

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 9/19/22

Auditor Information

Name: DeShane Reed Email: drbconsultinggroup@gmail.com

Company Name: DRB Consulting, LLC

Mailing Address: 2760 Fortune Circle E. Ste. #421424 City, State, Zip: Indianapolis, IN 46241-9998

Telephone: (317) 777-3102 Date of Facility Visit: May 26-27, 2021

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)
Department of Correction and Rehabilitation-Puerto Rico Estado Libre Asociado de PR (Free Associated State of Puerto Rico)

Physical Address: Juan Calaf Avenue, Urb. 3 Nuns, Hato Rey P.R. 00917 (Avenida Juan Calaf, Tres Monjitas) City, State, Zip: Hato Rey P.R. 00917

Mailing Address: Section 71308, San Juan, P.R. 00936 (Apartado 71308) City, State, Zip: San Juan P.R. 00936

Telephone: (787) 273-6464 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: "To provide a safe and secure environment while protecting public safety."

Agency Website with PREA Information: www.dcr.pr.gov

Agency Chief Executive Officer

Name: Ana I. Escobar Pabón Title: DCR-PR Secretary

Email: AEscobar@dcr.pr.gov Telephone: 787-273-6464

Agency-Wide PREA Coordinator

Name: Yesenia Calderon	Title: PREA Coordinator-DCR-PR
Email: ycalderon@dcr.pr.gov	Telephone: 787-273-6464 Ext. 2126
PREA Coordinator Reports to: DCR-PR Secretary	Number of Compliance Managers who report to the PREA Coordinator 28

Facility Information

Name of Facility: Juvenile Detention and Social Treatment Center-CTRA			
Physical Address: Carr. 14 Ave. Tito Castro 1047, Ponce, PR 00731			
Mailing Address (if different than above): Same as Physical			
Telephone Number: (787) 812-1500			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input type="checkbox"/> Other			
Facility Mission: Click or tap here to enter text.			
Facility Website with PREA Information: www.dcr.pr.gov			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Gloria del C. García Echevarría	Title: Assistant Chief Jailer-JDC Administrator
Email: GCGarcia@dcr.pr.gov	Telephone: (787) 812-1500 *228

Facility PREA Compliance Manager

Name: Doralys Santana Torres	Title: ACA-PREA Compliance Manager
Email: dsantana@dcr.pr.gov	Telephone: (787) 812-1500 *225

Facility Health Service Administrator

Name: Felicita Alvarado	Title: Health Services Administrator
Email: falvarado@physiciancorrectional.com	Telephone: (787)-615-7913

Facility Characteristics	
Designated Facility Capacity: 120	Current Population of Facility: 34
Number of residents admitted to facility during the past 12 months:	155
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	N/A
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	145
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	Ages 13-21
Average length of stay or time under supervision:	N/A
Facility Security Level:	Maximum
Resident Custody Levels:	Maximum
Number of staff currently employed by the facility who may have contact with residents:	120 Officers, 20 Teachers, and 7 Social Workers
Number of staff hired by the facility during the past 12 months who may have contact with residents:	10
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 8
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary):	0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
40 total cameras within the CTS Ponce facility; 4 Master Control Rooms located outside and between the 2 housing units within each of the 4 housing pods (each housing pod contains 2 housing units per pod x 4). Room door locks/unlocks either by key or through Master Control. There's a minimum of 3 cameras in each housing unit (x8), with complimentary two-way mirrors. Each housing unit also has 1-2 suicide watch rooms with Cameras in them.	
Medical	
Type of Medical Facility:	24 Hour Care Provided
Forensic sexual assault medical exams are conducted at:	Dr. Pila Hospital or St. Lucas Hospital of Ponce

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:

27

Number of investigators the agency currently employs to investigate allegations of sexual abuse:

Office of Investigations
for Correctional System
(O.I.S.C.).

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On May 26, 2021, in coordination and cooperation with the Social Detention and Treatment Center of Ponce (CTS-PONCE), USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the CTS-PONCE. The audit commenced with Pre-Audit Briefing meeting (9:00am). In attendance was CTS-PONCE's Sheriff, DCR-PR's PREA Coordinator, CTS-Ponce's PREA Compliance Manager, CTS-Ponce Lieutenant, Sergeant, CTS-PONCE's Superintendent, PREA Translator, and PREA Support Staff, The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Social Detention and Treatment Center of Ponce (CTS-PONCE) facility.

This PREA audit commenced with a full tour of Social Detention and Treatment Center of Ponce's (CTS-PONCE) multiple housing locations, program locations, cafeteria, food prep kitchen, laundry, search and showering locations, offices, recreational and educational locations within CTS-PONCE. After a complete tour and documentation, the PREA Auditor moved into selecting and interviewing a random selection of 22 CTS-PONCE staff including: CTS-PONCE's Superintendent, PREA Coordinator, PREA Compliance Manager, OISC Investigator, Human Resources, Volunteers, Medical/Mental Health Practitioners, and CTS-PONCE Security and Security Supervisory staff. This PREA Auditor also interviewed a total of 12 residents, with a specific selection focused on the following category of resident, based on PREA audit requirements: (Residents with prior victimization, LGBTI, disability, current allegation, limited English proficiency, and residents in isolation). This PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed this PREA auditor to verify if CTS-PONCE was compliance with PREA facility standards and/or confirm any barriers to compliance.

On May 27, 2021, the PREA Audit of Social Detention and Treatment Center of Ponce concluded with a Post-Audit Debriefing meeting. The same representatives from the Pre-Audit Briefing meeting were in attendance. This PREA Auditor shared that the information presented by this auditor within this Post-Audit Debriefing meeting did not depict a final reporting. This PREA Auditor continued by sharing several highlights of the CTS-PONCE's cleanliness, its organized and structured programs provided to the residents, engaged direct supervision staff, as well as its PREA-appropriate physical plant. This PREA Auditor also thanked CTS-PONCE for allowing this auditor unimpeded access to the entire facility, through tour, document access, resident access, and flexibility of interviews. This PREA Auditor also shared any observable areas that were not meeting standards and would likely require Corrective Action.

As it pertains to PREA Physical Plant observations, the PREA Auditor observed adequate and appropriate use of the 40 cameras throughout the CTS-PONCE. There were no observable physical plant blind spots, which were not viewable by camera, two-way mirrors, or direct visual observations. CTS-PONCE provides constant staff supervision and monitoring of residents. This PREA auditor also noted that the physical plant's circular

dimensions, size, and set up was conducive for excellent visual supervision by the CTS-PONCE staff, and to deter any PREA-related incidents of sexual abuse/harassment/assaults. The showers were single-person showers, with shower curtains to protect privacy. Resident toilets in each housing unit were visible by curtains to protect privacy of residents. Each resident was housed in their own room, to ensure each resident is allowed to get dressed and undressed without being viewed by staff. Each housing unit did have a “Grievance Box” for resident’s access to file a grievance. CTS-PONCE was able to show and share with the PREA Auditor their staffing plan (volunteer and mandatory overtime based on seniority) and logbooks of monitoring rounds.

The Post-Audit Debriefing meeting concluded with this Auditor thanking the Social Detention and Treatment Center of Ponce (CTS-PONCE) staff for their cooperation, efficiency, and coordination in allowing the audit to move along without interruption. This PREA Auditor also informed the CTS-PONCE staff that a PREA Interim Audit report will be submitted 45 days from the conclusion of the facility audit.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Social Detention and Treatment Center of Ponce (CTS-PONCE) is a 120 resident capacity Maximum Security Detention Center. CTS-PONCE houses male and female residents ages 13-21. According to the facility, they do not house residents with adult charges. The physical plant consists of approximately 1 building with 4 Master Control Rooms, all with video and visual monitoring capabilities. CTS-PONCE has 8 total housing units. There are 4 male, 2 female, and 2 unoccupied housing units, containing a total of 120 single occupancy room capacity. CTS-PONCE also have 2 suicide-watch single occupancy rooms with cameras on each housing unit and 0 open bay dorm housing units. Each housing unit has 4 single-person showers, separated by cement walls and frosted shower curtains for privacy. The additional components within the CTS-PONCE consists of the following: intake and admission, cafeteria, medical examination location, education classes, outdoor recreation, administrative, mental health office space, and visiting rooms.

Social Detention and Treatment Center of Ponce (CTS-PONCE) rely heavily on a compilation of camera assistance, staff supervision through sight/sound supervision by Detention staff, as well as predictable and random unannounced rounds per shift by supervisory staff. CTS-PONCE video technology consists of recorded cameras in strategic locations throughout the facility. To make up for blind spots, CTS-PONCE relies on consistent and unpredictable staff sight and sound supervision, as well as two-way mirrors. At the time of this PREA Audit, CTS-PONCE had approximately 127 staff employed, as well as approximately 27 volunteers and individual who may have contact with inmates within their daily roles at CTS-PONCE. Finally, CTS-PONCE utilizes DCR-PR’s Office of Investigations for Corrections Systems (OISC) for all PREA-related Investigations. CTS-PONCE Forensic Sexual Assault Medical Exams are conducted off site at the Dr. Pitas Hospital and St. Lucas Hospital of Ponce.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 43

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREA site audit of Social Detention and Treatment Center of Ponce (CTS-PONCE) consisted of a 2-day comprehensive assessment (May 26, 2021 through May 27, 2021), related to PREA’s mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Juvenile Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Social Detention and Treatment Center of Ponce (CTS-PONCE) included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with residents, staff, contracted staff, volunteers, and CTS-PONCE’s Administration.

Based on the audit findings of 43 total PREA Standards, there were **28** PREA Standards in Compliance and **15** PREA Standards which were non-compliant and requiring Corrective Action. Social Detention and Treatment Center of Ponce (CTS-PONCE) **15** Non-Compliant PREA standards requiring Corrective Action are as follows: 115.312, 115.315, 115.333, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.367, 115.381, 115.387, 115.388, and 115.389. The identified PREA standard areas requiring Corrective Action were either non-existent, in their beginning stages of compliance and require procedural consistency over time to be considered in compliance, or the institution’s policy language did not align with the specific PREA Standard.

With technical assistance from this PREA Auditor, throughout the Corrective Action period, DCRPR Social Detention and Treatment Center of Ponce (CTS-PONCE) coordinated a plan of action steps to mitigate each Non-Compliant Standard area and bring each into Compliance. CTS-Ponce was able to successfully adjust/revise their policies and procedures, conduct trainings, and establish a consistency of institutional practices to bring them into compliance with the 43 PREA Standards.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for

Standard 115.311. Social Detention and Treatment Center of Ponce (CTS-PONCE) submitted DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” as evidence of compliance with PREA Standard 115.311. DCR-PR’s “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” (VII-A, B, C) states, “*The Nominating Authority will appoint a “PREA Coordinator” who has the authority to implement and oversee the Agency’s efforts in complying with the PREA standards in all correctional institutions. “Regional Compliance Manager” (North, South, and NIJ) will be employees appointed by the Nominating Authority, who have the authority to coordinate efforts in the correctional institutions, for the implementation of the PREA Standards. The Superintendent of each institution appoints a “Compliance Officer” to serve as the institution’s PREA Liaison. The PREA “Compliance Officers” verify that their institution has posters and information leaflets about PREA, ensure that the established protocol is followed when an incident of sexual violence occurs, and notify the Regional Compliance Manager about any allegations or incidents of sexual violence and complete required reports.*”

Also, DCR-PR’s Organizational Chart identified their PREA Coordinator who oversees the DCR-PR’s efforts to comply with PREA standards in all DCR-PR Correctional Institutions.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.311.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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.) Yes No NA

115.312 (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 OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.312. This PREA Auditor reviewed DCR-PR's electronically submitted "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions" (Recruitment of Other Entities for Resident Confinement Services-Page 15) which stated, "a) *If the DCRPR contracts services for residents with private agencies and other entities, including with other government agencies, will include in any new or renewed contract the obligation of the contracted entity to adopt and comply with PREA standards.*

b) Any new or renewed contract will include surveillance that ensures that the contractor meets PREA standards.

According to Social Detention and Treatment Center of Ponce (CTS-PONCE)'s Pre-Audit Questionnaire, the institution does contract with the U.S. Marshals Service, for confinement of its residents. However, this PREA auditor did not see any documentation in Social Detention and Treatment Center of Ponce's (CTS-PONCE) submitted electronic folder to verify compliance with the above-mentioned standard. This auditor recommended that an official contract is submitted as evidence of compliance with PREA Standard 115.312. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.312. A CORRECTIVE ACTION was recommended.

During this Corrective Action Period, this auditor received a certified letter from DCRPR's PREA Coordinator stating that DCRPR's Ponce Minimum has no contract with any entity for the confinement of members of their residential population.

This PREA auditor concludes that Ponce Minimum is in compliance PREA Standard 115.12.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

Generally accepted juvenile detention and correctional/secure residential practices?

Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)
 Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for Standard 115.313. This PREA Auditor reviewed DCR-PR’s institution-wide “Policy for Rounds of Supervision; Article VIII” which states, *“Regional Security Director visits their respective institutions twice a month randomly. The Institution’s Superintendent should make rounds throughout their facility and the living quarters twice a week. Chief of Guards should randomly make rounds of all their respective institution’s living quarters three time a week. The Shift Supervisor is mandated to randomly visit all the living quarters at least once on every shift 7 days a week (plus any situation which is required).”*

This PREA Auditor also reviewed “Rounds Logs” while onsite and submitted with the Pre-Audit Questionnaire’s electronic documentation. While conducting the on-site audit, this auditor requested a random selection of dates to verify unannounced rounds of Supervisory Staff. The auditor also was present on site to review unannounced rounds, documented by supervisory staff, in the “Rounds” books on random housing units.

This auditor was also able to review on-site and discuss Social Detention and Treatment Center of Ponce’s (CTS-PONCE) staffing plan with Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent and PREA Compliance Manager. Each shared, *“To cover direct-supervision open/vacant positions, Correctional Officers (on shift) in indirect supervision roles are moved to direct-supervision positions.”* Also, DCR-PR’s mandatory overtime policy is currently in place and policy also allows for temporary reassigning staff from other DCR institutions to address any staffing shortage at any DCR-PR Correctional Institution.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.313.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility 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? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)’s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for Standard 115.315. This PREA Auditor reviewed DCR-PR’s “Administrative Order 2016 Respect and Interaction with the LGBTQ Population” which stated, “*Security personnel should be trained to perform the pat-searches or records the transgender population in a professional manner, and less invasive as possible, without neglecting safety aspects.*” Additionally, “DCR-Administrative Order Procedures” (VIII, Page 8), submitted electronically by Social Detention and Treatment Center of Ponce (CTS-PONCE) stated, “*DCR Correctional Officials may not under any circumstance search an resident solely to determine their sex or genital status. If this is unknown, it can be determined during talks with the resident or through private medical exams with a medical practitioner.*” Additionally, DCR-PR’s “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” states, “*Members of the LGBTIN resident population will have the same opportunities and access to the programs as others. It will be provided with facilities that allow the resident to provide the same level of security as the rest of the resident population. Physically examining members of the intersectional or transgender resident population for the sole purpose of determining their genital status will not be allowed.*”

During interviews with 12 residents, 8 of the 12 interviewed residents stated that staff of opposite gender (female) did not consistently announce when entering a housing location. However, residents also stated the male staff pat search male residents, however if a transgender resident enters and want to be pat searched by a different gendered staff, they are accommodated. There were also consistencies in the 22 interviewed staff responses regarding procedures/training in opposite gender announcement and cross-gender pat-searches.

This auditor recommended that CTC-Ponce staff receive refresher training on announcing before entering a housing unit of opposite gender residents. This announcement allows residents the opportunity to get dressed and to be aware of opposite gender while showering or using the toilet. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.315. A CORRECTIVE ACTION was recommended.

During DCRPR CTC-Ponce’s Corrective Action period, CTS-Ponce submitted picture evidence of cross-gender postings on all housing entrances, reminding of opposite gender staff/volunteers/contractors to announce themselves, prior to entering resident housing units. Additionally, CTS-Ponce staff is being oriented orally and written before each shift.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.315.

Standard 115.316: Residents with disabilities and residents who are limited English proficient.

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No

- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.316. This PREA Auditor reviewed DCR-PR’s electronically submitted “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” (Guidance and Education for Members of the Correctional Population–Page 17) which stated, “*Members of the correctional population will receive guidance on the Agency’s policy of zero tolerance for sexual violence and will sign the Certification of Orientation form on the PREA Law (Annex A), certifying that they understood the educational material. During the admission process, the members of the newly admitted correctional population will be guided on the zero-tolerance policy of the Agency, through written material, video and poster publication in visible places. All information will be provided in English and Spanish. The orientation video will also have a sign language interpreter.*”

Additionally, during this PREA Auditor’s interviews with 22 staff and 12 residents, all staff and residents identified that there is an interpretation service hotline provided for limited-Spanish/English speaking residents. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted DCR-PR’s contractual agreement and scope of services with **ASL Interpretation Services-Latino**, who provides interpretation services to all DCR-PR institutions.

After this auditor’s review of DCR-PR’s policy, review of consistency in practice, and review of submitted evidence of compliance, DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.316.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of 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 No

- Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.317 (b)

- Does the agency 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? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.316. This PREA Auditor reviewed DCR-PR's electronically submitted "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions," which has all the necessary language to be in compliance with PREA Standard 115.317.

This PREA auditor also reviewed DCR-PR's "Civil, Personnel Promotions Rule," which identified review of files and rechecking background (civil and criminal). This auditor interviewed Human Resource (HR) Employment Manager (via email). She submitted documentation and evidence of prospective employee's applications, criminal background checks, annual and 5-year background checks, as well as a roadmap of specific DCR-PR departmental pre-screening duties when considering for hire and promotions.

After this auditor’s review of DCR-PR’s policy, review of documentation and correspondence with Human Resources, and DCR-PR’s consistency in practice, DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.317.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)
 Yes No NA

115.318 (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 a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed DCR-PR’s Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Pre-Audit Questionnaire, which documented that CTS-Ponce has installed or updated video monitoring or other monitoring technology since August 2012 (or since the last PREA Audit). This PREA auditor also observed, the updated video technology while onsite. CTS-Ponce has 40 cameras within their facility, to ensure safe and secure custody of residents. This auditor also

observed that the cameras has limited personnel access for viewing from CTS-PONCE's Master Control Room and has recording capabilities.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.318.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.321. This PREA Auditor reviewed DCR-PR’s electronically submitted “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” (Guidance and Education for Members of the Correctional Population-Page 17) which states, “If the abuse occurs within a period of 72 hours, to collect the physical evidence, the alleged victim and aggressor to be separated and not to take action to destroy any evidence by: not brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating.”

Additionally, while conducting the on-site audit, this Auditor was able interview DCR-PR’s Medical Emergency Services contractor (“Physicians Correctional Group”) Ponce Site Supervisor, who shared their Sexual Assault and Forensic Examinations Protocol and the 2 Community-based hospitals used (Dr. Pilas Hospital and St Lucas Hospital of Ponce). This PREA Auditor also interviewed a total of 22 staff at Social Detention and Treatment Center of Ponce (CTS-PONCE). Of the 22 total interviewed staff, 10 interviewed were security level staff. All 10 interviewed security staff knew the institution’s protocol on obtaining and preserving using evidence when a sexual abuse is alleged. There were no inconsistencies in staff knowing to separate individuals involved, close off the space, contact supervisory staff, don’t allow involved residents to shower or toilet or change clothing, and write their 1st Responders Report.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.321.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.322. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted their DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIV-Page 27) as evidence of compliance with PREA Standard 115.322 which states, “All sexual violence complaints and allegations, including those referred by third parties and anonymous, will be subject to administrative investigation. The same will be carried out in an objective, exhaustive manner and within a term of forty-five (45) calendar days. The Office of Investigation of the Correctional System (OISC) will carry out the investigations of the incidents of sexual violence that occurred in the correctional facilities. The investigation process that is detailed in this Regulation, will not be in conflict with the Guide of Norms and Procedure for the Investigations of the OISC, nor with the norm 13.1.2 of the Manual of Norms, Policies and Procedures of the Bureau of Youth Institutions.”

Additionally, this PREA auditor verified through documentation and an interview the DCR-PR's PREA Coordinator and PREA Investigation Team that all DCR-PR institutional sexual abuse investigations are assigned to O.I.S.C. (Office of Investigations of Systems Corrections). DCR-PR institution's investigators team collaboratively works with OICS to gather and evidentiary information to determine conclusion of the sexual abuse allegation.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.322.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- 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 and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No

- 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 No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.331. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Page 16-18) as evidence of compliance with PREA Standard 115.331 which states, “All officials who have direct contact with members of the correctional population will be trained on the policy of zero tolerance for sexual violence. Officials must comply with their responsibilities as established by PREA. Subsequently, the training will be offered annually. The training of the officials will consist of and will include the following:

1. Responsibilities and role of personnel in the prevention, detection, report and response procedure of the Agency.
2. The right of members of the correctional population to be free from sexual violence.
3. The right of members of the correctional population and officials to be free from retaliation for reporting allegations or incidents of sexual violence.
4. Dynamics of sexual violence in confinement and the most common reactions of victims of sexual violence.
5. Professional behavior and methods of effective communication with members of the correctional population, including individuals from the LGBTIN community, with some type of impairment by language or race.
6. How to avoid inappropriate relationships with members of the correctional population.
7. Comply with related laws to report incidents of sexual violence to outside authorities and appropriate ways to respond.

Through educational material in the form of booklets, pamphlets, signs and videos, it will be published on the official website of the Department of Correction and Rehabilitation, for use as PREA reference. The training must be signed to be documented by officials, volunteers or contractors, which will show if there was comprehension of the information they received. The security personnel will receive training in how to perform the searches and records to the members of the correctional population and transgressors of the opposite gender. The registries to members of the correctional population, transgender and intersex transgressors, will be made in the least invasive way possible, respectful and professionally.”

Additionally, this PREA auditor verified through reviewing the submitted training curriculum, sign-in sheets, and the interviews with the random 22 staff that a “Refresher Training” has occurred within the last 12 months. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted evidence of all their staff being trained within the past 1 year and a copy of their Power Point training slides to verify training material and content.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.331.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.332. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Page 27) as evidence of compliance with PREA Standard 115.332 which states, "*The agency shall ensure that all volunteers and contractors who come into contact with the confined have been trained as to their responsibility for the agency's policies and procedures to be followed for the prevention, discovery, and response to sexual abuse and harassment.*

(b) The level and type of training provided to volunteers and contractors is to be governed by the services they provide and the contact they have with confined persons, but all those who come into contact with residents will receive notice of the zero-tolerance policy regarding sexual abuse and harassment and guidance on how to report such incidents.

(c) The agency shall retain documentation confirming that volunteers and contractors understand the training received.

This auditor randomly interviewed 4 contracted medical staff and 3 kitchen staff. All contracted medical and kitchen shared and demonstrated adequate knowledge of their role when a resident reports a PREA-related incident to them. This auditor also reviewed their training documentation that they were PREA trained. This auditor also reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) facility training calendar, sign-in sheets, and training curriculum to verify that training has occurred within 12 months from this audit site visit date.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.332.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.333. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Page 27) as evidence of compliance with PREA Standard 115.333 which states, “*Upon entering, each confined will receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and harassment and how to report incidents or suspicions that they occur.*

(b) Within 10 days of admission, the agency shall provide confined persons with comprehensive in-person or video education regarding their rights not to be abused, sexually harassed, or retaliated against for reporting such incidents and the policies and procedures in place to respond to such incidents.

(c) current residents who have not received such an education will receive instruction within one year from the date the PREA standards came into effect and upon transfer to another institution, to the extent that the policies and procedures of the receiving institution are different from those of the previous one.

d) The agency will provide education to those confined in formats accessible to all, including those with limitations in the Spanish language, who are deaf, see poorly or have any other disability and also those who have limited reading skills.

(e) The agency shall keep documentation confirming that the confined participated in the educational sessions.

(f) In addition to providing such instruction, the agency shall ensure that the most important information is continuously visible and available to the confined using posters, manuals, and other writings.

Though Social Detention and Treatment Center of Ponce (CTS-PONCE) policy aligns with PREA Standard 115.33, while onsite, this auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) are providing a uniformed PREA Orientation to all residents at intake. There were sign-off sheets in the resident's file. This auditor also received a "Youth Newsletter" that each resident receives at intake, which shared different PREA Information. Additionally, all 12/12 interviewed residents reported that they did receive the Social Detention and Treatment Center of Ponce's (CTS-PONCE) "Youth Newsletter" during PREA Orientation at intake.

However, there was clear evidence that "Comprehensive Resident Education" was not occurring within 10-days of each resident's intake. The 14 total custody staff interviewed, (PREA Compliance Manager, Superintendent, and Security Staff) verified that this was not occurring. With "Comprehensive Resident Education" being non-existent, 3 out of 12 interviewed residents were able to fully share with this auditor how PREA related to them, their rights to be free from sexual assault/harassment, and various reporting avenues.

This auditor recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) immediately conduct an institution-wide "Comprehensive Resident PREA Education," where residents can participate, ask questions, and receive feedback from facilitators. This auditor also recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) demonstrate a consistency in practice over a period before compliance can be concluded. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.333. A CORECTIVE ACTION was required.

During DCRPR CTS-PONCE's Corrective Action period, CTS-PONCE submitted sign in sheets as evidence of all residents receiving a refresher "PREA Orientation" and "Comprehensive PREA Education." Additionally, this auditor received a copy of the "Juvenile Bulletin-Handbook," which every resident receives during intake. CTS-PONCE also submitted "PREA Orientation" (Annex A) forms for all residents entering CTS-PONCE from March 2022-April 2022, as additional evidence of all residents (new and current), receiving "PREA Orientation." Finally, CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that CTS-PONCE is in compliance with PREA Standard 115.333.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.334. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Pages 28-29) as evidence of compliance with PREA Standard 115.334 which states, “*In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that to the extent that the agency itself investigates sexual abuse, that its investigators are trained in conducting such investigations in the prison setting.*

(b) Specialized training will include techniques for interviewing victims of sexual abuse, the proper use of Miranda and Garrity warnings, the collection of evidence of sexual abuse in the prison setting, and the criteria and evidence required to prove cases leading to administrative action or referral for prosecution.

(c) The agency will retain documentation confirming that its investigators have completed specialized training to conduct sexual abuse investigations.

(d) Any state entity or component of the U.S. Department of Justice that investigates sexual abuse in the prison setting shall provide such training to its agents and investigators conducting such investigations.

This PREA auditor also verified through onsite interviews with DCR-PR's Office of Investigation for Systems Correctional (OISC) representative. OISC carries out the investigations of all incidents of sexual violence for DCR-PR facilities. While interviewing DCR-PR's OISC representative, this auditor was also able to view electronic submission of OISC Investigators who were specialized trained on 5/9/2018. This auditor also reviewed OISC's specialized training curriculum, review DCR-PR's Coordinated Response (which involves OISC) and verified that specialized trainings were current and aligned with DCR-PR's policy and PREA Standard 115.334.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.334.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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? Yes No
- 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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- 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? Yes No

115.335 (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 medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)’s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.335. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Pages 27-28) as evidence of compliance with PREA Standard 115.335 which states, “*a) The agency offering health services must ensure that all full-time and part-time medical and mental health personnel have received training and submit evidence to DCRPR:*

- 1. that allows them to detect and evaluate the signs of sexual abuse;*
- 2. how to preserve the physical evidence of sexual abuse;*
- 3. how to respond effectively and professionally to victims of sexual abuse and harassment;*
- 4. How and to whom to report allegations or suspicions of sexual abuse and harassment.*

- b) The medical staff of the agency that offers health services and conducts forensic examinations, will receive adequate training to perform such examinations.*
- c) The DCRPR and the agency that offers health services to the correctional population will retain documentation confirming that the medical and mental health professionals have received the training required by this standard, either at the DCRPR or elsewhere.*
- d) Medical and mental health professionals will also receive training required for employees, according to §115.331 or for contractors and volunteers, according to §115.332, depending on the status of the professional with DCRPR or the agency offering the services of health.*

Additionally, this PREA auditor conducted onsite interviews with Social Detention and Treatment Center of Ponce (CTS-PONCE)’s contracted Emergency Medical Services Provider (Physicians Correctional Group) who verified documented medical staff trainings. Moreover, the Emergency Medical Services Director was able to clearly demonstrate the medical procedures taken when an allegation of sexual abuse occurs. Physicians Correctional Group Director shared that any resident requiring medical care beyond the scope of *Physicians Correctional Group*, is transported to either Dr. Pilas Hospital, or St.

Lucas Hospital of Ponce, Dr. Pílas Hospital's and St. Lucas Hospital of Ponce's Certified SANE Nurses conducts any forensic sexual assault medical exams.

Finally, while interviewing DCR-PR's Medical Services Director, this auditor was also able to view staff training records, specialized training curriculum used, review DCR-PR's Coordinated Response (which heavily involves Medical Coordination) and verified that specialized trainings were current and aligned with DCR-PR's policy and PREA Standard 115.335.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.335.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.341. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section X1); as evidence of compliance with PREA Standard 115.341 which states, "Every resident will go through evaluation and screening upon entry and transfer to another institution to know if he is in danger of becoming a victim of sexual abuse or if he might abuse other residents.

1. *The closing of entry will be made within the first seventy-two (72) hours after entering the institution.*
2. *Such evaluations will be made with an objective instrument for screening.*
3. *When doing the entry screening, at least the following must be considered to assess the vulnerability of becoming a sexual victim:*
 - a. *if the resident has any mental, physical or evolutionary disability;*
 - b. *the age of the resident;*
 - c. *the resident's physical appearance;*
 - d. *if the resident has been a resident before;*
 - e. *if the criminal record is exclusively non-violent;*
 - f. *if the resident has prior convictions for sexual offenses against an adult or a child;*
 - g. *if the resident is perceived as gay, lesbian, bisexual, transgender, intersexual or unconventional lifestyle;*
 - h. *if the resident has a previous history of sexual victimization;*
 - i. *their own perception of vulnerability;*
 - j. *if the resident has been detained solely for immigration reasons.*
4. *The initial termination will consider prior acts of sexual abuse, convictions for violent acts and a history of prior institutional violence or sexual abuse, known to DCRPR when assessing resident for being in danger of sexually abusing others. Through annex B carried out by the socio-penal technician services.*
5. *No resident may be disciplined for refusing to answer or for not providing complete information when asked questions in accordance with 4a, 4g, 4h or 4i of this section.*
6. *The DCRPR will implement appropriate controls regarding the dissemination within the institution of answers to the pertinent questions so that neither employees nor other residents disclose sensitive information to the detriment of an resident.*

Though the CTS-Ponce's policy is aligned with PREA Standard 115.341, this PREA auditor randomly reviewed 10 resident social files and found 0 screening tools. This auditor reviewed an additional 10 files to determine consistency. This auditor found 0 screening tools. Due to not being able to review and screening tools, this auditor cannot conclude compliance.

This auditor recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) Social Workers conduct *Screenings for Victimization and Abusiveness* on all current and future residents at intake. This screening greatly impacts the

safety and security of all residents. Without an objective screening mechanism in place, residents at risk of victimization and residents at risk of perpetration could be inappropriately placed in programming and housing with one another.

Additionally, without an objective screening tool in place, residents who have been assessed to have history of sexual victimization and/or sexual perpetration or a previous legal history of sexual victimization and/or sexual perpetration, could not receive the required 14-day follow-up with a mental/medical practitioner. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.341. A CORRECTIVE ACTION was recommended.

During DCRPR CTS-Ponce's Corrective Action period, CTS-Ponce developed a risk assessment screening tool fit for DCRPR's juvenile residents (also identified as the Annex B). This risk assessment was initially dated as being developed in July 2021. However, this newly developed risk screening tool was not implemented until 2022. This was due to DCRPR realigning their organizational chart and hired a new PREA Coordinator for the institutions. This auditor received evidence from CTS-Ponce of Social Workers conducting their newly implemented PREA risk screening assessment (Annex B) on all current residents of CTS-Ponce (dated June 16, 2022). Also, CTS-Ponce submitted completed risk assessment of new intakes as evidence of compliance. CTS-Ponce has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.341.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.342. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section X1) as evidence of compliance with PREA Standard 115.342 which states, "*The Office of Population Control will use the information obtained from the risk screening required by §115.341 to decide the accommodation, bed allocation, education and program assignments, in order to remove those inmates in great danger of becoming victims from those who represent a great danger of being sexual abusers.*

- a) The Office of Population Control will determine, individually, how to ensure the physical safety of each inmate.*
- b) When deciding whether to assign a lesbian, gay, bisexual, transgender or intersex inmate to an institution that houses male and female inmates, or when making housing and program assignments, the Office of Population Control of The DCRPR will consider for each on an individual basis. The Office of Population Control of the DCRPR will consider if the location is safe for the health and physical safety of an inmate and if that would present management and safety problems.*
- c) The assignment of placement in programs for each transgender or intersexual inmate must be evaluated at least twice (2) a year to review any threat to their physical safety.*
- d) The perspective of a transgender or intersexual inmate on his physical safety will be seriously considered.*
- e) Transgender and intersex inmates will be offered the opportunity to shower apart from other inmates.*
- f) Lesbians, gay, bisexuals, transgenders or intersexual will not be housed in facilities, units or wings separated from others confined only based on such identities or status, unless such placement occurs in facilities, units or wings separated from others confined, by decreed consent, legal agreement or legal sentence whose purpose is to protect such inmates or inmates.*
- g) If a resident is placed in a segregated location, because there no other option, the DCRPR institution clearly document*
 - 1. The basis of the institution's concern for the resident's safety; and*
 - 2. The reason why no other option of separating the resident can be arranged.*
- h) Every 30 days, the DCRPR institution shall afford each resident described in section (h), a review to determine whether there is a continuing need for separation from the general population."*

Though the CTS-Ponce's policy is aligned with PREA Standard 115.342, this PREA auditor randomly reviewed 10 resident social files and found 0 screening tools. This auditor reviewed an additional 10 files to determine consistency. This auditor found 0 screening tools. Due to not being able to review and screening tools, this auditor cannot conclude compliance.

This auditor recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) Social Workers conduct *Screenings for Victimization and Abusiveness* on all current and future residents at intake. This screening greatly impacts the safety and security of all residents. Without an objective screening mechanism in place, residents at risk of victimization and residents at risk of perpetration could be inappropriately placed in programming and housing with one another.

Additionally, without an objective risk screening tool in place, residents could not receive the proper housing and programming recommendations from the Social Workers. Additionally, those residents who have been assessed to have history of sexual victimization and/or sexual perpetration or a previous legal history of sexual victimization and/or sexual perpetration, could not receive the required 14-day follow-up with a mental/medical practitioner. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.342. A CORRECTIVE ACTION was recommended.

During DCRPR CTS-Ponce's Corrective Action period, CTS-Ponce developed a risk assessment screening tool fit for DCRPR's juvenile residents (also identified as the Annex B). This risk assessment was initially dated as being developed in July 2021. However, this newly developed risk screening tool was not implemented until 2022. This was due to DCRPR realigning their organizational chart and hired a new PREA Coordinator for the institutions. This auditor received evidence from CTS-Ponce of Social Workers conducting their newly implemented PREA risk screening assessment (Annex B) on all current residents of CTS-Ponce (dated June 16, 2022). Also, CTS-Ponce submitted completed risk assessment of new intakes as evidence of compliance. CTS-Ponce has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.342.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.351 (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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request?
 Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.351. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (*Pages 33-34*) as evidence of compliance with PREA Standard 115.51. PREA Standard 115.351 states, “*The agency will provide many internal ways to report sexual abuse and harassment, retaliation by other confined or employees for reporting sexual abuse and harassment, and neglect or dereliction of duty by staff who may have contributed to such incidents.*

(b) In addition, the agency will provide at least one way for confined individuals to report abuse and harassment to a public, private, or non-agency office, which may immediately receive and forward reports from confined individuals regarding sexual abuse and harassment to agency officials, allowing the confined person to remain anonymous upon request. Residents detained solely for immigration reasons will receive contact information from relevant consular officials and also others from the Department of Homeland Security.

(c) Staff shall receive oral, written, anonymous and third-party reports and document oral reports promptly.

(d) The agency will provide a method for staff to report in private about sexual abuse and harassment to residents.

Social Detention and Treatment Center of Ponce’s (CTS-PONCE) policy does align with PREA Standard 115.351. During resident interviews, all residents knew of multiple avenues to report sexual abuse and sexual harassment. However, 0 out of

the 12 interviewed residents knew that calling the widely posted “PREA Reporting Hotline” telephone number and reporting through the “Grievance Boxes” were an option to report a PREA-related incident

Additionally, visits have been limited (due to COVID-19 Pandemic), which cuts off another reporting avenue. Not having the proper resident education of (CTS-PONCE)’s available sources of reporting, drastically impedes the resident’s ability to report, privately report, and trust in the institution’s ability to keep them safe from sexual violence.

Additionally, while onsite, this PREA Auditor observed and verified, through calling the PREA Hotline, that operator hours of this hotline service are only 8:00am-4:30pm Monday through Friday. The telephone access to report a PREA-related incident is not in service over the weekends. Finally, this auditor identified/verified during resident, security staff, and social worker interviews that “Resident Comprehensive PREA Education” is not occurring within 10-days of resident arrivals. This lack of resident education is evident through residents having very little knowledge of all PREA reporting avenues to report sexual abuse/harassment incidents.

This PREA Auditor recommended that CTS-Ponce immediately provide “Comprehensive Resident Education” within 10 days of their arrival, to ensure each resident know their rights to be free from sexual abuse/harassment and how they can report a PREA-related incident. This auditor also recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) educate residents on the “PREA Hotline Phone” and the “Grievance Boxes,” their purpose, and how to use them. Social Detention and Treatment Center of Ponce (CTS-PONCE) should demonstrate a consistency in practice over a period before compliance can be concluded. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.351. A CORRECTIVE ACTION was required.

During DCRPR CTS-PONCE’s Corrective Action period, CTS-PONCE submitted sign in sheets as evidence of all residents receiving a refresher “Comprehensive PREA Education,” which included reporting avenues, how to use the PREA Hotline telephone number, and the purpose and how to complete/submit resident grievances. Additionally, this auditor received a copy of the “Juvenile Bulletin-Handbook,” which every resident receives during intake to keep. This handbook has PREA-specific sections, which allows residents to refresh themselves on PREA when they are settled down in their rooms, etc. It also reiterates CTS-Ponce’s zero-tolerance for sexual abuse and sexual harassments, reporting avenues and grievance procedures. CTS-PONCE also submitted completed and signed “PREA Orientation” (Annex A) forms, accompanied by resident sign in sheets of “Comprehensive PREA Education” for all residents entering CTS-PONCE from March 2022-May 2022. This is to serve as additional evidence of all residents (new and current), receiving “PREA Orientation,” followed by “Comprehensive PREA Education.” Finally, CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that CTS-PONCE is in compliance with PREA Standard 115.351.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 No NA

115.352 (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 No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(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 No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.352. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions” and DCR-PR’s “Regulation to Manage the Request for Administrative Remedies Filed by Residents” as evidence of compliance with PREA Standard 115.352.

Social Detention and Treatment Center of Ponce’s (CTS-PONCE) policy does align with PREA Standard 115.352. During resident interviews, all residents knew of multiple avenues to report sexual abuse and sexual harassment. However, 0 out of the 12 interviewed residents knew that their ability to report through the “Grievance Boxes” were an option to report a PREA-related incident

Additionally, visits have been limited (due to COVID-19 Pandemic), which cuts off another reporting avenue. Not having the proper resident education of CTS-PONCE’s available sources of reporting, drastically impedes the resident’s ability to report, privately report, and trust in the institution’s ability to keep them safe from sexual violence.

Additionally, while onsite, this PREA Auditor observed and verified, through reviewing 8 randomly selected resident social files and interviews with 12 residents that “Resident Comprehensive PREA Education” is not occurring within 10-days of resident arrivals. This lack of resident education is evident through residents having very little knowledge of all PREA reporting avenues to report sexual abuse/harassment incidents.

This PREA Auditor recommended that CTS-Ponce immediately provide “Comprehensive Resident Education” within 10 days of their arrival, to ensure each resident know their rights to be free from sexual abuse/harassment and how they can report a PREA-related incident. This auditor also recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) educate residents on the “PREA Hotline Phone” and the “Grievance Boxes,” their purpose, and how to use them. Social Detention and Treatment Center of Ponce (CTS-PONCE) should demonstrate a consistency in practice over a period before compliance can be concluded. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.352. A CORRECTIVE ACTION was required.

During DCRPR CTS-PONCE's Corrective Action period, CTS-PONCE submitted sign in sheets as evidence of all residents receiving a refresher "Comprehensive PREA Education," which included reporting avenues, how to use the PREA Hotline telephone number, and the purpose and how to complete/submit resident grievances. Additionally, this auditor received a copy of the "Juvenile Bulletin-Handbook," which every resident receives during intake to keep. This handbook has PREA-specific sections, which allows residents to refresh themselves on PREA when they are settled down in their rooms, etc. It also reiterates CTC-Ponce's zero-tolerance for sexual abuse and sexual harassments, reporting avenues and grievance procedures. CTS-PONCE also submitted completed and signed "PREA Orientation" (Annex A) forms, accompanied by resident sign in sheets of "Comprehensive PREA Education" for all residents entering CTS-PONCE from March 2022-May 2022. This is to serve as additional evidence of all residents (new and current), receiving "PREA Orientation," followed by "Comprehensive PREA Education." Finally, CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that CTS-PONCE is in compliance with PREA Standard 115.352.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (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 No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.353. Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions," which states, "The institution shall provide confined and confined access to victims' advocates outside the institution to receive emotional support services related to sexual abuse by providing residents with postal addresses and telephone numbers, including toll-free numbers and hotline numbers, if available, to call local, state or national organizations that work on defense of rape victims and serve people in crises caused by rape; also to people detained only for immigration purposes. The institution will facilitate communication, within reason, between confined and these organizations and agencies while safeguarding confidentiality in the best possible way.

(b) The institution shall inform the residents, prior to providing them with access, that such communications will be monitored and the extent to which the reports of abuse will be forwarded to the authorities, in accordance with the laws that require them to report.

(c) The agency will hold or attempt to enter into memoranda of understanding or other agreements with community service providers that may offer residents emotional support regarding sexual abuse. The agency shall keep copies of the agreements or other documentation demonstrating attempts to enter into such agreements.

Though Social Detention and Treatment Center of Ponce's (CTS-PONCE) policy is aligned with PREA Standard 115.353, 0 of 12 interviewed residents could identify if (CTS-PONCE) provided access to outside support services for residents who reported sexual abuse. There was no documentation of any outside resources available to resident on the orientation pamphlet namely, "Public policy of Zero Tolerance for Sexual Abuse and other Sexual Misconduct." Additionally, there were visual posters within each housing unit identifies the "Office of Women's Procurement" and their telephone number, as the

collaborative external support for residents. However, 0 residents knew of them. This auditor also interviewed various staff in multiple roles. None could identify this outside support service in which DCRPR CTS-PONCE has a Memorandum of Understanding.

This PREA Auditor recommended that CTS-Ponce immediately provide “Comprehensive Resident Education” within 10 days of their arrival, to ensure each resident know their rights to be free from sexual abuse/harassment and how they can report a PREA-related incident. This auditor also recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) educate residents on the “PREA Hotline Phone,” the “Grievance Boxes,” and external support available to report sexual abuse/sexual harassment, and how to use them. Social Detention and Treatment Center of Ponce (CTS-PONCE) should demonstrate a consistency in practice over a period before compliance can be concluded. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.353. A CORRECTIVE ACTION was required.

During DCRPR CTS-PONCE’s Corrective Action period, CTS-PONCE submitted sign in sheets as evidence of all residents receiving a refresher “Comprehensive PREA Education,” which included reporting avenues, how to use the PREA Hotline telephone number and its purpose, how to complete/submit resident grievances, and external supports to report sexual abuse/sexual harassment. The residents were also reminded of their access to the “Office of Women’s Procurement” and their telephone number as a source of reporting. The “Office of Women’s Procurement” and their telephone number is posted on walls in all housing units.

Additionally, this auditor received a copy of the “Juvenile Bulletin-Handbook,” which every resident receives during intake to keep. This handbook has PREA-specific sections, which allows residents to refresh themselves on PREA when they are settled down in their rooms, etc. It also reiterates CTC-Ponce’s zero-tolerance for sexual abuse and sexual harassments, reporting avenues and grievance procedures. CTS-PONCE also submitted completed and signed “PREA Orientation” (Annex A) forms, accompanied by resident sign in sheets of “Comprehensive PREA Education.” for all residents entering CTS-PONCE from March 2022-May 2022. This is to serve as additional evidence of all residents (new and current), receiving “PREA Orientation,” followed by “Comprehensive PREA Education.” Finally, CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that CTS-PONCE is in compliance with PREA Standard 115.353.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.354. This auditor cannot conclude that Social Detention and Treatment Center of Ponce (CTS-PONCE) is compliant with this PREA Standard, due to the language in their submitted "DCR Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions" being too general and give no specifics about how a person or resident can provide a third-party report.

During the onsite Audit, this auditor did see an orientation pamphlet given to all resident named, "Public Policy of Zero Tolerance for Sexual Abuse and other Sexual Misconduct." This PREA-related pamphlet is what all residents receive upon their arrival to the institution. Inside this pamphlet, there was no mention of 3rd party reporting avenues, outside reporting avenues, or the PREA Hotline telephone number (which is posted throughout the housing units).

Also, during resident interviews, more than 100% of the residents did not know that a third party (family, attorney, another resident) could report sexual abuse or sexual harassment on their behalf. When this auditor asked the 12 interviewed residents about reporting avenues, most residents shared at least 1-2 reporting avenues. All PREA Hotline phones on housing units were operable (checked 1 phone on each housing unit).

PREA Auditor recommended that DCR-PR immediately provide a refresher "Comprehensive PREA Education" to all current residents and future residents within 10 days of their arrival. This would ensure each resident know their rights to be free from sexual abuse/harassment and reporting avenues, how to report a PREA-related incident, 3rd party reporting, PREA hotline reporting, and resident access to outside support services. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.354. A COREECTIVE ACTION was required.

During DCRPR CTS-PONCE's Corrective Action period, CTS-PONCE submitted sign in sheets as evidence of all residents receiving a refresher "Comprehensive PREA Education," which included reporting avenues, how to us the PREA Hotline telephone number and its purpose, how to complete/submit resident grievances, external supports to report sexual abuse/sexual harassment, and 3rd party reporting. The residents were also reminded that their attorney, family members, and other trusted residents can report sexual abuse/sexual harassment on their behalf.

Additionally, this auditor received a copy of the "Juvenile Bulletin-Handbook," which every resident receives during intake to keep. This handbook has PREA-specific sections, which allows residents to refresh themselves on PREA when they desire. It also reiterates CTC-Ponce's zero-tolerance for sexual abuse and sexual harassments, reporting avenues and grievance procedures. CTS-PONCE also submitted completed and signed "PREA Orientation" (Annex A) forms, accompanied by resident sign in sheets of "Comprehensive PREA Education." for all residents entering CTS-PONCE from March 2022-May 2022. This is to serve as additional evidence of all residents (new and current), receiving "PREA Orientation," followed by "Comprehensive PREA Education." Finally, CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- 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 No
- 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 No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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 No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.361. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted their DCR-PR Policy for Juvenile Facilities, however there was no areas "highlighted" to direct this auditor to their policy evidence documentation.

This auditor interviewed 22 total staff (including Superintendent and PREA Compliance Manager). Each were able to articulate their role if they were first responders to receive a PREA-related incident, and their role in the coordination

response of events. However, when this auditor reviewed CTC-Ponce’s “Coordinated Response Roadmap,” this auditor was unclear as to where the coordinated response goes after the incident is reported. The “Coordinated Response Roadmap” only shows a box that says, “Refer to the NIJ Policies, Rules, and Procedures Manual; Chapter XIII following the reporting of the incident.” There needs to be more boxes/direction after the “NIJ Referral” box to give better insight to readers, as to when other local authorities are notified (guardians, case workers, police, OISC, and other entities involved in child welfare).

This PREA auditor could not conclude that Social Detention and Treatment Center of Ponce (CTS-PONCE) was in compliance with PREA Standard 115.361, without more direct policy language evidence and a clearer “Coordinated Response Roadmap.” A CORRECTIVE ACTION was recommended.

During DCRPR CTS-PONCE’s Corrective Action period, CTS-PONCE submitted their correct policy related to “Coordinated Responding to incidents. Also, DCRPR revised “Coordinated Response Roadmap.” This revised “Coordinated Response Roadmap” had step-by-step boxes/directions as to when other local authorities are notified (guardians, case workers, police, OISC, and other entities involved in child welfare). This allowed this auditor to better understand who’s communicating to who and who’s responsible at each juncture of the reported incident process (from 1st responder duties to reporting to DCRPR’s Secretary of all Institutions). CTS-PONCE has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.361.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)’s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.362. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-

PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section VIII; Page 14) as evidence of compliance with PREA Standard 115.362 which states, “*The Agency will take the following actions, aimed at preventing any incident of sexual violence in correctional institutions:*

1. *Once it becomes known that a member of the resident population is at considerable risk, immediate physical, health and support measures will be established to protect the victim.*
2. *Use a human resource plan that provides the appropriate number of staff and supervision through video surveillance to protect members of the resident population.*
3. *Recognize vulnerable people, either because of their sexual gender/orientation, appearance or physical limitation or language. (Refer to Annex B, Form to Detect Risk of Sexual Violence).”*

Additionally, this PREA auditor verified through interviews with 22 CTS-Ponce staff, medical, volunteers and other support staff that staff PREA reporting duties were aligned with PREA Standard 115.362. Interviews with 12 randomly selected residents also verified that staff immediately responds to PREA-related incident reporting. This auditor also reviewed DCR-PR’s Annex C and Annex G forms to determine compliance. Finally, DCR-PR also submitted a copy of their Power Point training slides to verify training material.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.362.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.363. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR *Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions* as evidence of compliance with PREA Standard 115.363 which states, “Upon receiving a report of alleged sexual abuse of an resident or resident, housed or housed in another institution, the director of the first shall notify the principal or the relevant office of the second.

1. *Such notification shall be made as soon as possible, but no longer than seventy-two (72), after the allegation was received.*
2. *The DCRPR will document that the notification was submitted.*
3. *The head of the institution or the DCRPR office where the notification is received must ensure that the claim is investigated according to these standards.*

This auditor concludes that DCR-PR’s policy is aligned with PREA Standard 115.363. This auditor also interviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent, who shared that any report/knowledge of a PREA-related incident occurring at another institution, the institution’s Superintendent is immediately notified. This was also verified by DCR-PR PREA Coordinator and DCR-PR’s Regional Compliance Director.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.363.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- 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 No

115.364 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.364. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIII) as evidence of compliance with PREA Standard 115.364 which states, "Any official or person who comes in knowledge of any allegation or incident of sexual violence will become the Primary Response Person. Once it comes to knowledge and following the chain of command, the following necessary actions will be taken: Report Protocol and Intervention in Incident of Sexual Violence. (See Annex G)

2. *Protect the victim and preserve the evidence. Keep the area restricted and under continuous observation. The incident of sexual violence must be reported immediately and secure the crime scene until adequate measures can be taken to obtain any evidence. In addition, the victim will be asked if he retains any evidence of sexual assault (dirty bedding, clothing, etc.). All evidence will remain in its original state.*
3. *Notify the Commander Guard of the shift, following the chain of command (Superintendent, Commander, Lieutenant 1, Lieutenant 2 and Sergeant).*
4. *Complete the PREA Incident Initial Notification she. (See Annex C)*
5. *The victim will be separated from the identified aggressor.*

6. *The company contracted by the Agency to provide health services in the Correctional Institutions will provide medical services to both the victim and the aggressor. All necessary measures will be taken so that qualified personnel in sexual assault (SAFE - Sexual Assault Forensic Examiners / SANE - Sexual Assault Nurse Examiners) provide these services.*
6. *If the abuse occurred within a period which still allows the collection of physical evidence, ensure that the alleged victim and the aggressor, do not take any action that could destroy physical evidence, including: bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.”*

Social Detention and Treatment Center of Ponce’s (CTS-PONCE) policy seems to align with PREA Standard 115.364. When this auditor interviewed 22 staff, more than 90% did know their responsibilities when a PREA-related incident is reported to them, and the coordinated response. Random resident interviews (12) showed that staff do immediately respond to PREA-related incident reporting. This auditor also reviewed DCR-PR’s Annex C and Annex G forms to determine compliance. Finally, DCR-PR also submitted a copy of their Power Point training slides to verify training material.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is not in compliance with PREA Standard 115.364.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.365. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIII) as evidence of compliance with PREA Standard 115.365 which states, “*Any official or person who comes in knowledge of any allegation or incident of sexual violence will become the Primary Response Person. Once it comes to knowledge and following*

the chain of command, the following necessary actions will be taken: "Report Protocol and Intervention in Incident of Sexual Violence" (See Annex G).

Additionally, this PREA auditor verified through interviews with the PREA Coordinator, PREA Compliance Manager, Superintendents, that each level of supervision and security at the institution understands their role and the overall Coordinated Response to a PREA-Related incident. Staff PREA reporting duties and protocol understanding was aligned with PREA Standard 115.365. This auditor also reviewed and received a copy of CTS-Ponce's Annex G form to determine compliance. The Annex G form is DCR-PR's "Sexual Violence Coordinated Response Protocol (visual roadmap)" for all DCR-PR Institutions. Finally, DCR-PR also submitted a copy of their Power Point training slides to verify training material.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.365.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for

PREA Standard 115.366. This PREA auditor interviewed with DCR-PR's PREA Federal Contracts Manager, PREA Coordinator, PREA Compliance Manager, and Superintendent, who all individually stated that their entering into "Collective Bargaining Agreements do not limit DCR-PR Institutions from "the 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, as stated in PREA Standard 115.366.

According to DCR-PR Contracts Manager, all "Collective Bargaining Agreements" do not impede DCR-PR Institutions from complying with USDOJ PREA Standards to protect resident victims from contact with their abusers. This auditor was able to review DCR-PR's (2012-2015) "Collective Bargaining Agreements" submitted electronically, in combination with interview with key DCR-PR personnel to verify compliance.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.366.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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? Yes No

115.367 (c)

- 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 No
- 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 No
- 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 No

- 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 No
- 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 housing changes? Yes No
- 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 No
- 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 No
- 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: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.367. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions as evidence of compliance with PREA Standard 115.367 which states, "*The DCRPR will establish the policy to protect from reprisals, by other residents and/or employees, to residents and their personnel who report sexual abuse and harassment or collaborate with investigations of sexual abuse and harassment, and designate who of the employees or departments will be responsible for monitoring reprisals.*

- 2. The DCRPR will use multiple measures to protect, such as moving housing or transfers of confined victims or abusers, removal of residents and residents and employees, alleged to be abusers — that they may come into contact with the victims — and will provide emotional support services for residents or staff who fear retaliation for reporting abuse and sexual harassment, or for cooperating with investigations.*
- 3. For a minimum of ninety (90) days from the report of sexual abuse, the DCRPR will monitor the conduct and treatment of residents or personnel who have reported sexual abuse and residents and residents who reportedly suffered sexual abuse to verify if there have been changes in them that indicate that they have suffered reprisals by other residents or staff. It will act promptly to remedy the act of reprisal. Factors to be monitored by the DCRPR include any disciplinary act report regarding an resident, housing or program changes or negative evaluations of staff for their work performance and work reassignment. Surveillance will continue after ninety (90) days if there are indications that surveillance needs to continue.*
- 4. When it comes to confined and confined, surveillance will also include verification of their status.*
- 5. If any other individual who has cooperated with an investigation expresses fear of retaliation, the DCRPR will take the necessary measures to protect him.*
- 6. The obligation of the DCRPR to monitor will terminate when it determines that an allegation is unfounded.*

Though CTS-PONCE's policy is aligned with PREA Standard 115.367, this auditor did not observe a clearly established practice. This auditor also reviewed two randomly selected CTS-PONCE Administrative Investigative reports from their OISC Investigator. Zero reports had retaliation monitoring documentation. This auditor asked to see any retaliation monitoring forms completed from any active or concluded investigation. Zero were documented. This auditor also requested to see an example "Retaliation Form" used to document and track inmate. CTS-PONCE could not produce.

This PREA auditor recommended that CTS-PONCE develop a "Retaliation Monitoring" form and add it to their investigation procedures. DCRPR's OISC Investigators and CTS-Ponce's PREA Compliance Manager should be trained on the "Retaliation Monitoring" according the PREA Standard 115.367. This PREA auditor concluded CTS-PONCE was not in compliance with PREA standard 115.367. A CORRECTIVE ACTION was required.

During DCRPR CTS-PONCE's Corrective Action period, DCRPR's Office of Investigating Secured Institutions (OISC) submitted their "OISC Investigative Tracking Form" as evidence of consistent compliance. This form had all the components which included retaliation monitoring/tracking. This PREA Auditor did not receive this form while onsite, which disallowed CTS-Ponce to be in compliance with PREA Standard 115.367. Now, this form is present and aligns with the randomly selected OISC investigation files this auditor previously requested, compliance can be determined.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.367.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.368. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the CTC-Ponce's Rule 17.19 "Protective Custody" as evidence of compliance with PREA Standard 115.368.

This PREA also auditor verified that Rule 17.19 "Protective Custody" aligns with PREA Standard 115.342 and 115.368 "Post-Allegation Protective Custody." Additionally, CTC-Ponce's policy which aligns with PREA Standard 115.342 which states, "The Office of Population Control will use the information obtained from the risk screening required by §115.341 to decide the accommodation, bed allocation, education and program assignments, in order to remove those inmates in great danger of becoming victims from those who represent a great danger of being sexual abusers.

- b) The Office of Population Control will determine, individually, how to ensure the physical safety of each inmate.*
- c) When deciding whether to assign a lesbian, gay, bisexual, transgender or intersex inmate to an institution that houses male and female inmates, or when making housing and program assignments, the Office of Population Control of The DCRPR will consider for each on an individual basis. The Office of Population Control of the DCRPR will consider if the location is safe for the health and physical safety of an inmate and if that would present management and safety problems.*
- d) The assignment of placement in programs for each transgender or intersexual inmate must be evaluated at least twice (2) a year to review any threat to their physical safety.*
- e) The perspective of a transgender or intersexual inmate on his physical safety will be seriously considered.*
- f) Transgender and intersex inmates will be offered the opportunity to shower apart from other inmates.*
- g) Lesbians, gay, bisexuals, transgenders or intersexual will not be housed in facilities, units or wings separated from others confined only based on such identities or status, unless such placement occurs in facilities, units or*

wings separated from others confined, by decreed consent, legal agreement or legal sentence whose purpose is to protect such inmates or inmates.

h) If a resident is placed in a segregated location, because there no other option, the DCRPR institution clearly document

3. The basis of the institution's concern for the resident's safety; and

4. The reason why no other option of separating the resident can be arranged.

Every 30 days, the DCRPR institution shall afford each resident described in section (h), a review to determine whether there is a continuing need for separation from the general population.”

This PREA Auditor also verified through onsite interviews with DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) Correctional Officers, Supervisors, and resident interviews. Each shared that DCR-PR Correctional Institution limits the use of any form of segregated housing. Rather each staff explained that they find alternative housing unit/room placement/room and increased levels of staff supervision. This auditor also interviewed 12 residents who stated that segregating residents who reports a sexual abuse/harassment incident is not a common practice at Social Detention and Treatment Center of Ponce (CTS-PONCE).

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.368.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- 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 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- 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 No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- 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 administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.371. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIV) as evidence of compliance with PREA Standard 115.371 which states, "All sexual violence complaints and allegations, including those referred by third parties and anonymous, will be subject to administrative investigation. The same will be carried out in an objective, exhaustive manner and within a term of forty-five (45) calendar days.

The Office of Investigation of the Correctional System (OISC) will carry out the investigations of the incidents of sexual violence that occurred in the correctional facilities. The investigation process that is detailed in this Regulation, will not be in conflict with the Guide of Norms and Procedure for the Investigations of the OISC, nor with the norm 13.1.2 of the Manual of Norms, Policies and Procedures of the Bureau of Youth Institutions.

- 1. All investigative agents working on these investigations must have completed specialized training in investigations of incidents of sexual violence in confinement.*
- 2. Files of completed investigations will be kept digitally in the database of the OISC, while the presumed victimizer member of the resident population is under the custody of the Agency, and five (5) additional years, after compliance with his sentence. In the case of minors identified as aggressors, the digital file will remain in the OISC until the latter or they have reached the twenty-six (26) years of age. If the alleged victimizer is an employee of the Agency or its agencies, the digital file will remain in the database of the OISC while employed by the Agency, and five (5) additional years.*
- 3. Secure the physical evidence, and that the electronic surveillance data have been delivered to the corresponding authorities that conduct the criminal investigations.*
- 4. During the administrative investigation the criminal process will be consulted. It will be ensured that the administrative process does not interfere with criminal prosecution.*
- 5. The credibility of the alleged victim, of the suspect or witness, will be assessed individually, and will not be determined by their position (official) or classification (member of the resident population).*
- 6. No member of the resident population who alleges sexual violence shall undergo a polygraph examination or other device for the detection of lies as a condition to continue the investigation of the alleged incident.*
- 7. As part of the administrative investigations, the possible commission of negligence or omission in the fulfillment of duty will be considered. This should be documented in the written reports and include a description of the physical, testimonial or circumstantial evidence, the reasoning behind the credibility assessments, fact determinations and conclusions of law. The investigative report should include, among its findings, if the collected evidence in the investigative process of a sexual violence was sustained, unsupported or unfounded.*
- 8. The departure or leave from the employment or the Agency, will not be grounds to close or conclude the investigation.*

After the investigation process, the member of the resident population must be notified about the determination of his allegation. If it was sustained, not sustained or unfounded. In those cases, in which the determination of the complaint has been sustained or not sustained, and it identifies an official as an aggressor, the Agency must inform the victim the following:

- 1. If the official was relocated from a position to another that does not have contact with the member of the injured resident population.*
- 2. If the Agency became aware that the official has been charged with a criminal charge related to the situation under investigation.*
- 3. If the Agency is aware that the official has been convicted of related charges.*

When the complaint of the member of the resident population identified as an aggressor to another member of the resident population, the Agency will inform the alleged victim when:

- 1. To become in knowledge of the filing of criminal charges against the alleged aggressor.*
- 2. Become aware of the conviction of the alleged aggressor.*

All notifications described above must be documented. On the other hand, the obligation of the Agency ends when the member of the victim resident population fulfills his sentence or dispositive measure or is released by order of the court.”

This PREA also auditor verified that DCR-PR’s “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIV) is aligned with their policy (Section X-C) which is compliant with PREA Standard 115.334 (“Specialized Training”). This PREA auditor also verified through onsite interviews with DCR-PR’s internal investigation team who are the institution’s liaison for OISC. This auditor also interviewed an Office of Investigation of the Correctional System (OISC) investigator, who carries out the investigations of incidents of sexual violence in all DCR-PR Corrections facilities. This auditor also verified through reviewing a random selection of OISC internal investigation records.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.371.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA Auditor reviewed DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) Correctional Facility's pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.372. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Page 38) as evidence of compliance with PREA Standard 115.372 which states, "The DCRPR will not impose any standard greater than the preponderance of the evidence in determining whether the allegations of sexual abuse or harassment are true."

Additionally, this auditor interviewed DCR-PR's OISC Investigator, who confirmed that OISC PREA Investigators uses "Preponderance of Evidence" is their standard in determining substantiation in investigations.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.372.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- 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 No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.373 (d)

- 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 No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.373. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Section XIV) as evidence of compliance with PREA Standard 115.373 which states, "After the investigation process, the member of the resident population must be notified about the determination of his allegation. If it was sustained, not sustained or unfounded. In those cases, in which the determination of the complaint has been sustained or not sustained, and it identifies an official as an aggressor, the Agency must inform the victim the following:

- 1. If the official was relocated from a position to another that does not have contact with the member of the injured resident population.*
- 2. If the Agency became aware that the official has been charged with a criminal charge related to the situation under investigation.*
- 3. If the Agency is aware that the official has been convicted of related charges.*

When the complaint of the member of the resident population identified as an aggressor to another member of the resident population, the Agency will inform the alleged victim when:

- 1. To become in knowledge of the filing of criminal charges against the alleged aggressor.*
- 2. Become aware of the conviction of the alleged aggressor.*

All notifications described above must be documented. On the other hand, the obligation of the Agency ends when the member of the victim resident population fulfills his sentence or dispositive measure or is released by order of the court."

This PREA auditor also verified through onsite interviews with DCR-PR's OISC Investigator that at the conclusion of the Office of Investigation of the Correctional System (OISC) investigations of PREA incidents of sexual violence in all DCR-

PR facilities, alleged victims are notified of their case, and it is documented. Further facility PREA Compliance Manager shared with this auditor that, if substantiated, the victim receives further notification of the status of the perpetrator, and it is documented. While on site, this auditor verified 3 randomly selected post-investigation documentation to verify compliance. Finally, this auditor viewed the DCR-PR “Notification Form” used to inform victims of the conclusion/outcome of the investigation.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.373.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.376. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) Corrections Institution Facility also submitted the DCR-PR “*Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions* (Discipline-Pages 39-40) as evidence of compliance with PREA Standard 115.376 which states, “*An employee will be subject to disciplinary sanctions that include until dismissal for violating the DCRPR’s sexual abuse and harassment policy.*

1. *The dismissal will be the alleged disciplinary sanction for personnel who commit sexual abuse.*
2. *Disciplinary sanctions for violating the DCRPR policies related to sexual abuse and harassment (unless it is part of sexual abuse) will be proportional to the nature and circumstance of the acts that are committed, the employee’s disciplinary history and sanctions imposed for offenses committed by other employees with similar records.*
3. *Any dismissal for violating the DCRPR policies regarding sexual abuse and harassment, or resignation because otherwise the layoff would have occurred, law enforcement agencies and licensing agencies will be informed, unless the activity don’t be clearly criminal.*

In reviewing this excerpt from DCR-PR’s “*Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions*, this auditor concludes that DCR-PR’s policy language is aligned with PREA Standard 115.376. Additionally, while onsite, this PREA Auditor interviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent to gain insight into disciplinary sanctions for staff PREA violations. Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent informed this auditor that disciplinary actions for staff PREA violations range from reassignment, suspension, termination, and up to legal action taken. This auditor also corresponded with DCR-PR’s Human Resource Manager, who confirmed Social Detention and Treatment Center of Ponce (CTS-PONCE) Superintendent’s responses. DCR-PR’s Human Resources Manager also referred this auditor to DCR-PR’s “*Manual for the Application of Corrective or Disciplinary Measures to Employees of the Department of Correction and Rehabilitation sections 13.2.1 and 13.2.2 of the Policy Manual Standards and Procedures of the Bureau of Youth Institutions*” This manual gave a roadmap of corrective action steps for employee violations and disciplinary actions within *DCR-PR and Bureau of Youth Institutions*.

This auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.376.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.376. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) Corrections Institution Facility also submitted the DCR-PR “*Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions* (Discipline-Page 40) as evidence of compliance with PREA Standard 115.377 which states, “*Any contractor or volunteer who sustains sexual abuse will be reported to law enforcement authorities and licensing agencies, unless, clearly, the activity is not criminal in nature. The institution will take corrective action and will consider whether to prohibit contact with residents, if any other violation of the sexual abuse and harassment policy by a contractor or a volunteer occurs.*”

In reviewing this excerpt from DCR-PR’s “*Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions*,” this auditor concludes that DCR-PR’s policy language is aligned with PREA Standard 115.377. Additionally, while onsite, this PREA Auditor interviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)’s Superintendent to gain insight into disciplinary sanctions for contractors and volunteers PREA violations. Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent informed this auditor that disciplinary actions for volunteers and contractors PREA violations range from reporting contractor/volunteer to their licensing agency, up to criminal charges being filed.

This auditor also corresponded with DCR-PR's Human Resource Manager, who confirmed Social Detention and Treatment Center of Ponce (CTS-PONCE) Superintendent's responses. DCR-PR's Human Resources Manager also referred this auditor to DCR-PR's "Manual for the Application of Corrective or Disciplinary Measures to Employees of the Department of Correction and Rehabilitation sections 13.2.1 and 13.2.2 of the Policy Manual Standards and Procedures of the Bureau of Youth Institutions" This manual gave a roadmap of corrective action steps for employees and contractor violations and disciplinary actions within DCR-PR and Bureau of Youth Institutions.

This auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.377.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary 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 No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- 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 No

115.378 (d)

- 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 offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.378. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) Corrections Institution Facility also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional

Institutions (Discipline-Page 40) as evidence of compliance with PREA Standard 115.378 which states, “Residents will be subject to disciplinary sanctions under a formal process, after the administrative finding that an resident sexually abused another resident or after a criminal finding of guilt for the sexual abuse of another resident.

- 2. The penalties will be proportional to the nature and circumstances of the abuse committed, the disciplinary history of the resident or the residents, and must be imposed for offenses comparable to those committed by other residents whose records are similar.*
- 3. To determine the sanction to be imposed, during the disciplinary process it will be considered whether the disability or mental illness of an resident contributed to their behavior.*
- 4. If the institution offers therapy, counseling and other interventions whose purpose is to address and correct the underlying the reasons for the abuse, this should be considered if the resident must be required to participate in such interventions as a condition for accessing programs and other benefits.*
- 5. The DCRPR may discipline an resident for sexual conduct with staff only when it is discovered that the employee did not consent to such contact.*
- 6. For the purpose of disciplinary action, a report of sexual abuse that is made in good faith based on the reasonable belief that the alleged conduct occurred, will not constitute a false report of an incident, nor a lie, although when investigating it there is not enough evidence to prove the allegation.*
- 7. The DCRPR has, at its discretion, prohibit any sexual activity between residents, and discipline them for participating in it. However, it should not be considered that this constitutes sexual abuse if it determines that it has not been forced.”*

This auditor concludes that DCR-PR’s policy language is aligned with PREA Standard 115.378. Additionally, while onsite, this PREA Auditor interviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent to gain insight into disciplinary sanctions for resident PREA violations. Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent informed this auditor that disciplinary actions for residents are proportionate to the outcomes of the investigations. Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent shared the PREA violation disciplinary actions could range from program adjustments or relocation to other housing, program adjustments, up to transferring resident to another DCR-PR institution with an increased level of security.

This auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.378.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.381. This auditor reviewed DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions" (Medical Treatment and Mental Health-Pages 41-42) as evidence of compliance with PREA Standard 115.381 which states, "If, when making a siege in accordance with §115.341, there are indications that an resident or a resident has suffered prior sexual victimization and has occurred in an institution or in the community, the staff will offer a follow-up meeting with a medical professional or of mental health, within fourteen (14) days from the siege upon entering the institution.

2. *If, when making a siege in accordance with §115.341, there are indications that an resident or a resident has previously committed sexual abuse and occurred in an institution or in the community, the staff will offer a follow-up meeting. with a mental health professional, within fourteen (14) days of the siege upon entering the institution.*

3. *If, when making a siege in accordance with §115.341, there are indications that a resident or a resident has suffered prior sexual victimization and has occurred in an institution or in the community, the staff will offer a follow-up meeting with a mental health professional, within fourteen (14) days from the siege upon entering the institution.*
4. *All information about sexual victimization or abuse that happened in an institution will be strictly limited to medical and mental health professionals and other personnel, as necessary, for the preparation of treatment plans and to decide how to handle security, including accommodation, dormitory, work, education and assigning participation in programs or as required by federal, state and local laws.*
5. *The health and mental health professionals will obtain the informed consent of the residents before informing about the previous victimization that did not happen in an institution, except if the resident is under eighteen (18) years of age.*

Though the CTS-Ponce’s policy is aligned with PREA Standard 115.381, this PREA auditor randomly reviewed 10 resident social files and found 0 screening tools. This auditor reviewed an additional 10 files to determine consistency. This auditor found 0 screening tools. Due to not being able to review and screening tools, this auditor cannot conclude compliance.

This auditor recommended that Social Detention and Treatment Center of Ponce (CTS-PONCE) Social Workers conduct *Screenings for Victimization and Abusiveness* on all current and future residents at intake. This screening greatly impacts the safety and security of all residents. Without an objective screening mechanism in place, residents at risk of victimization and residents at risk of perpetration could be inappropriately placed in programming and housing with one another.

Additionally, without an objective risk screening tool in place, residents could not receive the proper housing and programming recommendations from the Social Workers. Additionally, those residents who have been assessed to have history of sexual victimization and/or sexual perpetration or a previous legal history of sexual victimization and/or sexual perpetration, could not receive the required 14-day follow-up with a mental/medical practitioner. This PREA auditor concluded that Social Detention and Treatment Center of Ponce (CTS-PONCE) was not in compliance with PREA Standard 115.381. A CORRECTIVE ACTION was recommended.

During DCRPR CTS-Ponce’s Corrective Action period, CTS-Ponce developed a risk assessment screening tool fit for DCRPR’s juvenile residents (also identified as the Annex B). This risk assessment was initially dated as being developed in July 2021. However, this newly developed risk screening tool was not implemented until 2022. This was due to DCRPR realigning their organizational chart and hired a new PREA Coordinator for the institutions. This auditor also received evidence of CTS-Ponce of Social Workers conducting their newly implemented PREA risk screening assessment (Annex B) on all current residents of CTS-Ponce (dated June 16, 2022). Also, CTS-Ponce submitted completed risk assessment of new intakes as evidence of compliance. CTS-Ponce has demonstrated a consistency in practice for this auditor to conclude compliance.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.381.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.382. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Medical Treatment and Mental Health) as evidence of compliance with PREA Standard 115.382 which states, "Residents who have been victims of sexual abuse will receive access to emergency treatment and crisis intervention services on time and without obstacles. The nature and scope of these will be determined according to the judgment of the professionals.

2. *If it is non-medical personnel on call who responds to an incident, the security personnel making the first intervention will take preliminary measures to protect the victim, according to §115.62 and immediately notify the corresponding medical and mental health professionals.*
3. *Residents who are victims of sexual abuse while in prison are offered timely information about access to emergency contraceptives and treatment of infections transmitted by sexual contact, according to medical care standards, when these are medically appropriate.*
4. *Every victim will receive treatment at no cost and regardless of whether the victim denounces the aggressor or the aggressors or collaborates or not with any investigation that arises from the incident.”*

This PREA auditor also verified through onsite interviews with DCR-PR’s contracted (Physician Correctional Group) Chief Medical Officer and Medical Triage Supervisor, that all residents have access to medical and mental health services. This auditor also confirmed that Dr. Pilas Hospital and St. Lucas Hospital of Ponce are used for emergency medical services for residents with medical needs. All verified that all alleged resident victims of sexual abuse receive immediate/unimpeded access to medical treatment, psychological treatment, and contraception education at no cost to the resident. This auditor also reviewed the “Physician Correctional Group’s” operations and random electronic patient files (barring confidentiality regulations). Moreover, all 12 residents interviewed by this auditor verified that medical care/services at DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) are highly responsive.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.382.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.383. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Medical Treatment and Mental Health) as evidence of compliance with PREA Standard 115.383 which states, "The institution will offer medical and mental health evaluations and, if appropriate, treatment of any resident or resident who has been the victim of sexual abuse in any prison, jail, confinement, or institution for the detention of minors.

2. *The evaluation and treatment of such victims must include, if appropriate, follow-up, treatment plans and, if necessary, referrals to continue care after they are transferred or placed in other institutions, or They will be released.*
3. *Victims of forced vaginal penetration in prison are offered pregnancy tests.*
4. *If the conduct results in pregnancy, the victims will receive comprehensive and timely information on access to legal medical services related to the pregnancy.*
5. *Residents and confined victims of sexual abuse are offered tests to detect sexually transmitted infections, as medically appropriate.*
6. *The services for the treatment must be provided to the victim free of charge regardless of whether this complaint to the aggressor or the aggressor or collaborates or not with any investigation that arises from the incident.*

Every prison must attempt to assess the mental health of all abusers of other known residents within sixty (60) days of knowing the history of abuse and treatment with mental health professionals if it is judged to be the proper case.”

This PREA auditor also verified through onsite interviews with DCR-PR’s contracted (Physician Correctional Group) Chief Medical Officer, Psychologist and Medical Triage Supervisor. All verified that all alleged resident victims of sexual abuse receive ongoing medical follow up, additional medical treatment (as needed), ongoing psychological treatment, and STD education/contraception education.to the resident. This auditor also reviewed the “Physician Correctional Group’s” operations and random electronic patient files (barring confidentiality regulations). Moreover, all residents interviewed by this auditor verified that medical services at DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) provides continuous medical care and nurses come around for daily sick calls from residents.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.383.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce’s (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.386. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted the DCR-PR “Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Data Collection and

Revisions) as evidence of compliance with PREA Standard 115.386 which states, “The institution will conduct a review of each incident of sexual abuse each time an investigation is concluded even when the allegation has not been proven, unless it is found that it was unfounded.

2. *The review will be done on or before thirty (30) days from the conclusion of the investigation.*
3. *The review team will include senior officers with input from first-line supervisors, researchers and medical and mental health professionals.*
4. **The review team:**
 - a. *must consider whether the allegations or investigation indicates the need to make policy changes or better exercise prevention, discovery and response to sexual abuse;*
 - b. *must consider whether the incident or allegation arises for reasons of racial, ethnic, gender identity (such as lesbianism, homosexuality, bisexuality, transgender, intersexuality), perceived status or status, gang affiliation, or due to group dynamics in the institution;*
 - c. *examine the institutional area where the incident is alleged to have occurred and assess whether the physical barriers found there facilitate the abuse;*
 - d. *assess whether personnel levels are adequate in that area and in different shifts;*
 - e. *assess whether surveillance technology should be installed or increased to be supplementary to the supervision provided by personnel; and*
 - f. *prepare a report of the findings obtained that include, but are not limited to the determinations made in accordance with paragraphs (4) (1) to (4) (e) of this section with the recommendations for improvement and submit it to the head of the institution and the compliance manager with PREA.*

The institution will implement the recommendations to improve or document the reasons for not doing so.”

This auditor concludes that DCR-PR’s policy language is aligned with PREA Standard 115.386. This PREA auditor also verified through onsite interviews with Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendent, PREA Coordinator, PREA Compliance Manager, and PREA Regional Compliance Manager that Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Compliance Manager conducts a bi-weekly PREA Institution Checklist and has monthly “Incident Review” meetings with the PREA Regional Compliance Supervisor. PREA-related prevention/interventions are discussed and documented during this monthly meeting. This auditor reviewed Incident Review meeting agendas from 3/2020 through 3/2021, data collection reports, as well as institution-specific incident tracking documentation to confirm consistent incident review meetings are occurring.

This PREA auditor concludes Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.386.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- 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 No

115.387 (e)

- 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.) Yes No NA

115.387 (f)

- 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.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed DCR-PR Social Detention and Treatment Center of Ponce's (CTS-PONCE) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.387. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted their DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Data Collection and Revisions) as evidence of compliance with PREA Standard 115.387 which states, "The DCRPR will

collect accurate, uniform data for each allegation of sexual abuse in institutions that it directly controls with a standardized instrument and definitions.

2. The DCRPR will aggregate the sexual abuse data based on the incidents, at least once (1) a year.
3. The data obtained from incidents will include at least the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the United States Department of Justice.
4. The DCRPR will retain, review and collect data, as necessary, from all incident-based documents; It must include reports, investigation files and incident reviews.
5. In addition, it must obtain aggregate and incident data from any private institution with which it has contracts to confine resident.
6. Upon request, The DCRPR must provide the United States Department of Justice with all data from the previous calendar year no later than June 30.”

This auditor verified that the language in DCR-PR’s policy aligns with PREA Standard 115.387. However, this auditor was unable to verify through onsite interviews with DCR-PR’s PREA Coordinator Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendents, DCR-PR’s PREA Coordinator and Social Detention and Treatment Center of Ponce (CTS-PONCE)’s PREA Compliance Manager that DCR-PR made public annual reports (including data) of incidents of sexual violence within its institutions. Social Detention and Treatment Center of Ponce (CTS-PONCE) did not submit any recent annual reports for this auditor to consider as evidence.

This auditor recommended that DCR-PR submit their 2018, 2019, and 2020 Annual PREA-Program reports, monthly institution data reporting of PREA incidents (by institution, incident-type, and by gender), and corrective actions taken to address any known concerns. This PREA auditor concluded that CTS-Ponce was not in compliance with PREA Standard 115.387. A CORRECTIVE ACTION was required.

During DCRPR CTS-Ponce’s Corrective Action period, CTS-Ponce submitted their DCRPR 2018, 2019, and 2020 “Annual PREA Program Reports,” “Monthly Data Reporting” (by incident-type, by each institution and by gender). Additionally, DCRPR CTS-Ponce submitted Corrective Actions taken to address PREA-Related incidents identified in their “Annual PREA Program Reports” (<http://dcr.pr.gov/>).

This PREA auditor concludes Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.387.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 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 No
- Does the agency review data collected and aggregated pursuant to § 115.387 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 No
- Does the agency review data collected and aggregated pursuant to § 115.387 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 No

115.388 (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 No

115.388 (c)

- 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 No

115.388 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce (CTS-PONCE)'s pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.388. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted their DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Data Collection and Revisions) as evidence of compliance with PREA Standard 115.388 which states, "The DCRPR will review the data collected and aggregated according to §115.387, in order to evaluate and improve the effectiveness of prevention, detection and response policies, practices and training regarding sexual abuse and include:

- identification of problem areas;*
- act to correct continuously; and*
- preparation of an annual report with the findings and corrective actions that were used in each institution and throughout the DCRPR.*

2. *The report will compare the data and corrective actions of the current year with those of previous years and must provide an evaluation of the progress of the DCRPR in addressing sexual abuse.*
3. *The Secretary of the DCRPR will approve the report, which will be easily accessible to the public from its website. It will also be disclosed by other means of dissemination*
4. *The DCRPR may edit material in a report when its publication presents a clear and specific threat to the institution's security, but it must indicate the nature of the excluded.*

This auditor verified that the language in DCR-PR’s policy aligns with PREA Standard 115.388. However, this auditor was unable to verify through onsite interviews with DCR-PR’s PREA Coordinator Social Detention and Treatment Center of Ponce’s (CTS-PONCE) Superintendents, DCR-PR’s PREA Coordinator and Social Detention and Treatment Center of Ponce’s (CTS-PONCE) PREA Compliance Manager that DCR-PR made public annual reports (including data) of incidents of sexual violence within its institutions. Social Detention and Treatment Center of Ponce (CTS-PONCE) did not submit any recent annual reports for this auditor to consider as evidence.

This auditor recommended that DCRPR submit their 2018, 2019, and 2020 Annual PREA-Program reports, monthly institution data reporting of PREA incidents (by institution, incident-type, and by gender), and corrective actions taken to address any known concerns. This PREA auditor concluded that CTS-Ponce was not in compliance with PREA Standard 115.388. A CORRECTIVE ACTION was required.

During DCRPR CTS-Ponce’s Corrective Action period, CTS-Ponce submitted their DCR-PR 2018, 2019, and 2020 “Annual PREA Program Reports,” “Monthly Data Reporting” (by incident-type, by each institution and by gender). Additionally, CTS-Ponce submitted Corrective Actions taken to address PREA-Related incidents identified in their “Annual PREA Program Reports” (<http://dcr.pr.gov/>).

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.388.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed Social Detention and Treatment Center of Ponce's (CTS-PONCE) Facility pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.389. DCR-PR Social Detention and Treatment Center of Ponce (CTS-PONCE) also submitted their DCR-PR "Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions (Data Collection and Revisions)" as evidence of compliance with PREA Standard 115.389 which states, "The DCRPR must ensure that the data obtained according to §115.387 is kept in a safe place.

2. *The DCRPR will make available and easily accessible aggregate data on sexual abuse obtained from institutions under its direct control and from the private entities with which it has contracts, to the public through its website, at least once a year. It will also be disseminated by other means.*
3. *Before disclosing aggregate sexual abuse data, the DCRPR will remove all personal identifiers.*
4. *The DCRPR will retain sexual abuse data in accordance with §115.387, for a minimum of ten (10) years from the initial date of collection, unless federal, state or local laws require otherwise.*

This auditor verified that the language in DCRPR's policy aligns with PREA Standard 115.389. CTS-Ponce's Superintendent and DCRPR's PREA Coordinator confirmed that DCRPR's made public annual reports (including data) of incidents of sexual violence within its institutions. They also shared that the data is retained and stored for a minimum of 10 years. However, at the time of this onsite audit, CTS-Ponce did not submit any recent annual reports for this auditor to consider as evidence.

This auditor recommended that DCRPR submit their 2018, 2019, and 2020 Annual PREA-Program reports, monthly institution data reporting of PREA incidents (by institution, incident-type, and by gender), and corrective actions taken to address any known concerns. This PREA auditor concluded that CTS-Ponce was not in compliance with PREA Standard 115.389. A CORRECTIVE ACTION was required.

During DCRPR CTS-Ponce's Corrective Action period, CTS-Ponce submitted their DCRPR 2018, 2019, and 2020 "Annual PREA Program Reports," "Monthly Data Reporting" (by incident-type, by each institution and by gender). Additionally, CTS-Ponce submitted Corrective Actions taken to address PREA-Related incidents identified in their "Annual PREA Program Reports" (<http://dcr.pr.gov/>).

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.389.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Social Detention and Treatment Center of Ponce (CTS-PONCE) is required to have a PREA audit every three years, starting May 27, 2021, after the conclusion of this first PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The CTS-PONCE residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

This PREA auditor concludes that Social Detention and Treatment Center of Ponce (CTS-PONCE) is in compliance with PREA Standard 115.401.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There has not been a 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.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

DeShane Reed (#P2190)

September 19, 2022

Auditor Signature

Date
