 (a): The facility needs to provide the contract for the confinement of its residents with private agencies or other entities, including other government agencies, which shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The Facility will provide evidence of compliance or issue a correction. This is a reporting error. Not applicable. The agency does not contract for confinement services, according to the PREA Coordinator.

	<p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions.</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>
	<p>115.213 (a): For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.</p> <p>115.213 (a)-1 For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>115.213 (a)-2 Since 20 August 2012, or the last PREA audit, whichever is later, the average daily number of residents is 21.</p> <p>115.213 (a)-3 Since 20 August 2012, or the last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 20.</p> <p>During this audit and reporting period, the Director is the PREA Coordinator. The Auditor interviewed the Director/PREA Coordinator. The administrator confirmed that he has enough time to manage all of your PREA-related responsibilities. Further, to coordinate the agency's efforts, he enlisted the assistance of other staff to comply with the PREA standards. If he identifies issues with compliance with a PREA standard, he communicates them in a memorandum, during a meeting, through policy development, or through training.</p> <p>When assessing adequate staffing levels and the need for video monitoring, the Director/PREA Coordinator explains that the facility staffing plan considers: (115.213) a. the physical layout of each facility; b. the composition of the resident population; c. the prevalence of substantial issues.</p> <p><b>PREA Audit Site Review SUPERVISION PRACTICES</b></p> <p>During the site review, the Auditor compared the written staffing plan with observations to determine whether it properly addresses the facility's staffing and</p>

electronic monitoring needs related to sexual safety. The Auditor also checked if the facility is staffed as per the plan and whether any deviations have been documented.

- Observed the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during each shift, including:
  - Housing/living areas
  - Common Areas
  - Dining room
  - Other areas where sexual abuse is known to be more likely to occur, according to the staffing plan.
  - Observed staff line of sight in shared spaces.  
Observed areas where residents in the facility are not allowed (secured basement storage areas), and confirmed that movement in and out of those areas is monitored (e.g., by cameras or other forms of surveillance).
  - Observe the level of supervision and the frequency of room checks in housing areas with roommates, as well as in dormitories and other congregate housing settings.
  - Observe indirect supervision practices, including camera placement.
  - Observes camera placement, inquires about, and observes the monitoring room, including staffing rotation (i.e., how often the camera feed is monitored and by whom).

115.213 (b): In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

115.213 (b)-1 Riverbend confirmed during this audit that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

115.213 (b)-2 If documented, the six most common reasons for deviating from the staffing plan in the last 12 months:

- Call outs
- Terminations
- Staff quit

During this audit, the Director explained that managers monitor staffing plan compliance by checking daily attendance against it. The facility documents non-compliance.

115.213 (c): Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:  
(1) The staffing plan established pursuant to paragraph (a) of this section; (2)

Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

See Standard 115.213 (b)-2.

115.213 (c)-1 At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

During this audit, the Auditor interviewed the Director/PREA Coordinator. The PREA Coordinator confirmed that the staffing plan for this facility is reviewed at least once every year.

**Documentation Review**

Riverbend omitted evidence of annual reviews - corrective action.

**Evidence Relied Upon:**

1. Pre audit questionnaire
2. Review of the staffing Plan
3. Interview with the Director/PREA Coordinator

**Corrective Action/Request for Additional Information/Clarification:**

1. 115.213 (a)-1 For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Based on the staffing plan provided, this Auditor could not determine a pattern to determine adequate staffing levels. The Auditor is requesting clarification to determine compliance or non-compliance.
2. Documentation Review: Riverbend omitted evidence of annual reviews - corrective action.

**Update:**

1. On 2/23/26, the Auditor requested additional information.
  1. Evidence of annual reviews
  2. Staffing plan minimums

**Conclusion:**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.215 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>115.215 (a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>115.215 (a)-2 In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0.</p> <p><b>PREA Audit Site Review</b>  <b>CROSS-GENDER SEARCHES</b></p> <p>During the site review, the Auditor:</p> <ul style="list-style-type: none"> <li>• Confirmed that opposite-gender supervisors are not required to supervise or observe strip searches.</li> <li>• Confirmed that Riverbend does not conduct, but must observe the area used to conduct searches. , and note if a privacy screen or other similar device is used to obstruct cross-gender viewing.</li> <li>• Confirmed that opposite-gender staff or personnel cannot be in the vicinity of the strip search area if applicable.</li> <li>• Observed the area used to conduct searches and noted if a privacy screen or other similar device was used to obstruct cross-gender viewing.</li> <li>• Confirmed that if the staff or personnel are kept at a sufficient distance, where the contours of the breasts, genitalia, or buttocks are not readily distinguishable.</li> </ul> <p>115.215 (b): As of 20 August 2015, or 20 August 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. (Not applicable).</p> <p>115.215 (b)-1 The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until 20 August 2015, to comply; or 20 August 2017, if their rated capacity does not exceed 50 residents).</p> <p>During this audit, Riverbend confirmed that its rated capacity does not exceed 50 residents.</p>

- Facility Characteristics
  - Designated Capacity 25
  - Current Population 21
  - Adult- Male Facility

Riverbend R2R PREA Prevention Planning Policy 115.215 Staffing Plan & Unannounced Rounds (effective 12/9/2025), pages 1-2.

115.215 (b)-3 The number of pat-down searches of female residents that were conducted by male staff: 0. Not applicable. See Standard 115.215 (b)-1.

115.215 (b)-4 The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0. Not applicable. See Standard 115.215 (b)-1.

115.215 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents. Not applicable. See Standard 115.215 (b)-1.

115.215 (c)-1 During this audit, Riverbend indicated that the facility policy does not require that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Riverbend R2R PREA Prevention Planning Policy 115.216 Limits to Cross-Gender Viewing and Searches(effective 12/9/2025), pages 1-2. A review of the policy states the following:

"Road to Renewal prohibits cross-gender strip searches, body cavity searches, and cross-gender pat searches except in exigent circumstances or when performed by medical practitioners. Opposite-gender staff must announce their presence when entering resident housing areas. Staff shall never search or physically examine a resident for the purpose of determining their genital status."

During staff interviews, a select sample of random staff explained to the Auditor that because staff are prohibited from conducting cross-gender strip searches, body cavity searches, and cross-gender pat searches except in exigent circumstances or when performed by medical practitioners. But in exigent circumstances, all confirmed the need to document the incident.

**Documentation Review**

Documentation of cross-gender strip and cross-gender visual body cavity searches of all residents, and documentation of all cross-gender pat-down searches of female residents. Not applicable. See Standard 115.215 (b)-1.

115.215 (d): The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, using the restroom, or changing clothes.

115.215 (d)-1 Riverbend indicated during this audit that the facility has not implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

115.215 (d)-2 During this audit, Riverbend confirmed that policies and procedures 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.

Riverbend R2R PREA Prevention Planning Policy 115.216 Limits to Cross-Gender Viewing and Searches (effective 12/9/2025), page 2. A review of the policy states the following: "Road to Renewal prohibits cross-gender strip searches, body cavity searches, and cross-gender pat searches except in exigent circumstances or when performed by medical practitioners. Opposite-gender staff must announce their presence when entering resident housing areas. Staff shall never search or physically examine a resident for the purpose of determining their genital status."

During this audit, the Auditor interviewed a select sample of residents (21) assigned to the facility. All denied ever being naked in full view of female staff when on the toilet, in the shower, or changing clothes. Further, these same residents confirmed that female staff at Riverbend announce their presence when entering the housing unit.

During this audit, the Auditor interviewed a random sample of 13 staff members. All staff sampled confirmed participation in staff PREA training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner that aligns with security needs. Additionally, these same staff members confirmed that they announce their presence when entering a housing unit that houses residents of the opposite gender.

#### **PREA Audit Site Review**

During the site review, the Auditor:

- Observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes. All areas include: Inside housing areas/bedrooms.
- Observed all areas outside of the housing areas (e.g., bathrooms/shower areas, recreation areas, basement, and other shared community spaces).
- Observed if any nonmedical staff of the opposite gender is able to view confined persons in a state of undress, including from different angles and

via mirror placement.

- Observed spaces from multiple perspectives and vantage points, as applicable.
- Observed the placement of mirrors, their placement, and their angle.
- Observed electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded video feeds of confined persons (e.g., via camera feed) and determine if: Opposite-gender staff are assigned to monitor video surveillance (recorded or live) (e.g., male staff viewing female confined persons).

115.215 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.215 (e)-1 Riverbend indicates in the PAQ that the facility does not have a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Riverbend R2R PREA Prevention Planning Policy 115.216 Limits to Cross-Gender Viewing and Searches (effective 12/9/2025), page 2. A review of the policy states the following: "Road to Renewal prohibits cross-gender strip searches, body cavity searches, and cross-gender pat searches except in exigent circumstances or when performed by medical practitioners. Staff shall never search or physically examine a resident for the purpose of determining their genital status." The language in Policy Riverbend R2R PREA Prevention Planning Policy 115.216 Limits to Cross-Gender Viewing and Searches regarding searches is general but inclusive of all residents assigned to the facility.

115.215 (e)-2 During this reporting period, Riverbend indicated that zero such searches (described in 115.215(e)-1) occurred in the past 12 months.

During this audit, the Auditor interviewed a select sample of random staff (13). All staff interviewed confirmed that the facility prohibits staff from searching or physically examining a transgender or intersex resident solely to determine their genital status.

During the on-site part of this audit, Riverbend found no transgender or intersex residents, according to the PREA Coordinator.

115.215 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

115.215 (f)-1 The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 0. (The percentage does not necessarily indicate compliance or non-compliance with the Standard.)

Community Resources for Justice, PREA 115.215 - LGBTI Training: Admission of Transgender, intersex, or unknown gender residents (effective 12/10/2025).

During this audit, the Auditor interviewed a select sample of random staff (13). All staff security staff sampled confirmed receiving training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. However, Riverbend indicated in the PAQ a training percentage of zero. This standard requires clarification of corrective action.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Site review and facility tour
3. Riverbend R2R PREA Prevention Planning Policy 115.216 Limits to Cross-Gender Viewing and Searches (effective 12/9/2025), page 2.
4. Community Resources for Justice, PREA 115.215 - LGBTI Training: Admission of Transgender, intersex, or unknown gender residents (effective 12/10/2025).
5. Interview with random staff (13).
6. Interview with residents (21).

**Corrective Action/Clarification/Reporting Error:**

1. 115.215 (c)-1 During this audit, Riverbend indicated that the facility policy does not require that all cross-gender strip searches and cross-gender visual body cavity searches be documented. After interviewing the PREA Coordinator
2. 115.215 (d)-1 Riverbend indicated during this audit that the facility has not implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).
3. 115.215 (e)-1 Riverbend indicates in the PAQ that the facility does not have a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
4. 115.215 (f)-1 The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent

	<p>with security needs: 0. (The percentage does not necessarily indicate compliance or non-compliance with the Standard.) The facility will train all staff on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p><b>Conclusion:</b></p> <p>The above narrative includes a thorough discussion of all the evidence used in making the corrective action decision, the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</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>
	<p><b>Auditor Discussion</b></p> <p><b>115.216 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</b></p> <p>115.216 (a)-1 The agency has established procedures to provide disabled residents 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.</p> <p>Riverbend R2R PREA Prevention Planning Policy 115.218 Residents with Disabilities and residents who are limited English proficient (effective 12/9/2025), page 2 indicates that Road to Renewal provides accessible PREA information to all</p>

residents, including those with disabilities or limited English proficiency. Professional interpreters will be used when necessary. Residents will not be used as interpreters or translators except in an emergency involving immediate safety. The facility omitted evidence of compliance in the form of:

- Contracts with interpreters or other professionals hired to ensure effective communication with residents with disabilities
- Written materials used for effective communication about PREA with residents with disabilities
- Documentation of staff training on PREA - compliant practices for residents with disabilities

This standard requires additional documentation or corrective action.

During this audit, the Auditor interviewed a random sample of 21 residents. One resident with a history of cognitive challenges caused by a brain injury was also interviewed. He denied having any challenges. The resident was alert and oriented. He was aware of what PREA was, confirmed he understood its purpose, and knew how to report sexual abuse and harassment if needed. He also confirmed that Riverbend provided him with information about sexual abuse and harassment that he could understand, and that the facility helped him understand his rights related to sexual abuse.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that the agency has established procedures to provide residents with disabilities and residents who are limited-English proficient with equal opportunity to participate in or benefit from all aspects of the agency's services.

### **PREA Audit Site Review**

#### **INTERPRETATION SERVICES (Corrective Action)**

As part of the formal interview process, the Auditor is required to interview an LEP resident in the facility. The Auditor must test the facility's process for securing an interpreter in real-time.

During the site review, the Auditor must:

- Test the facility's process for securing on-demand interpretation services. If services are provided via a language line, the auditor must test access to the language line to assess whether the phones used to access it work properly (e.g., the auditor should pick up the phone to confirm there is a dial tone).
- Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. This is important to understand in relation to anonymous reporting or confidential access to emotional support services.
- Assess the availability of interpretation services (e.g., ability to access

immediate interpretation services).

- Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter).
- Observed the location of interpretation services (e.g., are services provided in a location that provides some privacy for the persons confined in the facility?).

**115.216 (b): The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.**

115.216 (b)-1 The agency has established procedures to provide residents with limited English proficiency 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.

During this audit, the Auditor interviewed a random sample of 21 residents. One resident with a history of cognitive challenges caused by a brain injury was also interviewed. The resident was alert and oriented. He was aware of what PREA was, confirmed he understood its purpose, and knew how to report sexual abuse and harassment if needed. He also confirmed that Riverbend provided him with information about sexual abuse and harassment that he could understand, and that the facility helped him understand his rights related to sexual abuse.

**115.216 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.**

115.216 (c)-1 Riverbend indicated in the PAQ "no" the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. According to the PREA Coordinator, this is a reporting error.

Riverbend R2R PREA Prevention Planning Policy 115.218 Residents with Disabilities and residents who are limited English proficient (effective 12/9/2025), page 2 indicates that Road to Renewal provides accessible PREA information to all residents, including those with disabilities or limited English proficiency.

Professional interpreters will be used when necessary. Residents will not be used as interpreters or translators except in an emergency involving immediate safety.

115.216 (c)-2 If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.) According to the PREA Coordinator, this is a reporting error.

115.216 (c)-3 In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0.

During this audit, the Auditor interviewed a randomly selected group of staff members. All staff interviewed confirmed that the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited situations where an extended delay in obtaining an effective interpreter could jeopardize the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Riverbend R2R PREA Prevention Planning Policy 115.218 Residents with Disabilities (effective 12/9/2025) page 2.
3. Interview with Agency Head
4. Interview with random residents (21)
5. Interview with random staff (13)
6. Interview with a disabled resident (1)

**Corrective Action/Request for Additional Information/Clarification/  
Reporting Error:**

Corrective Action: 115.216 (a)-1 The agency has established procedures to provide disabled residents with 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. Riverbend will provide evidence of the following:

- Contracts with interpreters or other professionals hired to ensure effective communication with residents with disabilities. Boost Lingo is the vendor of record who will provide interpretive assistance to residents in the facility.
- Written materials used for effective communication about PREA with residents with disabilities
- Documentation of staff training on PREA - compliant practices for residents with disabilities. The facility will conduct specialized training for residents with disabilities and document the training. The facility will provide the Auditor with evidence of the said training.

**PREA Audit Site Review**

**INTERPRETATION SERVICES (Corrective Action)**

As part of the formal interview process, the Auditor is required to interview an LEP resident in the facility. The Auditor must test the facility’s process for securing an interpreter in real-time.

During the site review, the Auditor must:

- Test the facility’s process for securing on-demand interpretation services. If services are provided via a language line, the Auditor will test access to the language line to assess whether the phones used to access it work properly.
- Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services.
- Assess the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter).

Reporting Error: 115.216 (c)-1 Riverbend indicated in the PAQ "no" the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. According to the PREA Coordinator, this is a reporting error.

**Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the determination for corrective action, the request for additional information, compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.217 (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (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</b>

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

**115.217 (a)-1 Agency policy 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 (as defined in 42 U.S.C. 1997);
- (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.

Community Resources for Justice (CRJ) PREA Employment Questionnaire requires all prospective employees and/or employees being considered for promotions in the Social Services Adult program to disclose any allegations of sexual misconduct prior to employment or promotion. The employment questionnaire includes PREA-related questions as required in this standard.

- Confirmed- CRJ PREA Employment Questionnaire
- Confirmed- Select a policy for hiring and promoting
- Omission: Files of persons hired or promoted in the past 12 months will be reviewed to determine whether proper criminal background checks were conducted. Corrective Action.

**115.217 (b): The agency shall consider 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.**

115.217 (b)-1 Agency policy requires the consideration of 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.

Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015), pages 1-2, is a document and policy that all potential employees and contractors must acknowledge and complete as part of the pre-employment process. The policy includes the required PREA-related questions in Standard 115.217(a)-1, questions 1-3. The document outlines CRJ's organizational stance regarding Standard 115.217(a)-1 through 115.217(b)-1. Issue: Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015), pages 1-2: the policy does not specify any requirement to consider incidents of sexual harassment when deciding whether to hire, promote, or engage contractors who may contact residents.

During this audit, the Auditor interviewed the Administrative (HR) Staff. The HR staff confirmed that the agency performs criminal background checks or considers pertinent civil or administrative adjudications for all newly hired employees or

contractors who may have contact with inmates, and considers prior incidents of sexual harassment when determining to hire or promote anyone, or to enlist the services of a contractor who may have contact with a resident.

The HR staff confirmed that the agency has a system to conduct criminal record background checks on current employees and contractors who may have contact with inmates, and to conduct background checks at least once every five years through a contractual vendor, Accurate Backgrounds: [prea@accuratebackgrounds.com](mailto:prea@accuratebackgrounds.com).

**115.217 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) 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.**

115.217 (c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

- Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.217(c). Omitted corrective action.

115.217 (c)-2 In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 1.

**115.217 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.**

115.217 (d)-1 Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

Community Resources for Justice requires prospective employees and/or employees being considered for promotions in the Social Services Adult program to disclose all allegations of sexual misconduct prior to employment or promotion. The employment questionnaire includes PREA-related questions as required in this standard.

- Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015) pages 1-2.

115.217 (d)-2 In the past 12 months, the number of contracts for services where

criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 3.

During this audit, the Auditor interviewed the Administrative (HR) Staff. The HR staff confirmed that the agency performs criminal background checks or considers pertinent civil or administrative adjudications for all newly hired employees or contractors who may have contact with inmates, and considers prior incidents of sexual harassment when determining to hire or promote anyone, or to enlist the services of a contractor who may have contact with a resident.

#### **Documentation Review**

- Records of background checks of contractors who might have contact with residents. Omitted corrective action.

**115.217 (e): The agency shall 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.**

115.217 (e)-1 Community Resources for Justice (CRJ), agency policy 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 be in place for otherwise capturing such information for current employees. Omitted. Corrective Action.

- Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015) pages 1-2. A review of the policy shows that the language requirements cited in Standard 115.217 (e)-1, which require either that 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 be in place to otherwise capture such information for current employees, were omitted from the policy.

During this audit, the Auditor interviewed the Administrative (HR) Staff. The HR staff confirmed that the agency performs criminal background checks or considers pertinent civil or administrative adjudications for all newly hired employees or contractors who may have contact with inmates, and considers prior incidents of sexual harassment when determining to hire or promote anyone, or to enlist the services of a contractor who may have contact with a resident. **Accurate Backgrounds:** [prea@accuratebackgrounds.com](mailto:prea@accuratebackgrounds.com) is the system the facility currently uses to conduct criminal record background checks on current employees and contractors who may have contact with a resident.

**115.217 (f): The agency shall also 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 and in any interviews or written self-**

**evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.**

During this audit, the Auditor interviewed an Administrative (Human Resources) Staff member for Riverbend/agency. The staff member confirmed that the facility requests that all applicants and employees who may have contact with inmates disclose any previous misconduct described in section (a)\* in written applications for hiring or promotions, as well as during any interviews or written procedures, and imposes a continuing affirmative duty on employees to disclose any previous misconduct.

**115.217 (g): Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.**

115.217 (g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

- Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015) pages 1-2. A select policy on hiring and promotions, and/or a policy on background checks, Community Resources for Justice (CRJ) PREA Employment Questionnaire requires all applicants to "attest that the answers provided to the CRJ PREA Employment Questionnaire are true and valid. CRJ PREA Employment Questionnaire also imposes a continuous affirmative duty on employees to disclose any such misconduct. Any materials omissions regarding such misconduct, or the provision of materially false information, shall be grounds for disqualification from employment or termination, (effective 5/4/2015), page 1."

**115.217 (h): Unless prohibited by law, the agency shall 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.**

During this audit, the Auditor interviewed an Administrative (Human Resources) Staff member. The staff member confirmed that when a former employee applies for work at another institution, upon request from that institution. The facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015).
3. Administrative (Human Resources) Staff member (1)
4. Interview with the PREA Coordinator

**Corrective Action/Clarification, Additional Information Requested:**

1. 115.217 (a)-1 Agency policy 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.
  1. Omission: Files of persons hired or promoted in the past 12 months will be reviewed to determine whether proper criminal background checks were conducted.
2. 115.217 (b)-1 Agency policy requires the consideration of 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.
  1. The document outlines CRJ's organizational stance regarding Standard 115.217(a)-1 through 115.217(b)-1. Issue: Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015), pages 1-2: The policy does not specify any requirement to consider incidents of sexual harassment when deciding whether to hire, promote, or engage contractors who may contact residents.
3. 115.217 (c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.
  1. Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.217(c). Omitted corrective action.
4. 115.217 (d)-2 In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.
  1. Documentation Review: Records of background checks of contractors who might have contact with residents. Omitted corrective action.
5. 115.217 (e)-1 Community Resources for Justice (CRJ), agency policy 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 be in place for otherwise capturing such information for current employees. Omitted. Corrective Action.
  1. Community Resources for Justice (CRJ) PREA Employment Questionnaire (effective 5/4/2015) pages 1-2. A review of the policy shows that the language requirements cited in Standard 115.217 (e)-1, which require either that 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 be in place to otherwise capture such information for current employees, were omitted from the policy.

**Conclusion:**

	<p>The narrative above provides a detailed discussion of all the evidence used to determine corrective actions, clarification, additional information, compliance or non-compliance, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</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><b>115.218 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</b></p> <p>115.218 (a)-1 The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>During this audit, the Auditor spoke with the Agency Head, who confirmed that the agency prioritizes the sexual safety of all residents when designing, acquiring, or planning major facility modifications. This focus is supported by implementing technology to monitor resident movement and eliminate blind spots, contributing to the organization's growth.</p> <p>During this audit, the Facility Director confirmed that no new expansions or modifications have taken place since 2012. When installing or updating monitoring systems, such as video surveillance or electronic monitoring, the facility considers factors including programming requirements, staff needs, blind spots, and the need for additional monitoring technology.</p> <p><b>115.218 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse</b></p> <p>115.218 (b)-1 The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 20 August 2012, or since the last PREA audit, whichever is later. (Not applicable).</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the Agency Head</li> </ol>

	<p>3. Interview with the Facility Director</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a detailed discussion of all the evidence used to determine corrective actions, clarification, additional information, compliance or non-compliance, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</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><b>115.221 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</b></p> <p>115.221 (a)-1 CRJ/Riverbend confirmed during this audit that the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>115.221 (a)-2 CRJ/Riverbend confirmed during this audit that the facility is <u>not</u> responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <ul style="list-style-type: none"> <li>• Lowell Police Department's Criminal Investigations Bureau</li> <li>• Letter dated 5/30/24 from the City of Lowell, Police Department, regarding investigating sexual assaults at Road to Renewal (AKA, Riverbend)</li> </ul> <p>115.221 (a)-3 If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, <b>skip to 115.221(c)-1</b>). <b>See 115.221 (a)-2.</b></p> <p>115.221 (a)-4 When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Skip to 115.221(c)-1.</p> <p>During this audit, the Auditor interviewed a select group of random staff (13). All staff sampled confirmed that they understood the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse, such as safeguarding the victim, collecting usable evidence, asking the victim and the accused not to destroy any usable evidence by actions like eating, drinking, or smoking. Likewise,</p>

these same random staff members identified the Facility Director as responsible for administrative investigations.

**115.221 (b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.**

115.221 (b)-1 The protocol is developmentally appropriate for youth. Skip to 115.221(c)-1

115.221 (b)-2 The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. If "No", indicate the source used to develop the protocol in the comments section. Skip to 115.221(c)-1

**115.221 (c): The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.**

115.221 (c)-1 Riverbend confirmed during this audit that the facility offers all residents who experience sexual abuse access to forensic medical examinations.

- Letter dated 5/30/24 from Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services, regarding Emergency Services Division providing emergency care by trained SANE Examiners who are on call and available most of the time on short notice. If a SANE nurse is unavailable, a registered nurse staffed in the Emergency Center will be available to complete a Sexual Assault Evidence Collection Kit, which should be available to your facility staff or residents who require such services.

115.221 (c)-2 Forensic medical examinations are offered without financial cost to the victim.

- Riverbend R2R PREA OFFICIAL RESPONSE AFTER REPORTS Policy 115.262 – Medical and Mental Health Response states that upon any report of sexual abuse, the resident is offered immediate medical attention, crisis counseling, and ongoing treatment at no cost, regardless of whether the allegation is substantiated.

115.221 (c)-3 Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

- Letter dated 5/30/24 from Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services, regarding Emergency Services Division providing emergency care by trained SANE Examiners who are on call and available most of the time on short notice. If a SANE nurse is unavailable, a registered nurse staffed in the Emergency Center will be available to complete a Sexual Assault Evidence Collection Kit, which should be available to your facility staff or residents who require such services.

115.221 (c)-4 During this audit, Riverbend confirmed that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

- Letter dated 5/30/24 from Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services, regarding Emergency Services Division providing emergency care by trained SANE Examiners who are on call and available most of the time on short notice. If a SANE nurse is unavailable, a registered nurse staffed in the Emergency Center will be available to complete a Sexual Assault Evidence Collection Kit, which should be available to your facility staff or residents who require such services.

115.221 (c)-5 Riverbend confirmed during this audit that the facility documents efforts to provide SANEs or SAFEs.

- Letter dated 5/30/24 from Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services, regarding Emergency Services Division providing emergency care by trained SANE Examiners who are on call and available most of the time on short notice. If a SANE nurse is unavailable, a registered nurse staffed in the Emergency Center will be available to complete a Sexual Assault Evidence Collection Kit, which should be available to your facility staff or residents who require such services.

115.221 (c)-6 The number of forensic medical exams conducted during the past 12 months: 0.

115.221 (c)-7 The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

115.221 (c)-8 The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

- See Standard 115.221 (c)-5 SANE SAFE Staff, Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services.

**Documentation Review**

- Documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations. See Standard 115.221 (c) 6-8.
- Any available documentation that delineates the responsibilities of outside medical and mental health practitioners. See Standard 115.221 (c)-5 SANE/SAFE Staff, Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services.

**115.221 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency may make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.**

115.221 (d)-1 During this audit, the facility confirmed that it attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.

115.221 (d)-2 During this audit, the facility confirmed that these efforts are documented in the organization's secure management system.

115.221 (d)-3 During this audit, the facility confirmed that if a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

- According to the PREA Coordinator, Riverbend would refer the victim to a local victim advocacy organization for follow-up emotional support.
- Residents of Riverbend are provided contact information during the intake process in the "Frequently Used Addresses" section of their handbook.
- During this reporting period, Riverbend documented zero allegations of sexual abuse.

During this reporting period, the Auditor interviewed the PREA Coordinator (PC). The PC confirmed that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member should accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory interviews. The Auditor confirmed, during an internet search, that the ways CRJ/

Riverbend makes a victim advocate from a rape crisis center available are through contractual agreements with the Boston Area Rape Crisis Center (BARCC) and the Center for Hope and Healing (CHH).

According to the website, BARCC Case Management services are free and confidential to people ages 12 and older. All services are available in English and Spanish, with other languages, including ASL, available with prior notice. Reasonable accommodations are provided.

BARCC's case managers are trained rape crisis counselors with specialized knowledge in public benefits, affordable housing, health insurance, and more. They work with hundreds of clients each year. Case managers maintain connections with government and community resources to help survivors meet their unique needs. BARCC offers a 24/7 hotline (800-841-8371), and the community can also send messages through barcc.org daily from 9:00 a.m. to 11:00 p.m.

**115.221 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.**

115.221 (e)-1 During this audit, the facility confirmed that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

**115.221 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.**

115.221 (f)-1 During this audit, the facility confirmed that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Riverbend is responsible for administrative investigations only. Criminal investigations are conducted by the local law enforcement authorities.

### **Documentation Review**

Documentation of the request regarding requirements of 115.221(a) through (e) with the outside investigating agency.

- Lowell Police Department's Criminal Investigations Bureau
- Letter dated 5/30/24 from the City of Lowell, Police Department, regarding

investigating sexual assaults at Road to Renewal (AKA, Riverbend)

**115.221 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.**

Auditor is not required to audit this provision.

**115.221 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.**

- BARCC's case managers are trained rape crisis counselors with specialized knowledge in public benefits, affordable housing, health insurance, and more. They work with hundreds of clients each year. Case managers maintain connections with government and community resources to help survivors meet their unique needs.

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with random staff (13)
3. Interview with the PREA Coordinator
4. Internet search Boston Area Rape Crisis Center (BARCC)
5. Tufts Medicine, Lowell General Hospital, Associate Chief Nurse of Emergency Services.
6. Lowell Police Department's Criminal Investigations Bureau
7. Letter dated 5/30/24 from the City of Lowell, Police Department, regarding investigating sexual assaults at Road to Renewal (AKA, Riverbend)
8. Riverbend "Frequently Used Addresses" section of their handbook.

**Corrective Action/Request for Additional Documentation/Clarification:**

1. 115.221 (d)-3 During this audit, the facility confirmed that if a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. It is unclear if the agency documented its efforts to secure services from rape crisis centers. The Auditor has requested additional information. The facility confirmed that it has an MOU with the Center of Hope and Healing. The facility will provide evidence of

the MOU or an attempt.

1. The Center for Hope and Healing confirmed agreement.

**Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.222 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</b></p> <p>115.222 (a)-1 RoadtoRenewal, the agency confirmed during this audit that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>115.222 (a)-2 In the past 12 months, Riverbend confirmed during this audit the number of allegations of sexual abuse and sexual harassment that were received: 0.</p> <p>115.222 (a)-3 In the past 12 months, Riverbend confirmed during this audit the number of allegations resulting in an administrative investigation: 0.</p> <p>115.222 (a)-4 In the past 12 months, Riverbend confirmed during this audit the number of allegations referred for criminal investigation: 0.</p> <p>115.222 (a)-5 Referring to allegations received during the past 12 months, Riverbend confirmed during this audit that all administrative and/or criminal investigations were completed. Reporting error. Riverbend confirms that zero allegations of administrative and/or criminal investigations were completed. See Standards 115.222 (a) 1- 4 for more information.</p> <p>During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that an administrative or criminal investigation has been completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are completed by the Lowell Police Department. Administrative investigations are completed by trained Riverbend staff.</p> <p><b>Documentation Review</b></p>

Documentation of reports of sexual abuse and sexual harassment, and documentation of investigations, including full investigative reports with findings. During this review period, the facility had zero allegations of sexual abuse or resident sexual harassment.

**115.222 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.**

115.222 (b)-1 RoadtoRenewal confirmed during this reporting period that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

- Riverbend R2R PREA INVESTIGATIONS. DISCIPLINE. MEDICAL (115.271 - 115.273), 115.271 - Administrative Investigations indicates that administrative investigations are prompt, thorough, objective, and documented. Investigators retain all evidence, interview all parties, and issue findings based on a preponderance of evidence.
- Riverbend R2R PREA INVESTIGATIONS. DISCIPLINE. MEDICAL (115.271 - 115.273), 115.272 - Criminal Investigations indicates that criminal allegations are referred to trained law enforcement agencies. Road to Renewal cooperates fully with outside investigators.
- Riverbend R2R PREA INVESTIGATIONS. DISCIPLINE. MEDICAL (115.271 - 115.273), 115.273 - Specialized Training for Investigators indicates that anyone conducting administrative PREA investigations must complete specialized training in techniques for sexual abuse investigations in confinement settings.

115.222 (b)-2 RoadtoRenewal confirmed during this reporting period that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.

115.222 (b)-3 RoadtoRenewal confirmed during this reporting period that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

During this audit, the Auditor interviewed the facility's administrative investigator. He confirmed that the policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal investigations are conducted by the Lowell Police

Department. Administrative investigations are completed by trained Riverbend staff.

**Documentation Review**

Verify that the policy is on the website or in other publicly available means.

Confirmed a contractual agreement exists between Lowell Police Department and RoadtoRenewal/Riverbend - Documentation of referrals of allegations of sexual abuse and/or sexual harassment.

**115.222 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.**

**Documentation Review**

Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable.

**115.222 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.**

Auditor is not required to audit this provision.

**115.222 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.**

Auditor is not required to audit this provision.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the Agency Head
3. Interview with Investigative Staff (1)
4. Internet search (publication/website)

**Corrective Action/ Clarification/Request for Additional Information:**

1. 115.222 (b)-3 RoadtoRenewal confirmed during this reporting period that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation Review: Verify that the policy is on the website or in other publicly available means. According

to the PREA Coordinator, all referrals of allegations of sexual abuse or sexual harassment would be documented as per PREA Standards.

2. 115.222 (b)-3 RoadtoRenewal confirmed during this reporting period that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation Review: Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable.

**Conclusion:**

The narrative above provides a thorough discussion of all the evidence used in reaching the compliance or non-compliance decision, including the Auditor's analysis, reasoning, determination for corrective action, clarification, request for additional information, and conclusions.

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  <b>115.231 (a): The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</b>  115.231 (a)-1 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.  Training Curriculum includes the following:

- Riverbend RoadtoRenewal (R2R) Sexual Harassment Document
- Riverbend R2R PREA 115.215 - LGBTI Resident Training
- Prison Rape Elimination Act, Rape, Sexual Abuse, and Sexual Assault Prevention and Intervention (PP) slides 1-62.
  - Boundaries Issues
  - Communicating with LGBTI
  - Red Flags
  - Responsibilities per Law
  - PREA Federal law
  - Standardize Definitions
  - Mandated Reporting
  - Types of Prisoner Sexual Violence
  - PREA Scenarios
- Community Resources for Justice - PREA Employment Questionnaire
- Community Resources for Justice - Admission of Transgender, Intersex, or Unknown Gender Residents
  - Initial Intake
  - Glossary of terms
  - Pronoun and general language usage by staff
  - Pat search procedure
  - Housing
  - Confidentiality Issues
- RoadtoRenewal (R2R)
- Lowell House (Riverbend) Addiction Treatment and Recovery, Policy: Sexual and Discriminatory Harassment and Unlawful Discrimination
  - Responsibility
  - Procedures
  - Definitions
    - Discriminatory Harassment
    - Sexual Harassment
  - Complaints of Harassment
  - Harassment Investigation
  - State and Federal Remedies

115.231 (a)-2 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

See Standard 115.231 (a)-1.

115.231 (a)-3 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.

See Standard 115.231 (a)-1.

115.231 (a)-4 The agency trains 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.

See Standard 115.231 (a)-1.

115.231 (a)-5 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.

See Standard 115.231 (a)-1.

115.231 (a)-6 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.

See Standard 115.231 (a)-1.

115.231 (a)-7 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.

See Standard 115.231 (a)-1.

115.231 (a)-8 Riverbend RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.

See Standard 115.231 (a)-1.

115.231 (a)-9 RoadtoRenewal confirmed during this audit that the agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

See Standard 115.231 (a)-1.

115.231 (a)-10 Riverbend RoadtoRenewal confirmed during this audit that the agency trains 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.

See Standard 115.231 (a)-1.

During this reporting period, the Auditor interviewed a select sample of random staff (13). All staff confirmed the completion of PREA training as outlined in this standard.

**Documentation Review**

Riverbend omitted evidence of staff training records.

**115.231 (b): Such training shall be tailored to the gender of the residents at the employee's facility. 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.**

115.231 (b)-1 Riverbend confirmed during this audit that staff training is tailored to the gender of the residents at the facility.

See Standard 115.2231 (a)-1.

115.231 (b)-2 Riverbend indicates "no" employees who are reassigned from facilities housing the opposite gender are given additional training.

Riverbend indicates that all staff are trained on LGBTI policies, including requirements for opposite-gender policies.

#### **Documentation Review**

Riverbend omitted evidence of staff training records. Sample of training records.

**115.231 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.**

115.231 (c)-2 Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

Riverbend confirmed during this audit that PREA training refreshers are held at least monthly during staff meetings.

115.231 (c)-3 The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: monthly, annually, and as needed.

#### **Documentation Review**

Riverbend omitted evidence of staff training records. Sample of training records

**115.231 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.**

115.231 (d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

**Documentation Review**

Riverbend omitted evidence of employee signatures or electronic verification signifying comprehension of the training staff. Sample of training records

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with random staff (13)
3. Training Curriculum includes the following:
4. Riverbend RoadtoRenewal (R2R) Sexual Harassment Document
5. Riverbend R2R PREA 115.215 - LGBTI Resident Training
6. Prison Rape Elimination Act, Rape, Sexual Abuse, and Sexual Assault Prevention and Intervention (PP) slides 1-62.
7. Community Resources for Justice - PREA Employment Questionnaire.
8. Community Resources for Justice: Admission of Transgender, Intersex, or Unknown-Gender Residents.
9. RoadtoRenewal (R2R) Lowell House (Riverbend) Addiction Treatment and Recovery, Policy: Sexual and Discriminatory Harassment and Unlawful Discrimination.

**Corrective Action/Request for Additional Information/Clarification:**

1. 115.231 (a): Riverbend omitted evidence of staff training records. Sample of training records.
2. 115.231 (b): Such training shall be tailored to the gender of the residents at the employee's facility. 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. Riverbend omitted evidence of staff training records. Sample of training records.
3. 115.231 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. Riverbend omitted evidence of staff training records. Sample of training records.
4. 115.231 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Riverbend omitted evidence of employee signatures or electronic verification signifying comprehension of the training staff. Sample of training records.

**Conclusion:**

	<p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</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><b>115.232 (a): The agency shall ensure 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.</b></p> <p>115.232 (a)-1 CRJ confirmed during this audit that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <ul style="list-style-type: none"> <li>• CRJ Sexual Misconduct Brochure for Vendors and Volunteers</li> </ul> <p>115.232 (a)-2 CRJ confirmed during this audit that the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 3.</p> <p>During this audit, the Auditor interviewed a volunteer(s) or contractor(s) who may have Contact with residents. They confirmed notification of the agency's zero--tolerance policy on sexual abuse and sexual harassment, as well as information about how to report such incidents. PREA training also included instruction on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They were issued the:</p> <ul style="list-style-type: none"> <li>• CRJ Sexual Misconduct Brochure for Vendors and Volunteers, which included topics such as: <ul style="list-style-type: none"> <li>◦ A Duty to Report</li> <li>◦ How to Maintain Appropriate Boundaries</li> <li>◦ Confidential Reporting Hotline (800-870-5905)</li> <li>◦ PREA Coordinator contact information</li> <li>◦ What is Staff Sexual Misconduct</li> <li>◦ Using Power as Abuse</li> <li>◦ Red Flags</li> <li>◦ History of Victimization</li> </ul> </li> </ul>

- CRJ Policy 900.00 - What is sexual misconduct?

**Documentation Review**

Riverbend omitted evidence of a sample of training records of volunteers and contractors who may have contact with residents.

**115.232 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.**

115.232 (b)-1 The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents.

See Standard 115.232 (a) for more information.

**Documentation Review:**

Riverbend omitted evidence of a sample of training records of volunteers and contractors who may have contact with residents.

115.232 (b)-2 Riverbend confirmed during this audit that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

**115.232 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.**

115.232 (c)-1 During this audit, CRJ confirmed that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. CRJ Sexual Misconduct Brochure for Vendors and Volunteers

**Corrective Action:**

1. 115.232 (a): The agency shall ensure 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. Documentation Review: Riverbend

	<p>omitted evidence of a sample of training records of volunteers and contractors who may have contact with residents.</p> <p>2. 115.232 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Documentation Review: Riverbend omitted evidence of a sample of training records of volunteers and contractors who may have contact with residents.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.233 (a): During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</b></p> <p>115.233 (a)-1 Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>Due to an oversight, Riverbend failed to answer the question above. The facility did, however, provide evidence of compliance in the form of:</p> <ul style="list-style-type: none"> <li>• CRJ Sexual Misconduct Brochure, A Guide to the Prevention and Reporting of Sexual Misconduct with Residents for Contractors and Vendors.</li> <li>• R2R PREA Brochure Spanish</li> <li>• R2R PREA Prevention Planning Policy, 115.218 Accommodations for Residents with Disabilities or Limited English</li> <li>• R2R PREA Training Education Policy, 115.233 Resident Education</li> </ul>

115.233 (a)-2 The number of residents admitted during the past 12 months who were given this information at intake:

Due to an oversight, Riverbend failed to answer the question above. According to the Community Confinement Facility Information in this PAQ Riverbend list, "65" is the number of residents admitted to the facility during the past 12 months, whose length of stay was for 72 hours or more.

During this audit, the Auditor interviewed an intake staff member (1). The staff member confirmed during the interview that all residents are advised of their rights to be free from sexual abuse and sexual harassment, applicable policies and procedures, and provided with PREA information regarding the agency's zero:

- Resident Handbook
- Resident PREA Brochure (English/Spanish)

During this audit, the Auditor interviewed a select sample of residents (21). Each resident interviewed (21) confirmed being provided information about the agency's zero tolerance policy, applicable policies, resident rights, and provided information about the facility's rules against sexual abuse and harassment, on the day of their arrival or the next day:

- a. Their right not to be sexually abused or sexually harassed.
- b. How to report sexual abuse or sexual harassment.
- c. Their right not to be punished for reporting sexual abuse or sexual harassment.

### **PREA Audit Site Review**

#### **INTAKE: PREA INFORMATION**

During the intake or mock demo, the Auditor:

- Confirm who is responsible for conducting the intake process.
- Test how the facility provides the necessary PREA information to all residents, regardless of ability and language.
  - PREA-related notices were posted in English/Spanish
  - PREA-related notices were displayed in the common areas accessible to staff and residents
  - PREA-related information was accurate, legible, and consistent throughout the facility.
  - The residents informally confirmed that PREA-related information was appropriate for most reading levels.
  - According to the PREA Coordinator, the agency provided language assistance through community resources and multilingual staff to facility translation if needed.
  - Staff is prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary (e.g., Blind or have low vision, limited reading skills, etc.).

- Staff are involved in providing the required information to confined persons with cognitive or functional disabilities.

### **Documentation Review**

Intake records of residents entering the facility in the last 12 months. Corrective action. Riverbend will submit a sample of a select group of resident intake data for review by the Auditor.

### **115.233 (b): The agency shall provide refresher information whenever a resident is transferred to a different facility.**

115.233 (b)-1 The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.

Due to an oversight, Riverbend did not answer the question above. However, in a follow-up communication with the PREA Coordinator, he confirmed that the facility provides PREA education to all new residents, including transfers if applicable.

115.233 (b)-2 The number of residents transferred from a different community confinement facility during the past 12 months:

Due to an oversight, Riverbend failed to answer the question above. However, in a follow-up communication with the PREA Coordinator, he confirmed that the facility provides PREA education to all new residents, including transfers if applicable.

115.233 (b)-3 The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information:

Due to an oversight, Riverbend did not answer the question above. However, in a follow-up communication with the PREA Coordinator, he confirmed that the facility provides PREA education to all new residents, including transfers if applicable.

During this audit, the Auditor interviewed an Intake Staff member. The staff member confirmed providing information about the agency's zero tolerance policy, applicable policies, resident rights, and provided information about the facility's rules against sexual abuse and harassment, on the day of their arrival or the next day:

- a. Their right not to be sexually abused or sexually harassed.
- b. How to report sexual abuse or sexual harassment.
- c. Their right not to be punished for reporting sexual abuse or sexual harassment.

During this audit, the Auditor interviewed a random selection of residents. Zero residents indicated being transferred from another community confinement facility.

### **Documentation Review**

Intake records of residents transferred from another facility in the last 12 months. Not applicable.

**115.233 (c): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills.**

115.233 (c)-1 Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

Due to an oversight, Riverbend failed to answer the question above. See 115.233 (a)-1

115.233 (c)-2 Resident PREA education is available in formats accessible to all residents, including those who are deaf.

Due to an oversight, Riverbend failed to answer the question above. See 115.233 (a)-1

115.233 (c)-3 Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.

Due to an oversight, Riverbend failed to answer the question above. See 115.233 (a)-1

115.233 (c)-4 Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

Due to an oversight, Riverbend failed to answer the question above. See 115.233 (a)-1

115.233 (c)-5 Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

Due to an oversight, Riverbend failed to answer the question above. See 115.233 (a)-1

**115.233 (d): The agency shall maintain documentation of resident participation in these education sessions.**

115.233 (d)-1 CRJ confirmed during this audit that the agency maintains documentation of resident participation in PREA education sessions.

**Documentation Review**

Sample of documentation of resident participation in education sessions.

**115.233 (e): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.**

115.233 (e)-1 CRJ confirmed during this audit that the agency ensures that key information about the agency's PREA policies is continuously and readily available

or visible through posters, resident handbooks, or other written formats.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. PREA Coordinator
3. CRJ Sexual Misconduct Brochure, A Guide to the Prevention and Reporting of Sexual Misconduct with Residents for Contractors and Vendors.
4. R2R PREA Brochure Spanish
5. R2R PREA Prevention Planning Policy, 115.218 Accommodations for Residents with Disabilities or Limited English
6. R2R PREA Training Education Policy, 115.233 Resident Education
7. Community Confinement Facility Information
8. Interview with Intake Staff (1)
9. Interview with Random Residents (21)

**Corrective Action/Request for Additional Information/Clarification:**

1. 115.233 (a)-2. Documentation Review: Intake records of residents entering the facility in the last 12 months. Corrective action. Riverbend will submit a sample of a select group of resident intake data for review by the Auditor.
2. 115.233 (d)-1 Documentation Review: Sample of documentation of resident participation in education sessions. Corrective action. Riverbend will submit a sample of a select group of resident intake data for review by the Auditor.

**Conclusion:**

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the determination for corrective action, compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.234 (a): In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</b>

115.234 (a)-1 CRJ confirmed during this audit that the agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings.

Due to an oversight, Riverbend failed to answer the question above. However, the agency provided evidence of compliance in the following form:

- R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations
- R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations
- R2R PREA Investigations, Discipline, Medical Policy, 115.273 Specialized Training for Investigators
- R2R PREA Investigations, Discipline, Medical Policy, 115.234 Specialized Investigations Training

During this audit, the Auditor interviewed an administrative investigator. The investigator confirmed completion of specialized training specific to conducting sexual abuse investigations in confinement settings. He confirmed that his training included topics such as

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

#### **Documentation Review**

Sample of training records/logs of investigative staff confirmed completion of specialized training by the National Institute of Corrections Academy Division, 25 March 2025, PREA: Investigating Sexual Abuse in a Confinement Setting.

**115.234 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.**

See 115.234 (a)-1.

**115.234 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.**

115.234 (c)-1 The agency maintains documentation showing that investigators have completed the required training

115.234 (c)-2 The number of investigators currently employed who have completed the required training:

	<p><b>115.234 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.</b></p> <p><b>Evidence relied upon:</b></p> <p>1. <b>pre-audit questionnaire</b></p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.235 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</b></p> <p>115.235 (a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ul style="list-style-type: none"> <li>• Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</li> <li>• R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.</li> </ul> <p>115.235 (a)-2 The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:</p> <p>Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>115.235 (a)-3 The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:</p>

	<p>Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p><b>115.235 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</b></p> <p>115.235 (b)-1 Agency medical staff at this facility conduct forensic medical exams.</p> <p>Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p><b>115.235 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</b></p> <p>115.235 (c)-1 The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p><b>115.235 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.</b></p> <p>Not applicable. The agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p><b>Evidence Relied Upon:</b></p> <ol style="list-style-type: none"> <li><b>Pre-audit questionnaire</b></li> </ol>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.241 (a): All residents 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.</b></p> <p>115.241 (a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p>

Riverbend R2R PREA Screening for Risk Policy, 115.241 – Intake Screening, all residents are screened within 72 hours for risk of sexual victimization or abusiveness. Screening considers prior victimization, age, physical build, criminal history, prior institutional behavior, mental health factors, and LGBTQ+ status (voluntarily disclosed).

During this audit, the Auditor interviewed a staff member responsible for risk screening. He confirmed conducting risk screening for residents upon admission to your facility or transfer from another facility for the risk of sexual abuse victimization or sexual abuse toward other residents.

During this audit, the Auditor interviewed a select sample of residents at the Riverbend facility. All confirmed when you first came to the facility, they were asked whether you had been in jail or prison before, whether you had ever been sexually abused, whether you identify as being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here.

### **PREA Audit Site Review**

#### **INTAKE: PREA RISK SCREENING**

During the PREA risk screening mock demo, the Auditor:

- Confirmed who is responsible for risk screening.
- Confirmed where the risk screening process occurs in the facility and that the setting is private, out of earshot of other staff and other residents. Assess whether screening staff ask screening questions in a manner that fosters comfort and elicits responses.
- Test the method for assessing confined persons for risk of being sexually abused by other residents confined in the facility or sexually abusive toward other residents in the facility.
- Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
- Confirmed that risk screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.

#### **Corrective Action:**

- Examine the complete risk screening instrument (21), which returns a subsequent “score” or determination of risk of being sexually abused or being sexually abusive.
- Examine: Risk screening staff use an instrument to collect information during the risk screening process.

**115.241 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.**

115.241 (b)-1 The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

- Confirmed through examination that R2R PREA Screening for Risk Policy, 115.241 – Intake Screening, all residents are screened within 72 hours for risk of sexual victimization or abusiveness. Screening considers prior victimization, age, physical build, criminal history, prior institutional behavior, mental health factors, and LGBTQ+ status (voluntarily disclosed).

115.241 (b)-2 During this audit, Riverbend confirmed the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 66.

During this audit, the Auditor interviewed staff responsible for conducting risk screening. He confirmed that residents are screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

During this audit, the Auditor interviewed a select group of residents. All confirmed being asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as gay, lesbian, or bisexual, and whether they think they might be in danger of being sexually abused at Riverbend.

### **Documentation Review**

A sample of select records for residents admitted to the facility within the past 12 months, with evidence of appropriate screening within 72 hours, was omitted; corrective action.

### **115.241 (c): Such assessments shall be conducted using an objective screening instrument.**

115.241 (c)-1 Risk assessment is conducted using an objective screening instrument.

- Ohio Risk Assessment System: Pretrial Assessment Tool (ORAS-PAT) Scoring Assessment Form - objective.
- See 115.241 (g)-1. Road to Renewal PREA Risk and Needs Assessment Tool.

**115.241 (d): 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 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**.

A review of the Ohio Risk Assessment System: Pretrial Assessment Tool (ORAS-PAT) Scoring Assessment Form confirmed its objectivity. The form presented here omits some factors mandated by Standard 115.24. However, the Auditor found a supplement to the PREA Screening Form in subsection 115.241(g)1. Both parts of these screening tools are objective. Collectively, they cover all considerations outlined in 115.241.

- Whether the resident has prior convictions for sex offenses against an adult or child. This factor in this subsection of this provision is no longer applicable to your compliance finding.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability

**115.241 (e): The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.**

During this audit, the Auditor interviewed a staff member responsible for risk screening. He indicated that risk screening included factors such as:

- Whether the resident has a mental, physical, or developmental disability
- The age of the resident;
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent;

**115.241 (f): Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.**

115.241 (f)-1 The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

According to the PREA Coordinator, residents are reassessed biweekly. The facility omitted evidence of said reassessments - corrective action.

115.241 (f)-2 During this audit, Riverbend verified the number of residents who entered the facility (either through intake or transfer) within the past 12 months and whose stay lasted 30 days or more. These residents were reassessed for their risk of sexual victimization or being sexually abusive within 30 days of their arrival, based on any additional relevant information received since intake: 57.

During this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member indicated that residents are reassessed weekly, but at least every 30 days.

During this audit, the Auditor interviewed a select group of random residents (21). Each resident confirmed having been asked a sexual safety question at least twice during their placement in the facility.

#### **Documentation Review**

A select sample of records of initial assessment and reassessment for risk of sexual victimization or abusiveness was omitted by the facility, and corrective action was initiated by the Auditor.

**115.241 (g): A resident's risk level shall 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.**

115.241 (g)-1 The policy requires that a resident's risk level 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.

R2R PREA Screening for Risk Policy, 115.241 - Intake Screening, all residents are screened within 72 hours for risk of sexual victimization or abusiveness. Screening considers prior victimization, age, physical build, criminal history, prior institutional behavior, mental health factors, and LGBTQ+ status (voluntarily disclosed).

During this audit, the Auditor interviewed a staff member responsible for risk screening. The staff member confirmed that he reassesses a resident's risk level as needed due to a referral, request, or incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abuse.

During this audit, the Auditor interviewed a select group of random residents (21). Each resident confirmed having been asked a sexual safety question at least twice during their placement in the facility.

#### **Documentation Review**

A select sample of records of residents who were reassessed for risk of sexual victimization or abusiveness was omitted by the facility, and corrective action was initiated.

**115.241 (h): Residents may not be 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.**

115.241 (h)-1 The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

During this audit, the auditor interviewed a staff member responsible for risk screening. The staff member confirmed that the agency has established who can access residents' risk assessments within the facility and that access is limited by staff roles and responsibilities to protect sensitive information from exploitation. Additionally, a resident cannot be disciplined for refusing to respond to or disclose complete information related to PII, such as the following details:

- Whether the resident has a mental, physical, or developmental disability.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (by "transgender," I mean: people whose gender identity and/or gender expression does not match the sex and/or gender assigned at birth; by "intersex," I mean: an individual born with external genitalia, internal reproductive organs, chromosome patterns, and/or endocrine systems that do not seem to fit typical definitions of male or female; by "gender non-conforming,"
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability.

**115.241 (i): The agency shall implement 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.**

**Evidence relied upon:**

1. Pre- audit questionnaire
2. Riverbend R2R PREA Screening For Risk Policy, 115.241 Intake Screening
3. Site Review and Facility Tour
  1. Record Storage
4. Interview with residents (21)
5. Interview with staff responsible for risk screening (1)
6. Mock PREA risk screening
7. Examination of the risk screening instrument (s)
8. Examination of the Ohio Risk Assessment System: Pretrial Tool (ORAS-PAT) Form
9. CRJ Social Justice Services, PREA Intake Orientation Checklist Form

**Corrective Action/Clarification/Request for Additional Documentation:**

1. 115.241 (a): All residents 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.
  1. Examine the complete risk screening instrument (21), which returns a subsequent “score” or determination of risk of being sexually abused or being sexually abusive.
  2. Examine: Risk screening staff use an instrument to collect information during the risk screening process.
2. 115.241 (b)-1 The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Documentation Review:
  1. A sample of select records for residents admitted to the facility within the past 12 months, with evidence of appropriate screening within 72 hours, was omitted; corrective action was taken.
3. 115.241 (f): Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Documentation Review:
  1. A select sample of records of initial assessment and reassessment for risk of sexual victimization or abusiveness was omitted by the facility, and corrective action was initiated by the Auditor.
4. 115.241 (g): A resident's risk level shall 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.
  1. A select sample of records of initial assessment and reassessment for risk of sexual victimization or abusiveness was omitted by the facility, and corrective action was initiated by the Auditor.

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.242 (a): The agency shall use information from the risk screening required by § 115.241 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.**

115.242 (a)-1 The agency/facility uses information from the risk screening required by §115.241 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.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator indicated that Riverbend uses risk screening information for housing and program considerations and to keep residents from being sexually abused or victimizing others.

During this audit, the Auditor interviewed a staff member responsible for risk screening. He confirmed that the agency considers whether the placement will ensure the resident's health and safety.

**Documentation Review:**

Riverbend omitted the submission of a select group of documentation on risk-based housing decisions. Corrective action

**115.242 (b): The agency shall make individualized determinations about how to ensure the safety of each resident.**

115.242 (b)-1 The agency/facility makes individualized determinations about how to ensure the safety of each resident. If "No", please explain in the comments section.

Riverbend R2R PREA Screening for Risk Policy, 115.241 - Intake Screening, all residents are screened within 72 hours for risk of sexual victimization or abusiveness. Screening considers prior victimization, age, physical build, criminal history, prior institutional behavior, mental health factors, and LGBTQ+ status (voluntarily disclosed).

**115.242 (c): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.**

115.242 (c)-1 In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.

115.242 (c)-2 In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex

resident would present management or security problems.

**115.242 (d): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.**

**115.242 (e): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.**

**115.242 (f): The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.**

**Evidence relied upon:**

1. Pre-audit questionnaire
2. Interview with the PREA Coordinator
3. Interview with a staff member responsible for risk screening (1)

**Corrective Action/Clarification/Request for Additional Documentation:**

1. 115.242 (a)-1 The agency/facility uses information from the risk screening required by §115.241 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.

Documentation Review:

1. Riverbend omitted the submission of a select group of documentation on risk-based housing decisions (21).

Corrective action

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.251 (a): The agency 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.**

115.251 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

Riverbend R2R PREA REPORTING Policy, 115.251 – Resident Reporting, Road to Renewal provides multiple private ways for residents to report sexual abuse or harassment, including:

- Verbal and written reports to staff
- Anonymous drop boxes
- Third-party reporting
- Access to an outside reporting hotline or agency

Riverbend Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook (effective 10/2023), pages 1-30.

During the on-site portion of this audit, the Auditor interviewed a select group of residents (21). The residents indicated numerous ways to report any sexual abuse or sexual harassment that happened to them or someone else, such as:

- Tell their Case Manager(3)
- Use their cell phone to call local law enforcement (11)
- Call the Tell a trusted staff person (9)
- Tell staff management (e.g., EJ, Ciara)
  - Ciara (3)
  - EJ (2)
- PREA Hotline (3)
- File a grievance (1)
- Alert their Parole Officer (outside entity) (2)
- Alert their Probation Officer (outside entity) (1)
- Grievance (1)
- Trusted Staff (7)
- Call local law enforcement (1)

During this audit, the Auditor interviewed a select group of random staff (13). Staff interviewed indicated that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect, or violation of responsibilities that may have contributed to an incident of sexual abuse

or sexual harassment in the following ways:

- Tell trusted staff (11) (verbal report)
- Tell the boss (1)
- Drop a note in the suggestion box (1)
- Tell a supervisor (9)
- Hotline (1)

### **PREA Audit Site Review**

#### **SIGNAGE**

During the site review, the Auditor:

- Observe whether signage throughout the facility can be easily read/ accessed by persons in the facility.
- Noted that PREA and Emotional Support signs and language were clear and easy to understand for most residents.
- Observed that signage throughout the facility was not obscured by vandalism and was easy to read.
- Observed that residents' signage included information specific to services, such as emotional support services and external reporting, which included language that clearly details what services are available and for what purposes, such as:
  - Advocates.org, behavioral health support for justice-involved individuals
  - Massachusetts Rape Crisis Programs
- The signage was observed in English and Spanish.
- The font, text size, formatting, and physical placement accommodated most readers (e.g., average-height readers, those with low vision or visual impairments, or those physically disabled/in a wheelchair).
- Confirmed that information on the signage was accurate and consistent throughout the facility.
- Confirmed that contact information for the Auditor was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/ organization name(s), addresses, phone number(s)).
- Observe that PREA and Emotional Support signage were accessible to staff and residents confined in the facility, as well as to other persons who may need the information or services provided.
- Observed PREA signage included information on: How to report sexual abuse and/or sexual harassment (external and internal reporting methods)

#### **RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area of PII information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key).
- Observe electronic safeguards of PII information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) and determine how access to the information is obtained and secured (e.g., password-protected, accessible only in certain areas, role-based security).

**115.251 (b): The agency shall also inform residents of at least one way to report abuse or 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.**

115.251 (b)-1 The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

- Lowell Police Department Criminal Investigations Bureau, City of Lowell
- According to the Riverbend, Road to Renewal: Homeward Bound - Resident Handbook (effective 10/2023) page 26, residents also have the option of reporting a PREA concerns to the Boston Area Rape Crisis Center (BARCC), Center for Hope and Healing (CHH), or the agency they were referred by (such as Suffolk County Sheriff's Department, Norfolk Sheriff's Office, or Massachusetts Parole Board).

**115.251 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.**

115.251 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Riverbend R2R PREA REPORTING Policy, 115.251 - Resident Reporting, Road to Renewal provides multiple private ways for residents to report sexual abuse or harassment, including:

- Verbal and written reports to staff
- Anonymous drop boxes
- Third-party reporting
- Access to an outside reporting hotline or agency

115.251 (c)-2 During the onsite portion of this audit, Riverbend confirmed that staff are required to immediately report and document verbal reports.

During this audit, the Auditor interviewed a select group of random staff (13). All staff confirmed that when a resident alleges sexual abuse, he or she can do so verbally, in writing, anonymously, or through a third party. Documentation is required immediately.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.

**115.251 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.**

115.251 (d)-1 The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.

Riverbend R2R PREA Official Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, Road to Renewal follows a coordinated evidence protocol consistent with SANE/SAFE practices. The program immediately secures the scene, preserves physical evidence, and arranges for the resident to receive a forensic medical exam at an outside medical facility at no cost.

Riverbend R2R PREA Official Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations (effective 12/8/2025) page 1. The policy indicates that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse. The program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, First responders must:

- Separate the victim and the abuser
- Protect the crime scene
- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors

115.251 (d)-2 Staff are informed of these procedures in the following ways:

Riverbend R2R PREA Training and Education Policy, 115.231 - Staff Training, page 1, indicates that all staff receive PREA training during onboarding and annually thereafter. Training covers the zero-tolerance policy, reporting procedures, dynamics of abuse in confinement, first responder duties, evidence preservation, professional boundaries, and resident rights.

- Training: Prison Rape Elimination Act, Rape, Sexual Abuse, and sexual Assault Prevention and Intervention. August 2024. Massachusetts ' Department of Corrections Training and the National Institute of Corrections.
- See Standard 115.231 (a)-1

During this audit, the Auditor interviewed a select number of staff. Staff members interviewed indicated that staff can privately report sexual abuse and sexual harassment of residents through a face-to-face conversation with a member of management, or by calling the Lowell Police Department, the local law enforcement.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. PREA Audit Site Review, Facility Tour Signage
  1. Storage
  2. Advocates.org, behavioral health support for justice-involved individuals
  3. Massachusetts Rape Crisis Programs
  4. Lowell Police Department
3. Interview with random staff (13)
4. Interview with residents (21)
5. Riverbend, Road to Renewal: Homeward Bound - Resident Handbook (effective 10/2023) page 26
6. Riverbend R2R PREA Training and Education Policy, 115.231 - Staff Training, page 1
7. Training: Prison Rape Elimination Act, Rape, Sexual Abuse, and sexual Assault Prevention and Intervention. August 2024. Massachusetts ' Department of Corrections Training and the National Institute of Corrections.
8. Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, page 1.
9. Riverbend R2R PREA Official Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1.
10. Riverbend R2R PREA Official Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations (effective 12/8/2025) page 1.
11. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make

	<p>recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.252 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</b></p> <p>115.252 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>CRJ, the agency, confirmed during this audit that it has an administrative procedure for dealing with resident grievances regarding sexual abuse. By examination, this Auditor confirms that this agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <ul style="list-style-type: none"> <li>• R2R Sexual Harassment.doc</li> <li>• Interview with the Agency Head</li> </ul> <p><b>115.252 (b): (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</b></p> <p>115.252 (b)-1 The agency confirmed during this audit that the agency's policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.</p> <p>Road to Renewal, R2R Sexual Harassment.doc, paragraph two, prohibits imposing a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.</p> <ul style="list-style-type: none"> <li>• R2R Sexual Harassment.doc</li> <li>• Interview with the Agency Head</li> </ul>

115.252 (b)-2 Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Road to Renewal, R2R Sexual Harassment.doc, paragraph one, prohibits an informal grievance process or otherwise attempting to resolve with staff an alleged incident of sexual abuse or sexual harassment.

**115.252 (c): The agency shall ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.**

115.252 (c)-1 The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Road to Renewal, R2R Sexual Harassment.doc, paragraph three, prohibits submitting a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (c)-2 The agency's policy and procedure requires that a resident's grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Road to Renewal, R2R Sexual Harassment.doc, paragraph four, indicates that a grievance may not be referred to a staff member who is the subject of the complaint.

**115.252 (d): (1) The agency 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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.**

115.252 (d)-1 Agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Road to Renewal, R2R Sexual Harassment.doc, paragraph five, indicates 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.

115.252 (d)-2 In the past 12 months, the number of grievances filed that alleged sexual abuse: 0.

115.252 (d)-3 In the past 12 months, the number of grievances alleging sexual

abuse that reached a final decision within 90 days after being filed: 0.

115.252 (d)-4 In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because the final decision was not reached within 90 days: 0.

115.252 (d)-5 CRJ indicates "no". In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

5.252 (d)-6 If YES, the number of grievances that took longer than a 70-day extension period to resolve: 0. See Standard 15.252 (d) 2-4.

115.252 (d)-7 CRJ indicates "yes". The agency always notifies a resident in writing when it files for an extension, including the date by which a decision will be made.

According to the PREA Coordinator, no residents reported sexual abuse during this reporting period. See PAQ Standard 115.252 (d) 2-4 for more information.

#### **Documentation Review**

No sample of grievances alleging sexual abuse was found for this reporting period.

**115.252 (e): (1) 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 shall also be permitted to file such requests on behalf of residents. (2) If a third party files such a request on behalf of an 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.**

115.252 (e)-1 CRJ responded "no." The agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

A review of the sexual harassment policy indicates an omission of Standard 115.252 (e). Corrective action.

115.252 (e)-2 Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

A review of the sexual harassment policy indicates an omission of Standard 115.252

(e). Corrective action.

115.252 (e)-3 The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0.

### **PREA Audit Site Review**

#### **During the site review, the Auditor:**

#### **Third-party reporting**

Observed and verified that Riverbend has posted in public areas of the facility accessible to the public by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas, public-facing websites), as well as any areas frequented by residents assigned to the facility.

#### **Documentation Review**

Confirmed the method for a third-party report.

Documentation of declination of third-party assistance. (Not applicable.)

**115.252 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision document the agency's determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.**

115.252 (f)-1 CRJ indicates "no." The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

- Road to Renewal, R2R Sexual Harassment.doc

115.252 (f)-2 CRJ indicates "no." The agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

- Road to Renewal, R2R Sexual Harassment.doc

115.252 (f)-3 The number of emergency grievances alleging substantial risk of

imminent sexual abuse that were filed in the past 12 months: 0.

115.252 (f)-4 The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: 0.

115.252 (f)-5 CRJ indicates "no." The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

115.252 (f)-6 CRJ indicates "no." The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0.

### **Documentation Review**

According to the PREA Coordinator, no emergency grievances were filed pursuant to this standard during this reporting period.

**115.252 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.**

115.252 (g)-1 During this audit, CRJ confirmed that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

- Road to Renewal, R2R Sexual Harassment.doc

115.252 (g)-2 In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

### **Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Road to Renewal, R2R Sexual Harassment.doc
3. Interview with the Agency Head
4. Interview with the PREA Coordinator

### **Corrective Action:**

1. 115.252 (e)-1 CRJ responded "no." The agency policy and procedure do not permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. A review of the sexual harassment policy indicates an omission of Standard 115.252 (e). Corrective

	<p>action.</p> <p>2. 115.252 (e)-2 Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. A review of the sexual harassment policy indicates an omission of Standard 115.252 (e). Corrective action.</p> <p>3. 115.252 (f)-1 CRJ indicates "no." The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Road to Renewal, R2R Sexual Harassment.doc. Possible reporting error. The PREA Coordinator indicated this is a reporting error.</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.253 (a): The facility shall 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, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</b></p> <p>115.253 (a)-1 During this audit, Riverbend confirmed that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <ul style="list-style-type: none"> <li>• R2R Sexual Harassment.doc</li> </ul> <p>115.253 (a)-2 The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.</p> <ul style="list-style-type: none"> <li>• R2R Sexual Harassment.doc</li> <li>• Riverbend RoadtoRenewal: Homeward Bound, Community-based Residential</li> </ul>

Reentry Program, Resident Handbook (effective 10/2023), pages 1-30.

- Advocates.org, behavioral health support for justice-involved individuals
- Massachusetts Rape Crisis Programs

115.253 (a)-3 During this audit, Riverbend confirmed that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

See Standard 115.253 (a)-2 for more information.

**115.253 (b): The facility shall 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.**

115.253 (b)-1 Riverbend indicates "no." The facility does not inform residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. According to the support service organization (Massachusetts Rape Crisis Programs), all calls are confidential. This Auditor will seek clarification on this question. Corrective action.

115.253 (b)-2 During this audit, Riverbend confirmed that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

During this reporting period, no residents reported sexual abuse as confirmed by the PREA Coordinator.

During this audit, the Auditor interviewed 21 residents. Each resident interviewed confirmed that during the intake process, the facility provided contact information in the form of an informational brochure and resident handbook of policies and procedures and emotional support services, such as counseling, available outside of this facility for dealing with sexual abuse, if a resident needed it. The residents interviewed maintain personal cell phones, which allow, if necessary, calls to support services 24/7. Online chats are also available from 9 a.m. - 11 p.m. daily. Likewise, residents work in the community, providing face-to-face access to emotional services offered by the support service organization, such as a confidential hotline, counseling, support groups, workshops, legal advocacy, immigration assistance, and case management. Communication with any Massachusetts Rape Crisis Center Programs, such as Boston Area Rape Crisis Center, whether written or verbal communication concerning a client, is kept private and will not be shared with anyone outside Boston Area Rape Crisis Center (BARCC) unless the client says it's OK in writing—except as required by law in three cases:

- If we believe that a client is at high risk of hurting themselves or someone

else

- If we believe that a child under 18, an adult 60 and over, or a person 18-59 with a disability requiring assistance with activities of daily living, is being physically, emotionally, or sexually abused, or neglected
- If ordered by a court, if you think you might be involved in a court case, please talk with a BARCC legal advocate about your privacy and confidentiality rights

The rape crisis will tell a resident when the organization is required to make a report and what information we will share. The organization will not share more than what is required by law.

The Auditor conducted an internet search to confirm that the call number for emotional services provided by Massachusetts was toll-free (866-722-1282). Mass.gov indicates that the statewide Rape Crisis Centers offer free services for adolescent and adult sexual assault survivors—and for people who care about survivors of all ages. Each Center has a TTY line for people who are Deaf or hard of hearing. There was also information on Llámanos, a Spanish-language helpline. The number was operational. The phone is answered by a live representative. Trained rape crisis counselors (Master's Level) at local programs:

- Provide 24/7 hotline counseling, information, and referrals
- Will accompany survivors to hospitals and/or police stations at any time
- Will accompany a survivor to court
- Offer one-on-one counseling and support groups
- Provide primary prevention education, professional training, and outreach reach

#### **PREA Audit Site Review SIGNAGE**

During the site review, the Auditor:

- Observe whether signage throughout the facility can be easily read/ accessed by persons in the facility.
- Noted that PREA and Emotional Support signs and language were clear and easy to understand for most residents.
- Observed that signage throughout the facility was not obscured by vandalism and was easy to read.
- Observed that residents' signage included information specific to services, such as emotional support services and external reporting, which included language that clearly details what services are available and for what purposes, such as:
  - Advocates.org, behavioral health support for justice-involved individuals

- Massachusetts Rape Crisis Programs/Boston Area Rape Crisis Center
- The signage was observed to be available in English and Spanish.
- The font, text size, formatting, and physical placement accommodated most readers (e.g., average-height readers, those with low vision or visual impairments, or those physically disabled/in a wheelchair).
- Confirmed that information on the signage was accurate and consistent throughout the facility.
- Confirmed that contact information for the Auditor was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/ organization name(s), addresses, phone number(s)).
- Observe that PREA and Emotional Support signage were accessible to staff and residents confined in the facility, as well as to other persons who may need the information or services provided.
- Observed PREA signage included information on: How to report sexual abuse and/or sexual harassment (external and internal reporting methods)

### **RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area of PII information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key).
- Observe electronic safeguards of PII information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) and determine how access to the information is obtained and secured (e.g., password-protected, accessible only in certain areas, role-based security).

### **Access to outside confidential (emotional) support services**

- Posted in all areas frequented by persons confined in the facility, including housing areas and any shared spaces in the facility.

### **Third-party reporting**

- Posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas, public-facing websites), as well as any areas frequented by persons confined in the facility.

Every resident interviewed (21) confirmed receipt of a brochure and handbook with contact information for emotional support services in the community.

- See Standard 115.233 (a)-1, PREA resident information training documents

**115.253 (c): The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.**

115.253 (c)-1 CRJ/Riverbend confirmed during this audit that it maintains a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

- Massachusetts under state law. No MOU is required.

115.253 (c)-2 The agency/facility confirmed that it maintains copies of those agreements.

115.253 (c)-3 The agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. Not applicable. See Standard 115.253 (c)-2.

115.253 (c)-4 If YES to 115.253 (c)-3, the agency maintains documentation of attempts to enter into such agreements. See Standard 115.253 (c)-2.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. PREA Audit Site Review and Facility Tour
  1. Testing support - phone
3. Interview with the PREA Coordinator
4. Interview with residents (21)
5. R2R Sexual Harassment.doc
6. Riverbend RoadtoRenewal: Homeward Bound, Community-based Residential Reentry Program, Resident Handbook (effective 10/2023), pages 1-30.
7. Advocates.org, behavioral health support for justice-involved individuals.
8. Internet search
  1. Representative contact
  2. Frequently Asked Questions//Boston Area Rape Crisis Center
9. Massachusetts Rape Crisis Programs//Boston Area Rape Crisis Center/ Brochure.

**Corrective Action/Clarification/Request for Additional Information:**

1. 115.253 (b): The facility shall 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.

115.253 (b)-1 Riverbend indicates "no." The facility does not inform residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. According to the support service organization (Massachusetts Rape Crisis Programs), all calls are confidential. This Auditor will seek clarification on this question.  
Corrective action.

**Compliance.** Reporting error. The resident handbook states that cellphones may be recorded for future reference and that staff may search them at any time.

- Riverbend RoadtoRenewal: Homeward Bound, Community-based Residential Reentry Program, Resident Handbook (effective 10/2023), page 9.

**Conclusion:**

The narrative above offers a detailed discussion of the evidence used to make recommendations for corrective action, request for clarification, additional documentation, and a determination of compliance or non-compliance, along with the Auditor's analysis, reasoning, and conclusions.

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.254 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</b></p> <p>115.254 (a)-1 During this audit, CRJ confirmed that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>R2R Sexual Harassment.doc indicates "In order to ensure safety for all, residents are encouraged to report instances of sexual abuse and/or sexual harassment to any program staff member. Residents may also report a sexual assault/abuse through a grievance form or by contacting the agency's PREA Coordinator (see contact information below). Residents also have the option of reporting a PREA concern to the Boston Area Rape Crisis Center (BARCC), Center for Hope and Healing (CHH), or the agency they were referred by (such as Suffolk County Sheriff's Department,</p>

Norfolk Sheriff's Office, or Massachusetts Parole Board). Contact information for BARCC and CHH is provided in the "Frequently Used Addresses" section of this handbook."

During the facility tour, the Auditor observed posters that were readily available and conspicuous to the public throughout the facility. The specific methods for making reports were accessible and reasonably visible to the public, including being located in community and facility common areas, and the posters identified the Lowell Police Department at 50 Arcand Dr., Lowell, MA, 01852 (978-937-3200) as a third-party reporting source. The Boston Area Rape Crisis Center (BARCC) and the Center for Hope and Healing (CHH) are advocacy organizations that provide confidential emotional support to victims of sexual abuse. **Clarification requested by the Auditor.**

- Letter of agreement, Lowell Police Department, Criminal Investigations Bureau, City of Lowell, dated May 30, 2024.

115.254 (a)-2 The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. See Standard 115.254 (a)-2.

- Letter of agreement, Lowell Police Department, Criminal Investigations Bureau, City of Lowell, dated 30 May 2024.
- See Standard 115.233 (a)-1, PREA resident information training documents

#### **PREA Audit Site Review SIGNAGE**

During the site review, the Auditor:

See Standard 115.253 (b)-2.

#### **Evidence Relied Upon:**

1. Pre-audit questionnaire
2. See Standard 115.233 (a)-1, PREA resident information training documents
3. Letter of agreement, Lowell Police Department, Criminal Investigations Bureau, City of Lowell, dated 30 May 2024.

#### **Corrective Action/Clarification Requested/Additional Documentation Requested:**

1. 115.254 (a)-1 During this audit, CRJ confirmed that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. During the facility tour, the Auditor observed posters that were readily available and conspicuous to the public throughout the facility. The specific methods for making reports were accessible and

reasonably visible to the public, including being located in community and facility common areas, and the posters identified the Lowell Police Department at 50 Arcand Dr., Lowell, MA, 01852 (978-937-3200) as a third-party reporting source. The Boston Area Rape Crisis Center (BARCC) and the Center for Hope and Healing (CHH) are advocacy organizations that provide confidential emotional support to victims of sexual abuse. Clarification requested by the Auditor.

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.261	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.261 (a): The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</b></p> <p>115.261 (a)-1 During this audit, CRJ, the agency, confirmed that applicable policies require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2, states that all staff, volunteers, and contractors must immediately report any knowledge of, suspicion of, or allegations of sexual abuse, sexual harassment, or retaliation.</p> <p>Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.</p> <p>Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, First responders must:</p>

- Separate the victim and the abuser
- Protect the crime scene
- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors

Riverbend R2R PREA Official Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, Road to Renewal follows a coordinated evidence protocol consistent with SANE/SAFE practices. The program will immediately secure the scene, preserve physical evidence, and arrange for the resident to receive a forensic medical exam at an outside medical facility at no cost.

Riverbend R2R PREA Training and Education Policy, 115.231 - Staff Training, page 1, indicates that all staff receive PREA training during onboarding and annually thereafter. Training covers the zero-tolerance policy, reporting procedures, dynamics of abuse in confinement, first responder duties, evidence preservation, professional boundaries, and resident rights.

- Training: Prison Rape Elimination Act, Rape, Sexual Abuse, and sexual Assault Prevention and Intervention. August 2024. Massachusetts ' Department of Corrections Training and the National Institute of Corrections.
- See Standard 115.231 (a)-1.

115.261 (a)-2 During this audit, CRJ, the agency, confirmed that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.

- Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2, states that all staff, volunteers, and contractors must immediately report any knowledge of, suspicion of, or allegations of sexual abuse, sexual harassment, or retaliation.

115.261 (a)-3 The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

- Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2, states that all staff, volunteers, and contractors must immediately report any knowledge of, suspicion of, or allegations of sexual abuse, sexual harassment, or retaliation.

**PREA Audit Site Review**  
**TESTING STAFF REPORTING**

- Confirmed through interviews with random staff reporting methods

- Face-to-face
- Email
- Lowell Police Department
- Observed that the staff reporting method is available (13)
- Examined the letter of agreement from the Lowell Police Department
- Confirmed through interview that staff are not required to report to their direct supervisor if they are the origin of the complaint (13)

During this audit, the Auditor interviewed a select group of random staff (13). All staff interviewed confirmed that agency PREA Staff Reporting Duties Policy 115.252 requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation.

**115.261 (b): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.**

115.261 (b)-1 During this audit, CRJ, the agency, confirmed that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

During the audit, the Auditor randomly interviewed 13 staff members. All confirmed that, aside from reporting to supervisors or officials, staff should not disclose any information about a sexual abuse report to anyone else, except as necessary for treatment, investigation, or security and management purposes, as outlined in agency policy.

**PREA Audit Site Review  
RECORD STORAGE**

RECORD STORAGE

During the site review, the Auditor:

- Observe the physical storage area of PII information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key).
- Observe electronic safeguards of PII information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) and determine how access to the information is obtained and secured (e.g., password-protected, accessible only in certain

areas, role-based security).

**115.261 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.**

Medical and Mental Health Staff - not applicable. Residents are provided access to medical and mental health practitioners in the community.

**Documentation Review**

Documentation of any sexual abuse reports made by medical or mental health practitioners. Not applicable. See Standard 115.261 (c) for more information.

**115.261 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.**

During this audit, the Auditor interviewed the Director, who is also the PREA Coordinator and the administrative investigator. The Director, PREA Coordinator, and administrative investigator confirmed during his interview that when an allegation of sexual abuse or sexual harassment is made by someone under state or local law, the Lowell Police Department is contacted. Riverbend is an adult community confinement facility with no residents under the age of 18. However, if a resident is considered a vulnerable adult under state law, the Lowell Police Department is immediately notified of the incident to initiate an investigation.

**Documentation Review**

Documentation of reports to the designated State or local services agency under mandatory reporting laws for victims under 18 or considered vulnerable. Not applicable. During this reporting period, no allegations of sexual abuse or sexual harassment were reported at Riverbend.

**115.261 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.**

During this audit, the Auditor interviewed the Director. He confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) were reported directly to the designated facility investigators and that during this reporting period, no allegations of sexual abuse or sexual harassment were reported.

**Evidence Relied Upon:**

	<ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with random staff (13)</li> <li>3. Interview with the Director</li> <li>4. Interview with the PREA Coordinator</li> <li>5. PREA Audit Site Review</li> <li>6. Storage</li> <li>7. Testing staff reporting</li> <li>8. Lowell Police Department letter of agreement</li> <li>9. Riverbend R2R PREA Official Responsive Planning Policy, 115.221 - Evidence Protocol &amp; Forensic Medical Exams.</li> <li>10. Riverbend R2R PREA Training and Education Policy, 115.231 - Staff Training, page 1.</li> <li>11. See Standard 115.231 (a)-1.</li> <li>12. Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2.</li> <li>13. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.</li> <li>14. Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, First responders, page 1.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.262 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</b></p> <p>115.262 (a)-1 According to CRJ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2, states that all staff, volunteers, and contractors must immediately report any knowledge of, suspicion of, or allegations of sexual abuse, sexual harassment, or</p>

retaliation.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.

115.262 (a)-2 In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.

115.262 (a)-3 If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: 0.

115.262 (a)-4 The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). Not applicable. See Standard 115.262 (a) 1-3. During this reporting period, Riverbend reported no allegations of sexual harassment or sexual abuse according to the PREA Coordinator.

115.262 (a)-4 The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). Not applicable. See Standard 115.262 (a) 1-3. During this reporting period, Riverbend reported no allegations of sexual harassment or sexual abuse, according to the PREA Coordinator.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that when he learns that a resident is subject to a substantial risk of imminent sexual abuse. The victim is immediately separated from the alleged abuser, provided constant supervision, and the Lowell Police Department is notified.

During this audit, the Auditor interviewed the Director. The Director indicated that when he learns that a resident is subject to a significant risk of imminent sexual abuse, the victim is immediately safeguarded and separated from the alleged abuser, and the Lowell Police Department is notified.

During this audit, the Auditor interviewed a select sample of random staff members (13). Random staff members indicated that when they learned that a resident is subject to a substantial risk of imminent sexual abuse, their immediate response would be to notify a supervisor and protect the victim from the abuser.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the Agency Head
3. Interview with the PREA Coordinator
4. Interview with Random staff (13)
5. Interview with the Director

	<p>6. Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, pages 1-2.</p> <p>7. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</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><b>115.263 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred.</b></p> <p>115.263 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the agency or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>Riverbend R2R PREA Reporting Policy, 115.253 - Reporting to Other Facilities, page 1 states that if Road to Renewal receives an allegation involving another confinement facility, the Program Director will notify that facility's administration within 72 hours.</p> <p>115.263 (a)-2 During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p>115.263 (a)-3 Please describe your facility's response to these allegations: 0. Not applicable during this reporting period as confirmed by the PREA Coordinator.</p> <p><b>115.263 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</b></p> <p>115.263 (b)-1 Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Riverbend R2R PREA Reporting Policy, 115.253 - Reporting to Other Facilities, page 1 states that if Road to Renewal receives an allegation involving another confinement</p>

facility, the Program Director will notify that facility's administration within 72 hours.

**115.263 (c): The agency shall document that it has provided such notification.**

115.263 (c)-1 The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

**115.263 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.**

115.263 (d)-1 The agency or facility policy requires that allegations received from other facilities and agencies be investigated in accordance with the PREA standards.

Riverbend R2R PREA Reporting Policy, 115.253 - Reporting to Other Facilities, page 1 states that if Road to Renewal receives an allegation involving another confinement facility, the Program Director will notify that facility's administration within 72 hours.

Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreement with Investigative, Medical, and Mental Health Organizations states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

115.263 (d)-2 In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. Not applicable, see Standards 115.263 (d)-1 and 115.263 (a)-2.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Riverbend R2R PREA Reporting Policy, 115.253 - Reporting to Other Facilities, page 1.
3. Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreement with Investigative, Medical, and Mental Health Organizations, page 1
4. Interview with the Director
5. Interview with the Agency Head

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

**115.264 Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.264 (a): Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.**

115.264 (a)-1 CJR confirmed during this audit that the agency has a first responder policy for allegations of sexual abuse.

115.264 (a)-2 Riverbend confirmed during this audit that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.

Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1, states that Road to Renewal (Riverbend) follows a coordinated evidence protocol consistent with SANE/SAFE practices. The program immediately secures the scene, preserves physical evidence, and arranges for the resident to receive a forensic medical exam at an outside medical facility at no cost.

Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, page 1, states that all staff, volunteers, and contractors must immediately report any knowledge, suspicion, or allegations of sexual abuse, sexual harassment, or retaliation.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response states that staff first responders must:

- Separate victim and abuser
- Protect the crime scene
- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors

115.264 (a)-3 Riverbend confirmed during this reporting period that the facility has a policy that requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.

115.264 (a)-4 The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.

115.264 (a)-5 The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.

115.264 (a)-6 In the past 12 months, the number of allegations that a resident was sexually abused: 0.

115.264 (a)-7 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0. No allegations of sexual abuse were reported during this reporting period, according to the PREA Coordinator. See Standard 115.264. (a)-6.

115.264 (a)-8 In the past 12 months, the number of allegations where staff was notified within a time period that still allowed for the collection of physical evidence: 0. No allegations of sexual abuse were reported during this reporting period, according to the PREA Coordinator. See Standard 115.264. (a)-6.

115.264 (a)-9 Of these allegations in the past 12 months where staff was notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0. No allegations of sexual abuse were reported during this reporting period, according to the PREA Coordinator. See Standard 115.264. (a)-6.

115.264 (a)-10 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0. No allegations of sexual abuse were

reported during this reporting period, according to the PREA Coordinator. See Standard 115.264. (a)-6.

115.264 (a)-11 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0. No allegations of sexual abuse were reported during this reporting period, according to the PREA Coordinator. See Standard 115.264 (a)-6.

During this reporting period, Riverbend confirmed no allegations of sexual abuse or sexual harassment according to the PAQ and the PREA Coordinator.

During this audit, the Auditor interviewed a security staff member, the staff member described steps he would take as a first responder to an allegation of sexual abuse, such as protecting the victim from the alleged abuser, preserving evidence, and requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), notification of a supervisor.

During this audit, the Auditor interviewed a non-security staff member. She outlined her initial response to a sexual abuse allegation, which includes safeguarding the victim from the suspect, preserving evidence, and advising the victim not to engage in actions that could destroy evidence—such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. She also mentioned notifying a supervisor.

### **Documentation Review**

Documentation of facility response to sexual abuse allegations. During this reporting period, Riverbend confirmed no allegations of sexual abuse or sexual harassment according to the PAQ and the PREA Coordinator.

**115.264 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.**

115.264 (b)-1 Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The policy does not make a distinction between security and non-security as stated in this standard. Corrective action.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1 states that staff first responders must:

- Separate victim and abuser
- Protect the crime scene

- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors

115.264 (b)-2 Agency policy omits a specific requirement that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The policy does not distinguish between security and non-security, as stated in this standard. Corrective action.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1 states that staff first responders must:

- Separate victim and abuser
- Protect the crime scene
- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors.

115.264 (b)-3 Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.

115.264 (b)-4 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.

115.264 (b)-5 Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.

During this audit, the Auditor interviewed a security staff member, the staff member described steps he would take as a first responder to an allegation of sexual abuse, such as protecting the victim from the alleged abuser, preserving evidence, and requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), notification of a supervisor.

During this audit, the Auditor interviewed a non-security staff member. She outlined her initial response to a sexual abuse allegation, which includes safeguarding the victim from the suspect, preserving evidence, and advising the victim not to engage in actions that could destroy evidence—such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. She also mentioned notifying a supervisor.

During this audit, the Auditor interviewed a select group of staff (13). Each staff member confirmed a duty as the first person to be alerted that a resident has allegedly been the victim of sexual abuse. The responsibility in that situation is to:

- Protect the victim from the alleged abuser (13)
- Notify a supervisor (13)
- Preserve evidence

- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors (13)

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1.
3. Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, page 1.
4. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.
5. Interview with random staff (13)
6. Interview with Security Staff and Non-Security Staff First Responders (2)

**Corrective Action:**

1. 115.264 (b)-1 Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The policy does not distinguish between security and non-security, as stated in this standard. Corrective action.
2. 115.264 (b)-2 Agency policy omits a specific requirement that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. The policy does not distinguish between security and non-security, as stated in this standard. Corrective action.

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.265 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</b>

115.265 (a)-1 The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

- Riverbend R2R PREA PREA Reporting Policy, 115.252 Staff Reporting Duties, page 1.
- Riverbend R2R PREA PREA Reporting Policy, Access to Outside Confidential Support, page 2.
- Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1.
- Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.
- Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.
- Riverbend R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1.
- Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, page 1.
- Riverbend R2R PREA Official Response After Reports Policy, 115.264 - Coordinated Response Plan.

During the audit, the Auditor reviewed the documents the facility submitted to demonstrate compliance with this standard. None of the documents included a written institutional plan for coordinating actions in response to sexual abuse incidents. Corrective action is required to gain compliance with this standard.

During this audit, the Auditor interviewed the Director. The Director confirmed that the facility has a coordinated written plan of actions to be taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators, and facility leadership.

#### **Documentation Review**

Written institutional plan to coordinate actions taken in response to an incident of sexual abuse. See Standard 115.265 (a)-1. Corrective action required.

#### **Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the Director
3. Riverbend R2R PREA PREA Reporting Policy, 115.252 Staff Reporting Duties, page 1.
4. Riverbend R2R PREA PREA Reporting Policy, Access to Outside Confidential Support, page 2.
5. Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1.

	<p>6. Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.</p> <p>7. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.</p> <p>8. Riverbend R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1</p> <p>9. Riverbend R2R PREA Official Response After Reports Policy, 115.263 - First Responder Duties, page 1</p> <p>10. Riverbend R2R PREA Official Response After Reports Policy, 115.264 - Coordinated Response Plan</p> <p><b>Corrective Action:</b></p> <p>1. 115.265 (a)-1 The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>During the audit, the Auditor reviewed the documents the facility submitted to demonstrate compliance with this standard. None of the documents included a written institutional plan for coordinating actions in response to sexual abuse incidents. Corrective action is required to gain compliance with this standard.</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.266 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.</b></p> <p>115.266 (a)-1 The agency, facility, or any other governmental entity responsible for</p>

	<p>collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since 20 August 2012, or since the last PREA audit, whichever is later. Not applicable.</p> <p>During the audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that this organization <u>does not</u> engage in any form of collective bargaining.</p> <p><b>115.266 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</b></p> <p>During the audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that this organization does not engage in any form of collective bargaining.</p> <p><b>Evidence relied upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with the Agency Head</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.267 (a): The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</b></p> <p>115.267 (a)-1 During this audit, the agency confirmed having 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</p>

or staff.

115.265 – Protection from Retaliation, page 1, residents and staff who report in good faith are protected from retaliation. Monitoring continues for at least 90 days and includes housing changes, work assignments, disciplinary actions, and staff behavior.

R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1 states investigations will be prompt, thorough, objective, and documented. Investigators will retain all evidence, interview all parties, and issue findings based on a preponderance of evidence.

R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1, criminal allegations are referred to trained law enforcement agencies. Road to Renewal (Riverbend) cooperates fully with outside investigators.

Riverbend R2R Sexual Harassment.docx, page 4, paragraph 4 states that appropriate steps will be made to protect the resident, including, but not limited to, transferring to another facility where they can be housed more appropriately (i.e., a single room); moving to another room in the facility closer to a staff office; and increasing contact with case management to provide ongoing support.

115.267 (a)-2 The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If "YES", provide staff name(s), title(s), and department(s) in the comments section.

**115.267 (b): The agency shall 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.**

**115.267 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.**

115.267 (c)-1 The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

	<p>115.267 (c)-2 If YES, the length of time that the agency/facility monitors the conduct or treatment:</p> <p>115.267 (c)-3 The agency/facility acts promptly to remedy any such retaliation.</p> <p>115.267 (c)-4 The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>115.267 (c)-5 The number of times an incident of retaliation occurred in the past 12 months:</p> <p><b>115.267 (d): In the case of residents, such monitoring shall also include periodic status checks.</b></p> <p><b>115.267 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</b></p> <p><b>115.267 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</b></p> <p><b>Evidence Relied Upon:</b></p> <p style="padding-left: 40px;">1. Pre-audit questionnaire</p> <p><b>Conclusion:</b></p> <p>The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.271 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</b></p> <p>115.271 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1 states investigations will be prompt, thorough, objective, and documented. Investigators will retain all evidence, interview all</p>

parties, and issue findings based on a preponderance of evidence.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1, criminal allegations are referred to trained law enforcement agencies. Road to Renewal (Riverbend) cooperates fully with outside investigators.

**115.271 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.**

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1 states investigations will be prompt, thorough, objective, and documented. Investigators will retain all evidence, interview all parties, and issue findings based on a preponderance of evidence. This policy omits the requirement that investigators are required to complete special training in sexual abuse investigations pursuant to § 115.234. Corrective action is required.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1, criminal allegations are referred to trained law enforcement agencies. Road to Renewal (Riverbend) cooperates fully with outside investigators.

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director. The investigative staff member indicated that as soon as they are made aware of an allegation of sexual abuse or sexual harassment, the Lowell Police Department would be contacted to initiate an investigation. All investigations are processed in the same manner, including anonymous or third-party reports of sexual abuse or sexual harassment.

**115.271 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.**

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member indicated that as soon as they are made aware of an allegation of sexual abuse or sexual harassment, the Lowell Police Department would be contacted to initiate an investigation. All investigations are processed in the same manner, including anonymous or third-party reports of sexual abuse or sexual harassment. Staff is directed to request that the victim and accused not take any actions that would destroy circumstantial evidence, such as brushing of teeth, changing clothes, or bathing. All circumstantial evidence is provided to law enforcement officials.

#### **Documentation Review**

Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. Not applicable during this reporting period. According to

investigative staff, no allegations of sexual abuse or sexual harassment were reported. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.271 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.**

#### **Documentation Review**

Sample of criminal and administrative investigation reports. Not applicable during this reporting period. According to investigative staff, no allegations of sexual abuse or sexual harassment were reported. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.271 (e): 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.**

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member stated that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and evidence.

No resident met this criterion during this reporting period. Residents who reported sexual abuse.

**115.271 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.**

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member stated that all allegations of sexual abuse or sexual harassment are documented in a written report however substantiated and unsubstantiated allegations of sexual abuse and sexual harassment undergo an after-action incident review to determine whether staff actions or failures to act contributed to the abuse, and (2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

#### **PREA Audit Site Review RECORD STORAGE**

During the site review, the Auditor:

- Observe the physical storage area for any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine whether the area is secured (e.g., a file cabinet with a lock and key).
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password-protected, accessible only in certain areas, role-based security).

**Documentation Review**

Not applicable during this reporting period. According to investigative staff, no allegations of sexual abuse or sexual harassment were reported. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.271 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.**

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member stated that all allegations of sexual abuse or sexual harassment are documented in a written report however substantiated and unsubstantiated allegations of sexual abuse and sexual harassment undergo an after-action incident review to determine whether staff actions or failures to act contributed to the abuse, and (2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.**

**115.271 (h)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution. See Standard 115.271 (h)-2.**

115.271 (h)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since 20 August 2012, or since the last PREA audit, whichever is later: 0.

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member stated that all allegations of sexual abuse or sexual harassment are referred for prosecution.

**Documentation Review**

Sample of cases referred for prosecution. See Standard 115.271 (h)-2. for more information.

**115.271 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.**

115.271 (i)-1 The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. . The evidence provided does not satisfy this standard. Corrective action

**Documentation Review**

Sample of investigation reports (including older reports, if applicable). See Standard 115.271 (h)-2. for more information.

**115.271 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.**

During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The investigative staff member stated that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

**115.271 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.**

Auditor is not required to audit this provision.

**115.271 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.**

**During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator. The staff member stated that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and stay informed of the investigation's progress through email and documentation of communication with the Lowell Police Department.**

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Facility Tour and Site Review
  1. Storage

3. Interview with the Director/Staff investigator and PREA Coordinator
4. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1.
5. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1.

**Corrective Action/Request for Additional Information/Clarification:**

1. 115.271 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1 states investigations will be prompt, thorough, objective, and documented. Investigators will retain all evidence, interview all parties, and issue findings based on a preponderance of evidence. This policy omits the requirement that investigators are required to complete special training in sexual abuse investigations pursuant to § 115.234. Corrective action is required.
2. 115.271 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 115.271 (i)-1 The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The evidence provided does not satisfy this standard. Corrective action
- 3.

**Conclusion:**

The narrative above provides a thorough discussion of the evidence used to make recommendations for corrective action, determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.272 (a): 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.</b></p> <p>Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1 states investigations will be prompt, thorough,</p>

	<p>objective, and documented. Investigators will retain all evidence, interview all parties, and issue findings based on a preponderance of evidence.</p> <p>Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1, criminal allegations are referred to trained law enforcement agencies. Road to Renewal (Riverbend) cooperates fully with outside investigators.</p> <p>During this audit, the Auditor interviewed Investigative Staff. The investigative staff member is also the Director/PREA Coordinator.</p> <p><b>Documentation Review</b></p> <p>Documentation of administrative findings for the proper standard of proof. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. Not applicable during this reporting period. According to investigative staff, no allegations of sexual abuse or sexual harassment were reported. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.</p> <p><b>Evidence Relied Upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Interview with Investigative Staff (1)</li> <li>3. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1.</li> <li>4. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1.</li> </ol> <p><b>Conclusion:</b></p> <ol style="list-style-type: none"> <li>1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</li> </ol>
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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><b>115.273 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</b></p> <p>5.273 (a)-1 The agency has a policy requiring that any resident who makes an</p>

allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

115.273 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 2.

115.273 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 2.

During a review of PAQ questions, the Auditor noted a reporting error. This Auditor confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

During this audit, the Auditor interviewed Investigative Staff. The investigator is also the PREA Coordinator and the Director. During his interview, he confirmed that the agency's procedures require that a resident who makes an allegation of sexual abuse must be informed whether the allegation has been determined to be substantiated or unsubstantiated.

Residents who reported sexual abuse. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse not applicable during this reporting period. According to investigative staff, no allegations of sexual abuse or sexual harassment were reported. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

### **Documentation Review**

A sample of alleged sexual abuse investigations completed by the agency. This Auditor confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.273 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.**

115.273 (b)-1 If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

This Auditor confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

115.273 (b)-2 The number of investigations of alleged resident sexual abuse in the

facility that were completed by an outside agency in the past 12 months: 0.

115.273 (b)-3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

#### **Documentation Review**

A sample of alleged sexual abuse investigations completed by an outside agency. This Auditor confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.273 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.**

115.273 (c)-1 Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.271 Administrative Investigations, page 1.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.272 Criminal Investigations, page 1.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.266 Post-Report Notifications, page 1, states that residents are informed of investigation status updates, substantiation findings, and disciplinary or criminal actions taken against perpetrators. This policy excludes unsubstantiated findings. It omits critical specifics such as: (1) when the staff member is no longer assigned to the resident's unit; (2) when the staff member is no longer employed at the facility; (3) when the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) when the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Corrective action.

115.273 (c)-2 Riverbend confirmed during this audit that there has been **no** substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse

committed by a staff member against a resident in an agency facility in the past 12 months.

115.273 (c)-3 During this audit, Riverbend indicates "no." If YES, in each case the agency subsequently informed the resident whenever: (a) the staff member was no longer posted within the resident's unit; (b) the staff member was no longer employed at the facility; (c) the agency learned that the staff member was indicted on a charge related to sexual abuse within the facility; or (d) the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.

See 115.273 (c)-2. During this audit, Riverbend indicates "no." This Auditor also confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.273 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.**

115.273 (d)-1 Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Residents who Reported a Sexual Abuse: This Auditor also confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

#### **Documentation Review**

Additional sample documentation of founded complaints and additional sample documentation of notifications. Residents who Reported a Sexual Abuse: This Auditor also confirmed with the PREA Coordinator/Director/Administrative Investigator that answers to 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for more information.

**115.273 (e): All such notifications or attempted notifications shall be documented.**

115.273 (e)-1 During this audit, CRJ, the agency, confirmed that it has a policy that mandates that all notifications to residents described under this standard are

documented.

Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.266 Post-Report Notifications states that residents are informed of investigation status updates, substantiation findings, and disciplinary or criminal actions taken against perpetrators. This policy excludes unsubstantiated findings. It omits critical specifics such as: (1) when the staff member is no longer assigned to the resident's unit; (2) when the staff member is no longer employed at the facility; (3) when the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) when the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Corrective action.

115.273 (e)-2 In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0.

115.273 (e)-3 Of those notifications made in the past 12 months, the number that were documented: 0. Not applicable. See Standards 115.273 (a)-2 and 115.273 (a)-3 are zero. See Standards 115.264 (a)-6 and 115.264 (a)-11 for additional information, as confirmed by the PREA Coordinator/Director/Administrative Investigator.

**115.273 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.**

Auditor is not required to audit this provision.

**Evidence Relied Upon:**

1. Preaudit questionnaire
2. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.266 Post-Report Notifications, page 1
3. Interview with the PREA Coordinator

**Corrective Action/Clarification/Reporting Error:**

1. 115.273 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 2. After clarification on the incident input in OAS, this Auditor confirmed that no allegation of sexual abuse or sexual harassment occurred during this reporting period. ON 5/5/2026, this Auditor also confirmed the said information with the Assistant Director of Programs.

115.273 (a)-3 Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 2. After clarification on the incident input in OAS, this Auditor confirmed that no allegation of sexual abuse or sexual harassment occurred during this

reporting period. ON 5/5/2026, this Auditor also confirmed the said information with the Assistant Director of Programs.

115.273 (c)-1 Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.266 Post-Report Notifications, page 1, states that residents are informed of investigation status updates, substantiation findings, and disciplinary or criminal actions taken against perpetrators. This policy excludes unsubstantiated findings. It omits critical specifics such as: (1) when the staff member is no longer assigned to the resident's unit; (2) when the staff member is no longer employed at the facility; (3) when the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) when the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Corrective action.

2. 115.273 (e)-1 During this audit, CRJ, the agency, confirmed that it has a policy that mandates that all notifications to residents described under this standard are documented. Riverbend R2R PREA Investigations, Discipline, Medical Policy, 115.266 Post-Report Notifications states that residents are informed of investigation status updates, substantiation findings, and disciplinary or criminal actions taken against perpetrators. This policy excludes unsubstantiated findings. It omits critical specifics such as: (1) when the staff member is no longer assigned to the resident's unit; (2) when the staff member is no longer employed at the facility; (3) when the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) when the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Corrective action.

**Conclusion:**

1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.276 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</b>

115.276 (a)-1 During this audit, Riverbend confirmed that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Corrective action. The policies submitted as evidence of compliance lack policy guidelines for staff subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies.

**115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.**

115.276 (b)-1 In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 2. Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period.

- Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

115.276 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 2. Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period.

**Documentation Review**

Additional sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies. Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

**115.276 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.**

115.276 (c)-1 The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

Evidence, such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies, was omitted.

115.276 (c)-2 In the past 12 months, the number of staff from the facility who have

been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 2.

Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period.

**Documentation Review**

Records of disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months. Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

**115.276 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.**

115.276 (d)-1 Riverbend confirmed during this audit that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

115.276 (d)-2 In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

**Documentation Review**

Reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. See 115.276(d)-2.

**Evidence Relied Upon:**

1. Pre-audit questionnaire

**Corrective Action/Clarification/Request for Additional Information:**

1. 115.276 (a)-1 During this audit, Riverbend confirmed that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies submitted as

evidence of compliance lack policy guidelines for staff subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies. Corrective action.

2. 115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 115.276 (b)-1 In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 2. Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period.

1. According to Riverbend, the employee terminations were unrelated to any PREA violations.

3. 115.276 (b) Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

4. 115.276 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 2. Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period. Documentation Review: Additional sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies.

1. According to Riverbend, the employee terminations were unrelated to any PREA violations.

5. 115.276 (b)-2 Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

6. 115.276 (c)-1 The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

1. According to Riverbend, the employee terminations were unrelated to any PREA violations.

7. Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.

8. 115.276 (c)-2 In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 2. Clarification sought. In previous standards, Riverbend confirmed no allegations of sexual abuse or sexual harassment during this reporting period.

1. According to Riverbend, the employee terminations were unrelated

	<p style="text-align: center;">to any PREA violations.</p> <p>9. Documentation Review: Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.</p> <p style="text-align: center;">1. According to Riverbend, the employee terminations were unrelated to any PREA violations.</p> <p>10. 115.276 (d): 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p style="text-align: center;">1. According to Riverbend, the employee terminations were unrelated to any PREA violations.</p> <p>11. 115.276 (d)-1 Riverbend confirmed during this audit that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.</p> <p style="text-align: center;">1. According to Riverbend, the employee terminations were unrelated to any PREA violations.</p> <p>12. 115.276 (d) Evidence such as sample records of terminations, resignations, or other sanctions for violations of sexual abuse or harassment policies was omitted.</p> <p style="text-align: center;">1. According to Riverbend, the employee terminations were unrelated to any PREA violations.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 the standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.277 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.**

115.277 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

Corrective action. The policies submitted as evidence of compliance lack policy guidelines for staff subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies.

115.277 (a)-2 Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

Corrective action. The policies submitted as evidence of compliance lack policy guidelines for staff subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies.

115.277 (a)-3 During this audit, Riverbend responded "no." In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

115.277 (a)-4 In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.

**115.277 (b): 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 agency sexual abuse or sexual harassment policies by a contractor or volunteer.**

115.277 (b)-1 During this audit, Riverbend responded "yes." The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. See Standard 115.277 (a)-4.

**Evidence Relied Upon:**

1. Pre-audit questionnaire

**Corrective Action:**

1. 115.277 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. The policies submitted as evidence of compliance lack policy guidelines for staff subject to disciplinary sanctions, including termination, for violating agency sexual abuse or sexual harassment policies. Corrective action.

	<p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</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><b>115.278 (a): Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</b></p> <p>115.278 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.</p> <p>The evidence (policy) provided did not support this standard. Corrective action.</p> <p>115.278 (a)-2 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>The evidence (policy) provided did not support this standard. Corrective action.</p> <p>115.278 (a)-3 In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0</p> <p>115.278 (a)-4 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p><b>115.278 (b): Sanctions shall be 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.</b></p> <p>During this audit, the Auditor interviewed the Director. The Director confirmed that disciplinary sanctions for violation of sexual abuse or sexual harassment policies would be 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.</p> <p><b>Documentation Review</b></p> <p>Investigative reports and documentation of sanctions imposed. Not applicable.</p>

There were no allegations of sexual abuse or sexual harassment reported during this reporting period; therefore, no disciplinary sanctions were imposed.

**115.278 (c): 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.**

During this audit, the Auditor interviewed the Director. The Director confirmed that the disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what, if any, sanction should be imposed.

#### **Documentation Review**

Investigative reports and documentation of sanctions imposed. Not applicable.

There were no allegations of sexual abuse or sexual harassment reported during this reporting period; therefore, no disciplinary sanctions were imposed.

**115.278 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.**

115.278 (d)-1 Riverbend responded "no." The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.278 (d)-2 If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. See Standard 115.278 (d)-1.

- Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1. The program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

**115.278 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.**

115.278 (e)-1 The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

- Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, pages 23-24.
- Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, page Unsubstantiated Grievances, page 25.

The evidence (policy) provided did not support this standard. Corrective action.

### **Documentation Review**

Additional records of disciplinary actions against residents for sexual conduct with staff. Not applicable.

**115.278 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.**

115.278 (f)-1 The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1. The program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

**115.278 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.**

115.278 (g)-1 During this audit, the agency confirmed that it prohibits all sexual activity between residents.

- Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, Resident Conduct, page 23 states that residents may not engage in romantic behavior while at Road to Renewal.

115.278 (g)-2 If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

- Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, Resident Conduct, page 23 states that residents may not engage in romantic behavior while at Road to Renewal.

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.
3. Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, Resident Conduct, page 23
4. Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, pages 23-24.
5. Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, page Unsubstantiated Grievances, page 25.

**Corrective Action:**

1. 115.278 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. The evidence (policy) provided did not support this standard. Corrective action.

- **Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.276 - Resident Discipline, page 1 states that residents acting in good faith are not disciplined for reporting sexual abuse. Residents found to have engaged in sexual abuse will receive appropriate disciplinary action.**

1. 115.278 (a)-2 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The evidence (policy) provided did not support this standard. Corrective action.
2. 115.278 (e)-1 The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, pages 23-24, and Riverbend, Road to Renewal: Homeward Bound, Community-Based Residential Reentry Program, Resident Handbook, V. Rules and Discipline, page Unsubstantiated Grievances, page 25. The evidence (policy) provided did not support this standard. Corrective action.

	<p><b>Conclusion:</b></p> <p>The narrative includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.282 (a): During this audit, the facility confirmed that 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.</b></p> <p>115.282 (a)-1 During this audit, the facility confirmed that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>Riverbend, R2R PREA Responsive Planning Policy, 115.222 – Agreements with Investigative, Medical, and Mental Health Organizations, page 1, states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.</p> <p>Riverbend, R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, states that staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.</p> <p>Riverbend, R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1, states that upon any report of sexual abuse, the resident is offered immediate medical attention, crisis counseling, and ongoing treatment at no cost, regardless of whether the allegation is substantiated.</p> <p>Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.282 Medical and Mental Health Care, Medical Care, page 2, states victims of sexual abuse are offered emergency and ongoing medical treatment, including STI testing, pregnancy testing (if applicable), and follow-up care, free of charge.</p> <p>Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.283 Medical and Mental Health Care, Mental Health Care, page 2, states that residents receive access to crisis counseling, trauma support, and ongoing mental health services following any allegation or substantiated case of sexual abuse.</p>

115.282 (a)-2 During this audit, the facility confirmed that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

115.282 (a)-3 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)

Riverbend, R2R PREA Responsive Planning Policy, 115.222 – Agreements with Investigative, Medical, and Mental Health Organizations, page 1, states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

- Not applicable. Medical treatment is obtained in the community.
- Medical and Mental Health Staff - not applicable  
Residents who reported a Sexual Abuse - not applicable during this reporting period. No residents reported sexual abuse.

#### **Documentation Review**

- Additional medical/mental health secondary materials describing access to services. Medical and Mental Health Staff - not applicable.
- No residents reported sexual abuse. Residents who reported a Sexual Abuse - not applicable during this reporting period.

**115.282 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.**

- See Standard 115.282 (a).

Riverbend, R2R PREA Responsive Planning Policy, 115.222 – Agreements with Investigative, Medical, and Mental Health Organizations, page 1, states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol & Forensic Medical Exams, page 1, states that Road to Renewal (Riverbend) follows a coordinated evidence protocol consistent with SANE/SAFE practices. The program

immediately secures the scene, preserves physical evidence, and arranges for the resident to receive a forensic medical exam at an outside medical facility at no cost.

Riverbend R2R PREA Reporting Policy, 115.252 - Staff Reporting Duties, page 1, states that all staff, volunteers, and contractors must immediately report any knowledge, suspicion, or allegations of sexual abuse, sexual harassment, or retaliation.

Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, states that staff first responders must:

- Separate the victim and the abuser
- Protect the crime scene
- Advise the victim not to shower, change clothes, or use the restroom (when applicable)
- Notify law enforcement and supervisors

**115.282 (c): Resident victims of sexual abuse while incarcerated shall be 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.**

115.282 (c)-1 During this audit, the facility confirmed that resident victims of sexual abuse while incarcerated are 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.

- See Standard 115.282 (a) and 115.282 (b).

**115.282 (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.**

115.282 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

- See Standard 115.282 (a) and 115.282 (b).

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.282 Medical and Mental Health Care, Medical Care, page 2.
3. Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.283 Medical and Mental Health Care, Mental Health Care, page 2.

	<ol style="list-style-type: none"> <li>4. Riverbend R2R PREA Responsive Planning Policy, 115.221 - Evidence Protocol &amp; Forensic Medical Exams, page 1.</li> <li>5. Riverbend R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.</li> <li>6. Riverbend, R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1.</li> <li>7. Riverbend, R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 also includes corrective action recommendations where the facility does not meet the standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.283 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</b></p> <p>115.283 (a)-1 During the audit, the facility confirmed that medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility in the community.</p> <p>Riverbend, R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1, states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.</p> <p>Riverbend, R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1, states that staff must take immediate action to separate involved parties, protect the resident, preserve evidence, notify supervisors, and activate the PREA response protocol.</p> <p>Riverbend, R2R PREA Official Response After Reports Policy, 115.262 - Medical and</p>

Mental Health Response, page 1, states that upon any report of sexual abuse, the resident is offered immediate medical attention, crisis counseling, and ongoing treatment at no cost, regardless of whether the allegation is substantiated.

Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.282 Medical and Mental Health Care, Medical Care, page 2, states victims of sexual abuse are offered emergency and ongoing medical treatment, including STI testing, pregnancy testing (if applicable), and follow-up care, free of charge.

Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.283 Medical and Mental Health Care, Mental Health Care, page 2, states that residents receive access to crisis counseling, trauma support, and ongoing mental health services following any allegation or substantiated case of sexual abuse.

**115.283 (b): The evaluation and treatment of such victims shall 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.**

See Standard 115.282 (a). Services are offered in the community.

**115.283 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.**

See Standard 115.282 (a). Services are offered in the community.

**115.283 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests**

115.283 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

- Not applicable to an all-male facility.

#### **Documentation Review**

- Not applicable. Medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests.

**115.283 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.**

115.283 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

- Not applicable to an all-male facility.
- No residents reported sexual abuse during this reporting period.

**115.283 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.**

115.283 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

See Standard 115.283 (a).

**115.283 (g): During this audit, the facility confirmed that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.**

Riverbend, R2R PREA Responsive Planning Policy, 115.222 – Agreements with Investigative, Medical, and Mental Health Organizations, page 1, states that the program maintains written agreements or working relationships with local law enforcement, medical facilities, and mental health providers to ensure a prompt, coordinated, and professional response to all allegations of sexual abuse.

Riverbend, R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1, states that upon any report of sexual abuse, the resident is offered immediate medical attention, crisis counseling, and ongoing treatment at no cost, regardless of whether the allegation is substantiated.

**Documentation Review**

Not applicable. No allegations of sexual abuse were reported during this reporting period. Documentation that victims received timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services commensurate with the community level of care.

**115.283 (h): The facility shall 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.**

115.283 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

1. Pre-audit questionnaire
2. Riverbend, R2R PREA Official Response After Reports Policy, 115.261 - Agency Response, page 1.
3. Riverbend, R2R PREA Official Response After Reports Policy, 115.262 - Medical and Mental Health Response, page 1.

	<p>4. Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.282 Medical and Mental Health Care, Medical Care, page 2.</p> <p>5. Riverbend, R2R PREA Investigations, Discipline, Medical Policy, 115.283 Medical and Mental Health Care, Mental Health Care, page 2.</p> <p>6. Riverbend, R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 the standard.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.286 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</b></p> <p>115.286 (a)-1 During this audit, the facility confirmed that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>Corrective action. After reviewing the evidence provided, this Auditor concludes that there is no written policy requiring a review of sexual abuse incidents.</p> <p>Riverbend R2R PREA Responsive Planning Policy, 115.222 - Agreements with Investigative, Medical, and Mental Health Organizations, page 1.</p> <p>After reviewing the evidence and speaking with the facility's PREA investigator and Director, they confirmed that no allegations of sexual abuse were reported during this reporting period.</p> <p>Sample documentation of completed criminal or administrative investigations of sexual abuse was not provided. According to the Director and PREA Investigator, no allegations were reported during this reporting period.</p> <p>115.286 (a)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.</p>

**Documentation Review**

Additional documentation of completed criminal or administrative investigations of sexual abuse. See Standard 115.286 (a)-1.

**115.286 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.**

115.286 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The evidence submitted omits language mandating an incident review that ordinarily occurs within 30 days of the conclusion of the investigation.

**Documentation Review**

Additional documentation of completed criminal or administrative investigations of sexual abuse.

115.286 (b)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0.

Select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative cases were not available. According to the Director/PREA Coordinator/Investigator, no residents reported sexual abuse during this reporting period. Also see Standard 115.286 (a)-1.

**115.286 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.**

115.286 (c)-1 The facility confirmed that it would conduct a sexual abuse incident review with an incident review team that includes upper-level management officials and allows for input from line supervisors and investigators. It should be noted that residents receive medical and mental health care from community practitioners who are not affiliated with the facility.

Corrective action. After reviewing the evidence provided, this Auditor concludes that there is no written policy requiring a review of sexual abuse incidents.

The evidence submitted omits language mandating the sexual abuse incident review team, which includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. It should be noted that residents receive medical and mental health care from community practitioners who are not affiliated with the facility.

During this audit, the Auditor interviewed the Director. The Director confirmed that the facility had no allegations of sexual abuse during this reporting period and,

therefore, no incident reviews were conducted based on this standard. Furthermore, the Director confirmed that the facility has an incident review team that includes upper-level management officials and allows input from line supervisors and investigators. It should be noted that residents receive medical and mental health care from community practitioners who are not affiliated with the facility.

### **Documentation Review**

Documentation of sexual abuse incident review team minutes or reports. During this audit, the Auditor interviewed the Director. The Director confirmed that the facility had no allegations of sexual abuse during this reporting period and, therefore, no incident reviews were conducted based on this standard.

**115.286 (d): During this audit, the facility confirmed that the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.**

Select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative cases were not available. According to the Director/PREA Coordinator/Investigator, no residents reported sexual abuse during this reporting period. During this audit, the Auditor interviewed the Director. The Director confirmed that the facility had no allegations of sexual abuse during this reporting period and, therefore, no incident reviews were conducted based on this standard. Also see Standard 115.286 (a)-1.

115.286 (d)-1 The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

During this audit, the Auditor interviewed the Director. The Director indicated that the incident review team would use information obtained from a sexual abuse incident review to improve the sexual safety of all residents, improve policy, training, and prevention. Furthermore, he confirmed that the review team considers:

- Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, and/or other group dynamics at the facility.
- Examines the area in the facility where the incident supposedly occurred to assess whether physical barriers in that area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology

During this audit, the Auditor interviewed the PREA Coordinator/Director/ Investigator. He confirmed that a written report would be generated from an incident review, analyzing trends and examining blind spots and staff positioning.

During this audit, the Auditor interviewed a member of the Incident Review Team. The team member confirmed that the team considers:

- Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, and/or other group dynamics at the facility.
- Examines the area in the facility where the incident supposedly occurred to assess whether physical barriers in that area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology

### **Documentation Review**

Additional reports of findings from sexual abuse incident reviews. During this audit, the Auditor interviewed the Director. The Director confirmed that the facility had no allegations of sexual abuse during this reporting period and, therefore, no incident reviews were conducted based on this standard.

**115.286 (e): During this audit, the facility confirmed that, where applicable, it would implement the recommendations for improvement, or it would document its reasons for not doing so.**

115.286 (e)-1 During this audit, the facility confirmed, where applicable, that it implements the recommendations for improvement or documents its reasons for not doing so.

### **Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the Director
3. Interview with the PREA Coordinator
4. Interview with an Investigator
5. Interview with an Incident Review Member

	<p><b>Corrective Action:</b></p> <p>1. 115.286 (a)-1- e-1 During this audit, the facility confirmed that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Corrective action. After reviewing the evidence provided, this Auditor concludes that there is no written policy requiring a review of sexual abuse incidents.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 also includes corrective action recommendations where the facility does not meet the standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.287 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</b></p> <p>115.287 (a)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>The evidence provided for this standard does not meet the standard.</p> <p>Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1, states that Road to Renewal appoints a PREA Coordinator with sufficient authority and organizational support to develop, implement, and oversee agency-wide PREA compliance efforts. The PREA Coordinator ensures policy development, training, data collection, and audit preparation. Corrective action.</p> <p>Riverbend R2R PREA Data Collection &amp; Review Policy, 115.289 - Audits, page 1, states that Road to Renewal undergoes PREA audits by certified PREA Auditors every three years.</p> <p><b>115.287 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</b></p>

115.287 (b)-1 The agency aggregates the incident-based sexual abuse data at least annually.

**115.287 (c): The incident-based data collected shall 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.**

115.287 (c)-1 The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

**115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.**

115.287 (d)-1 The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1, states that Road to Renewal appoints a PREA Coordinator with sufficient authority and organizational support to develop, implement, and oversee agency-wide PREA compliance efforts. The PREA Coordinator ensures policy development, training, data collection, and audit preparation. Corrective action.

**115.287 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.**

115.287 (e)-1 The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

- Not applicable. The agency does not contract for confinement.

115.287 (e)-2 The data from private facilities complies with SSV reporting regarding content.

- Not applicable. The agency does not contract for confinement.

**115.287 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.**

115.287 (f)-1 The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

- Not applicable. DOJ has not requested agency data.

	<p><b>Evidence Relied Upon:</b></p> <ol style="list-style-type: none"> <li>1. Pre-audit questionnaire</li> <li>2. Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1.</li> <li>3. Riverbend R2R PREA Data Collection &amp; Review Policy, 115.289 - Audits, page 1.</li> </ol> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. 115.287 (a)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The evidence provided for this standard does not meet the standard. Corrective action. Riverbend will submit evidence to support this standard, including definitions and a standardized data collection instrument.</li> <li>2. 115.287 (d)-1 The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The evidence provided for this standard does not meet the standard. Corrective action. Riverbend will submit evidence to support this standard, including definitions and a standardized data collection instrument. Riverbend will submit evidence to support this standard.</li> </ol> <p>Note: This is the first audit for Riverbend.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 the standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>115.288 (a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the</b>

**agency as a whole.**

115.288 (a)-1 The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Riverbend R2R PREA Data Collection & Review Policy, 115.289 - Audits, page 1, states that Road to Renewal undergoes PREA audits by certified PREA Auditors every three years.

Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1, states that Road to Renewal appoints a PREA Coordinator with sufficient authority and organizational support to develop, implement, and oversee agency-wide PREA compliance efforts. The PREA Coordinator ensures policy development, training, data collection, and audit preparation

Riverbend R2R PREA Data Collection & Review Policy, 115.286 - Sexual Abuse Incident Data Collection, page 1, states that the Road to Renewal (Riverbend) collects and securely stores detailed data for each PREA-related allegation.

Riverbend R2R PREA Data Collection & Review Policy, 115.287 - Data Review for Corrective Action, page 1, states that the agency reviews collected data annually, identifies trends, and implements corrective measures to improve resident safety.

Riverbend R2R PREA Data Collection & Review Policy, 115.288 - Data Storage and Publication, page 1, states that data is aggregated and maintained for at least 10 years. Non-PII (non-personal identifiable information) is published as required.

- This is the first audit for Riverbend; therefore, no corrective action plan was available.
- This is the first audit for Riverbend; therefore, an annual report of findings from data reviews/corrective actions.
- During this reporting period, Riverbend reported no allegations of sexual abuse or sexual harassment.

During this audit, the Auditor interviewed the Agency Head. He confirmed to the Auditor that Riverbend would use incident-based sexual abuse data to evaluate and enhance policies, practices, and training related to prevention, detection, and response, and to use the information to revise policies, training, increase the sexual safety of residents and staff, and reduce blind spots.

During this audit, the Auditor interviewed the PREA Coordinator. He confirmed that this is the first PREA audit for Riverbend. To maintain compliance with this standard, Riverbend/agency would review data collected and aggregated pursuant to 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, as well as training and assess and improve the

effectiveness of its sexual abuse prevention, detection, and response policies, as well as training.

Riverbend R2R PREA Data Collection & Review Policy, 115.286 - Sexual Abuse Incident Data Collection, page 1, states that the Road to Renewal (Riverbend) collects and securely stores detailed data for each PREA-related allegation.

- Data is collected through incident reviews and investigations of sexual abuse and sexual harassment allegations.
- The agency ensures that data collected under 115.287. Data is securely retained through password protection on electronic platforms and secured key-and-lock file cabinets with limited access based on role and responsibility.
- The agency confirmed that it will abide by this standard fully, which requires the preparation of an annual report of findings from its data review and any corrective.

### **Documentation Review**

Additional documentation of corrective action plans. Not applicable.

**115.288 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.**

115.288 (b)-1 The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

- See Standard 115.288.
- This is the first audit for Riverbend; therefore, no corrective action plan was available.
- This is the first audit for Riverbend; therefore, an annual report of findings from data reviews/corrective actions.
- During this reporting period, Riverbend reported no allegations of sexual abuse or sexual harassment.

115.288 (b)-2 The annual report provides an assessment of the agency's progress in addressing sexual abuse.

See 115.288 (b)-1.

**115.288 (c): The agency's report shall be 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.**

115.288 (c)-1 The agency makes its annual report readily available to the public at least annually through its website.

<https://riverbendmv.org/contact/>

115.288 (c)-2 If NO, the agency makes it available through other means.

- On request to the PREA Coordinator.

115.288 (c)-3 Riverbend responded "no" during this audit that the PREA annual reports are approved by the agency head. This is a reporting error.

During this audit, the Auditor interviewed the Agency Head. The Agency Head confirmed that the facility would submit the annual PREA report for his review before publication.

**115.288 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.**

115.288 (d)-1 Riverbend responded "no." When the agency redacts material from an annual report for publication, the redactions are limited to specific materials that would pose a clear and specific threat to the safety and security of the facility. This is a reporting error.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that the agency redacts material from an annual report for publication; the redactions are limited to specific materials that would pose a clear and specific threat to the safety and security of the facility.

115.288 (d)-2 Riverbend responded "no." The agency indicates the nature of the material redacted. This is a reporting error.

During this audit, the Auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that the agency would indicate the nature of the material redacted

**Evidence Relied Upon:**

1. Pre-audit questionnaire
2. Interview with the Agency Head
3. Interview with the PREA Coordinator.
4. Internet search
5. Riverbend R2R PREA Data Collection & Review Policy, 115.289 - Audits, page 1.
6. Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1.
7. Riverbend R2R PREA Data Collection & Review Policy, 115.286 - Sexual Abuse Incident Data Collection, page 1.
8. Riverbend R2R PREA Data Collection & Review Policy, 115.287 - Data Review for Corrective Action, page 1.
9. Riverbend R2R PREA Data Collection & Review Policy, 115.288 - Data

	<p style="text-align: center;">Storage and Publication, page 1.</p> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 the standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.289 (a): The agency shall ensure that data collected pursuant to § 115.287 are securely retained.</b></p> <p>115.289 (a)-1 CRJ the agency confirmed during this audit that the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Riverbend R2R PREA Data Collection &amp; Review Policy, 115.286 - Sexual Abuse Incident Data Collection, page 1, states that the Road to Renewal (Riverbend) collects and securely stores detailed data for each PREA-related allegation.</p> <p>Riverbend R2R PREA Data Collection &amp; Review Policy, 115.287 - Data Review for Corrective Action, page 1, states that the agency reviews collected data annually, identifies trends, and implements corrective measures to improve resident safety.</p> <p>Riverbend R2R PREA Data Collection &amp; Review Policy, 115.288 - Data Storage and Publication, page 1, states that data is aggregated and maintained for at least 10 years. Non-PII (non-personal identifiable information) is published as required.</p> <p>Riverbend R2R PREA Data Collection &amp; Review Policy, 115.289 - Audits states that Road to Renewal undergoes PREA audits by certified PREA Auditors every three years.</p> <p>During this audit, the Auditor interviewed the PREA Coordinator/Director. This is the first PREA audit for this facility. The PREA Coordinator confirmed that the agency now reviews data collected and aggregated under 115.287 to evaluate and enhance its policies, detection, response, and training for sexual abuse prevention. He is responsible for the collection, maintenance, and proper storage of all PREA-related data.</p> <p><b>115.289 (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it</b></p>

**contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.**

115.289 (b)-1 Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.

- This is not applicable. The agency does not contract with other agencies for the confinement of residents.

115.289 (b)-2 If NO, the agency makes it available through other means.

- This is not applicable. The agency does not contract with other agencies for the confinement of residents.

#### **Documentation Review**

Website or other means for publicly available aggregated sexual abuse data. Not applicable for this reporting period. See Standard 115.289 (b) for more information.

**115.289 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.**

115.289 (c)-1 Riverbend confirmed during this audit that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. It should be noted that this is the first PREA audit for this facility.

115.289 (c)-2 CRJ confirmed during this audit that the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

#### **Documentation Review**

Sample of publicly available sexual abuse data to check that personal identifiers have been removed. Not applicable for this reporting period. See Standard 115.289 (b) for more information.

**115.289 (d): The agency shall 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.**

#### **Documentation Review**

Sample of historical sexual abuse data since 20 August 2012. Not applicable for this reporting period. See Standard 115.289 (b) for more information.

#### **Evidence Relied Upon:**

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> <li>2. Riverbend R2R PREA Prevention Planning Policy, 115.212 - PREA Coordinator, page 1. Riverbend R2R PREA Data Collection &amp; Review Policy, 115.286 - Sexual Abuse Incident Data Collection, page 1.</li> <li>3. Riverbend R2R PREA Data Collection &amp; Review Policy, 115.287 - Data Review for Corrective Action, page 1.</li> <li>4. Riverbend R2R PREA Data Collection &amp; Review Policy, 115.288 - Data Storage and Publication, page 1.</li> <li>5. Riverbend R2R PREA Data Collection &amp; Review Policy, 115.289 - Audits page 1.</li> </ol> <p><b>Conclusion:</b></p> <p>The narrative above includes a comprehensive discussion of all 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 the standard.</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><b>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</b></p> <p><b>115.401 (b): During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</b></p> <p><b>115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.</b></p> <p><b>115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)</b></p> <p><b>115.401 (m): The auditor shall be permitted to conduct private interviews with residents.</b></p> <p><b>115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</b></p>

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 266 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1390 459"><b>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</b></p> <ul data-bbox="352 528 970 560" style="list-style-type: none"><li>• This is the first PREA audit for Riverbend.</li></ul>

<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.)	na
<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?	no
<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.)	na
	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.)	na
<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
	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
	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	yes

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

	expressively, using any necessary specialized vocabulary?	
<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 interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<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 contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<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	yes

	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?	
	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.)	na
<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>	

<b>(a)</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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<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	yes

	advocate from a rape crisis center?	
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<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).	na
<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	yes

	investigation is completed for all allegations of sexual harassment?	
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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	yes

	resident is transferred to a different facility?	
<b>115.233 (c)</b>	<b>Resident education</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	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and	na

	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.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<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.)	na
<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.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<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	yes

	toward other residents?	
	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?	no
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<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</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(h)</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
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (d)</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 (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
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	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 third parties?	yes
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<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 (d)</b>	<b>Exhaustion of administrative remedies</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	yes

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

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<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,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<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 actions that could destroy physical evidence, and then notify security staff?	yes
<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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<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</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</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	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<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>	<b>Disciplinary sanctions for staff</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	yes

	condition of access to programming and other benefits?	
<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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<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 facility?	yes
<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	na

	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.)	
<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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<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 should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<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	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
<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 and security of a facility?	yes
<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.)	no
<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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<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</b>	<b>Audit contents and findings</b>	

<b>(f)</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.)	na