

PREA Facility Audit Report: Final

Name of Facility: Anexo Seguridad Máxima Bayamón 292

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/21/2026

Auditor Certification

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



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



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Barbie Melendez

Date of Signature: 09/21/2026

AUDITOR INFORMATION

Auditor name: Melendez, Barbie

Email: barbiefay@aol.com

Start Date of On-Site Audit: 09/11/2025

End Date of On-Site Audit: 09/15/2025

FACILITY INFORMATION

Facility name: Anexo Seguridad Máxima Bayamón 292

Facility physical address: Carr. #5 Ave. Central Juanita Final, Bayamón, Puerto Rico - 00960

Facility mailing address: Complejo Correccional Bayamon, Institucion Maxima Seguridad Bayamon 292, Bayamon,

Primary Contact

Name:	NELSON VILLAFANE TORRES
Email Address:	nvilla@dcr.pr.gov
Telephone Number:	7874889800

Warden/Jail Administrator/Sheriff/Director	
Name:	Jorge T. Matta Francis
Email Address:	jmatta@dcr.pr.gov
Telephone Number:	787-462-9853

Facility PREA Compliance Manager	
Name:	Nelson Villafañe Torres
Email Address:	nvilla@dcr.pr.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	292
Current population of facility:	238
Average daily population for the past 12 months:	240
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	De 21 hasta 80 años de edad.
Facility security levels/inmate custody levels:	Maxima Seguridad / Custodia Protectiva
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	120
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION

Name of agency:	Puerto Rico Departamento de Corrección y Rehabilitación
Governing authority or parent agency (if applicable):	
Physical Address:	#34 Urb. Industrial Tres Monjitas, Ave. Teniente César González Esq. Calaf Box 71308, San Juan, Puerto Rico - 00936
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Yesenia Calderon	Email Address:	ycalderon@dcr.pr.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	

Number of standards met:	
45	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-11
2. End date of the onsite portion of the audit:	2025-09-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Centro Ayuda a Víctimas de Violación (CAVV) Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	292
15. Average daily population for the past 12 months:	240
16. Number of inmate/resident/detainee housing units:	19
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	234
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	7
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Anexo Seguridad Máxima Bayamón 292 does not have segregated housing. Inmates are not placed in segregated housing solely due to a risk of sexual victimization. This was further assessed under Standard 115.43.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	127
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	8
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Anexo Seguridad Máxima Bayamón 292 operates three primary staff shifts: 6:00 a.m.–2:00 p.m., 2:00 p.m.–10:00 p.m., and 10:00 p.m.–6:00 a.m. Volunteers entering Anexo are primarily affiliated with religious organizations and provide faith-based services and programming to the inmate population. Contractors who regularly provide services at Anexo include Carolina Catering, which provides food services, and Physician Correctional, which provides medical and healthcare services.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☒ Other ☐ None

If "Other," describe:	DCRPR houses an inmate population that predominantly speaks Spanish. The auditor made reasonable efforts to identify and interview inmates whose primary language was not Spanish to assess their access to PREA information, reporting mechanisms, and services, including inmates with limited English proficiency or other language needs. In selecting inmates for interviews, the auditor considered a range of characteristics to obtain a representative cross-section of the population, including: • Primary language • Whether the inmate was incarcerated for the first time • Length of time in confinement • Custody classification • Housing status, including general population and protective custody • Whether the inmate worked in areas with restricted access or areas primarily controlled by correctional staff Anexo Seguridad Máxima Bayamón 292 does not have segregated housing. Protective custody inmates were considered as part of the available population; however, at the time of the audit, no inmate housed in protective custody was there due to a risk of sexual victimization, an allegation of sexual abuse, or a need for protection related to sexual victimization.
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42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor reviewed an updated inmate roster organized by housing assignment and independently selected inmates for random interviews from housing units throughout Anexo Seguridad Máxima Bayamón 292. Selections were distributed across the institution to obtain representation from as many housing units and areas as possible. On the first day of the onsite visit, the auditor conducted a cell-to-cell walkthrough to observe the inmate population across the different housing areas and further assess the composition of the random interview sample. The auditor used these observations, together with the updated roster, to ensure that inmates from different housing locations were represented. All interview selections were made independently by the auditor. Anexo Seguridad Máxima Bayamón 292 staff did not participate in determining which inmates would be selected for interview.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The onsite audit was conducted on September 11, 12, and 15, 2025. Inmate interviews began on September 11, 2025, the first day of the onsite audit. The auditor independently selected random inmates from housing units throughout Anexo Seguridad Máxima Bayamón 292 to obtain representation across the institution. Selections were initially made using an updated inmate roster provided at the beginning of the onsite audit. As interviews and the onsite review progressed, the auditor expanded the interview sample based on information obtained directly from the inmate population, staff, and observations made during the site review. This included identifying additional inmates who met targeted interview categories, particularly inmates with limited English proficiency, cognitive or intellectual disabilities, limited reading ability or illiteracy, and other communication or accessibility needs. The auditor oversampled throughout the interview process to ensure that relevant targeted populations identified during the onsite review were adequately represented and to account for inmate availability and other circumstances affecting interview selection. All random and targeted interview selections were made independently by the auditor without facility staff determining which inmates would be interviewed. A total of 41 inmates were interviewed during the onsite audit, consisting of 23 random inmates and 18 inmates selected for targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	18

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	9
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	To determine whether any inmates met this targeted interview category, the auditor made inquiries throughout the onsite audit regarding inmates who were blind or had low vision. During formal interviews and informal conversations, the auditor asked staff from multiple areas of Anexo Seguridad Máxima Bayamón 292 whether they were aware of any inmates who met this category. The auditor also asked inmates whether they were aware of anyone currently housed at Anexo who was blind or had low vision. These inquiries supplemented the information provided by Anexo and assisted the auditor in independently determining whether an eligible inmate could be identified for a targeted interview. No inmate who was blind or had low vision was identified during the onsite audit; therefore, no targeted interview was conducted for this category.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	To determine whether any inmates met this targeted interview category, the auditor made inquiries throughout the onsite audit regarding inmates who were deaf or hard of hearing. During formal interviews and informal conversations, the auditor asked staff from multiple areas of Anexo Seguridad Máxima Bayamón 292 whether they were aware of any inmates who met this category. The auditor also asked inmates whether they were aware of anyone currently housed at Anexo who was deaf or hard of hearing. These inquiries supplemented the information provided by Anexo and assisted the auditor in independently determining whether an eligible inmate could be identified for a targeted interview. No inmate who was deaf or hard of hearing was identified during the onsite audit; therefore, no targeted interview was conducted for this category.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	7
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	To determine whether any inmates met this targeted interview category, the auditor made inquiries throughout the onsite audit regarding inmates who identified as lesbian, gay, or bisexual. During formal interviews and informal conversations, the auditor asked inmates and staff whether they were aware of individuals currently housed at Anexo Seguridad Máxima Bayamón 292 who identified as lesbian, gay, or bisexual. The inmate population consistently reported that they were not aware of any inmates at Anexo who identified as lesbian, gay, or bisexual. The auditor did not rely solely on these reports and remained attentive throughout the onsite review and interview process for any inmate who self-identified as meeting this targeted category. No inmate self-identified as lesbian, gay, or bisexual, and no eligible inmate was identified for interview using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	To determine whether any inmates met this targeted interview category, the auditor made inquiries throughout the onsite audit regarding inmates who identified as transgender or intersex. During formal interviews and informal conversations, the auditor asked inmates whether they were aware of individuals currently housed at Anexo Seguridad Máxima Bayamón 292 who identified as transgender or intersex. The inmate population consistently reported that they were not aware of any inmates at Anexo who identified as transgender or intersex. The auditor remained attentive throughout the onsite review and interview process for any inmate who self-identified as meeting this targeted category. No inmate self-identified as transgender or intersex, and no eligible inmate was identified for interview using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed PREA allegation information and available documentation to determine whether any inmates who had reported sexual abuse during the applicable review period were housed at Anexo Seguridad Máxima Bayamón 292 and available for interview. The auditor also made inquiries during the onsite audit with the PREA Compliance Manager, PREA Coordinator, facility leadership, investigative staff, and other appropriate personnel regarding allegations of sexual abuse. There were no allegations of sexual abuse reported at Anexo Seguridad Máxima Bayamón 292 during the applicable 12-month review period. There were no inmates who had reported sexual abuse available for interview under the "Inmates Who Reported Sexual Abuse" interview protocol.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed PREA risk-screening information and available supporting documentation to determine whether any inmates at Anexo Seguridad Máxima Bayamón 292 had disclosed prior sexual victimization during the risk-screening process and were available for a targeted interview. The auditor also made inquiries with staff responsible for conducting PREA risk screenings and other appropriate personnel during the onsite audit. No inmates were identified as having disclosed prior sexual victimization during risk screening. Accordingly, no inmate was available for interview under the “Inmates Who Disclosed Sexual Victimization During Risk Screening” interview protocol.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

The auditor reviewed housing information, PREA risk-screening documentation, and available records to determine whether any inmates at Anexo Seguridad Máxima Bayamón 292 were currently or had previously been placed in segregated housing or isolation because of a risk of sexual victimization or an allegation of sexual abuse. Anexo Seguridad Máxima Bayamón 292 does not have segregated housing. Although Anexo maintains protective custody housing, no inmates were housed in segregated/isolation because of a risk of sexual victimization or an allegation of sexual abuse. Accordingly, no inmate was available for interview under the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to Have Suffered Sexual Abuse)” interview protocol.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

The onsite audit was conducted on September 11, 12, and 15, 2025. Anexo Seguridad Máxima Bayamón 292 had a population of 234 inmates on the first day of the onsite audit. In accordance with the PREA Auditor Handbook, Version 2.1 (December 2022), a facility with a population between 101 and 250 requires a minimum of 20 inmate interviews, including at least 10 random and 10 targeted interviews. The auditor exceeded these minimum requirements by conducting 41 inmate interviews: 23 random and 18 targeted. Targeted inmates were identified through the PAQ, facility records and rosters, direct observation, random inmate interviews, informal conversations, and information obtained throughout the onsite review. Consistent with the PREA Auditor Handbook, the auditor did not rely solely on inmates identified by Anexo Seguridad Máxima Bayamón 292. As interviews progressed, the auditor oversampled when additional inmates meeting or potentially meeting targeted categories were identified, particularly inmates with limited English proficiency, cognitive or functional impairments, limited reading ability or illiteracy, and other communication or accessibility needs. The applicable DOJ PREA targeted interview protocol was used when an inmate met a targeted category.

For targeted categories in which no eligible inmate was identified, the auditor reviewed available information and made inquiries with staff and inmates to determine whether individuals meeting those categories were housed at Anexo and available for interview. All inmate selections were made independently by the auditor. When a selected inmate was unavailable or declined to participate, an alternate was selected when available. Interviews were conducted privately in areas where conversations could not be overheard by staff or other inmates. The inmate selection, sampling, oversampling, and interview process were

conducted in accordance with the PREA Auditor Handbook and applicable DOJ PREA audit methodology.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:

16

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- ☒ Length of tenure in the facility
- ☒ Shift assignment
- ☒ Work assignment
- ☒ Rank (or equivalent)
- ☐ Other (e.g., gender, race, ethnicity, languages spoken)
- ☐ None

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- ☒ Yes
- ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Anexo Seguridad Máxima Bayamón 292 had 127 staff members who may have contact with inmates. Staff interviews were conducted in accordance with the PREA Auditor Handbook and applicable DOJ PREA audit methodology. A total of 28 staff were interviewed, consisting of 16 random staff and 12 specialized staff. Random staff interviewees were independently selected from the staff roster, with consideration given to shift assignment, work assignment, rank or position, length of service, and language spoken to obtain broad representation across Anexo. Because Spanish is the primary language spoken at the institution, the auditor also made efforts to include English-speaking staff. Random staff selections included employees from all three shifts and a range of ranks and work assignments. The 12 specialized staff interviews were conducted with personnel whose positions or responsibilities corresponded to the applicable DOJ PREA specialized staff interview protocols. All random and specialized staff interviews were conducted privately in settings where responses could not be overheard.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
63. Were you able to interview the Agency Head?	☒ Yes ☐ No

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

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

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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Specialized staff interviewed included the Population Control Officer responsible for housing and placement decisions; Social Workers responsible for conducting PREA risk screenings and providing inmate PREA education; the Grievance Coordinator; Mailroom Staff; Community Advocate; Volunteer Coordinator; and the facility PREA Compliance Manager.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	6

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)

☐ Security/detention

☒ Education/programming

☒ Medical/dental

☐ Food service

☐ Maintenance/construction

☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.

At Anexo Seguridad Máxima Bayamón 292, specialized staff were identified during the pre-onsite and onsite phases and interviewed using the applicable DOJ PREA Interview Guides for Specialized Staff. Interviews included personnel responsible for contract administration, unannounced rounds, medical and mental health services, human resources, administrative investigations, PREA risk screening, intake, classification and housing, inmate PREA education, grievances, mailroom functions, volunteer coordination, incident reviews, retaliation monitoring, first response, and facility-level PREA implementation. The Agency Head and PREA Coordinator were also interviewed.

The auditor additionally interviewed the certified physician responsible for SAFE/SANE forensic examinations at the hospital utilized by Anexo. Although not employed by Anexo, the physician was interviewed regarding the availability and provision of forensic examination services. No specialized interviews were applicable for youthful-inmate supervision, segregated housing, or non-medical staff conducting cross-gender strip or visual body cavity searches. Anexo does not house inmates under 18, does not have segregated housing, and does not permit non-medical staff to conduct such cross-gender searches.

At the time of the onsite audit, Anexo reported six volunteers and eight contractors authorized to enter the institution. Volunteer and contractor information was reviewed as part of the audit.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

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

The onsite phase of the audit at Anexo Seguridad Máxima Bayamón 292 began on September 11, 2025. Upon arrival, the auditor met with facility leadership and conducted an entrance briefing with the PREA Coordinator, Superintendent, PREA Compliance Manager, and other appropriate personnel. The briefing addressed the audit process, objectives, schedule, expectations, and onsite logistics. A private workspace was provided for interviews, document review, and assessment of information collected during the audit. Following the briefing, the auditor conducted a comprehensive site review accompanied by facility staff. The review included cell housing units, cells, intake and screening areas, medical and mental health areas, program and service areas, work locations, and relevant administrative and operational areas. Throughout the site review, the auditor assessed PREA notices and reporting information; access to outside support services; cross-gender announcements and potential cross-gender viewing; inmate privacy; unannounced supervisory rounds; reporting and grievance mechanisms; staffing and supervision; lines of sight and potential blind spots; controlled-access areas; communication methods; and PREA risk-screening and inmate education practices. The auditor tested available PREA reporting methods and assessed access to outside emotional support and interpretation services. Formal interviews were supplemented by informal conversations with staff and inmates throughout Anexo regarding PREA education, reporting options, privacy, cross-gender announcements, unannounced rounds, grievance procedures, outside reporting methods, and staff responsibilities when receiving allegations of sexual abuse or sexual harassment. Information obtained through direct observation, testing, formal interviews, and informal conversations was compared with written policies, procedures, and documentation to assess implementation of

the PREA requirements in practice.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor selected and reviewed documents, files, and records relevant to the applicable PREA Standards. The documentation reviewed is summarized in the table below and discussed in greater detail within the applicable standard narratives. Record samples were independently selected by the auditor in accordance with the sampling guidance established in the PREA Auditor Handbook.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were no allegations of sexual abuse or sexual harassment at Anexo Seguridad Máxima Bayamón 292 during the applicable 12-month audit review period. There were no facility-specific PREA investigative files from the review period available for sampling. Administrative PREA investigations for DCRPR are conducted by investigators from the Office of Investigations of the Correctional System (OISC). OISC investigators receive the same applicable training and conduct administrative PREA investigations across DCRPR facilities rather than exclusively at Anexo Seguridad Máxima Bayamón 292. Allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. To evaluate the application of PREA investigative requirements despite the absence of allegations at Anexo, the auditor expanded the review to completed OISC investigations from other DCRPR facilities. The auditor sampled two completed administrative investigations: one involving an allegation of inmate-on-inmate sexual abuse and one involving an allegation of staff-on-inmate sexual harassment. The sampled investigations were reviewed to assess OISC investigative practices, including investigative procedures, documentation, evidence collection and consideration, interviews, findings, and case disposition. These cases were not treated as allegations or investigations arising from Anexo Seguridad Máxima Bayamón 292; they were reviewed solely to evaluate the investigative practices of OISC personnel responsible for conducting PREA administrative investigations throughout DCRPR.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: - DCRPR Regulation 8715, Reglamento para Prevenir, Detectar, Informar y Responder a la Violencia Sexual en las Instituciones Correccionales - DCRPR Organizational Chart - PREA Coordinator job description, duty statement, or designation documentation - PREA Compliance Manager job description, duty statement, or designation documentation - Anexo Seguridad Máxima Bayamón 292 Organizational Chart - Documentation identifying the facility PREA Compliance Manager and reporting structure - Documentation reflecting the agency-level and facility-level PREA reporting structure

- Pre-Audit Questionnaire and supporting documentation
- PREA Coordinator and PREA Compliance Manager interview documentation
- Interviews with facility leadership, specialized staff, random staff, and randomly selected incarcerated individuals
- On-site observations of PREA implementation, informational materials, and facility practices

Interviews, Document and Site Review:

115.16 Provision (a)

DCRPR Regulation 8715 requires the agency to take appropriate steps to ensure that incarcerated individuals with disabilities have an equal opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The regulation addresses individuals with physical, intellectual, psychiatric, speech, hearing, vision, and other communication-related disabilities and requires reasonable measures to ensure access to PREA education, reporting mechanisms, services, and other information necessary to understand and exercise their rights under PREA.

The auditor reviewed the facility's PREA education process and the materials used to communicate PREA information to incarcerated individuals. PREA educational and reporting materials are available in Spanish and English. The auditor also reviewed the resources available to provide assistance or accommodations when an incarcerated individual cannot effectively access PREA information through the standard written or verbal education process.

During the on-site audit, the auditor observed PREA educational and reporting information posted throughout the facility and assessed the accessibility of PREA information and reporting mechanisms. Staff were interviewed regarding the procedures used to assist incarcerated individuals who may have hearing, vision, intellectual, psychiatric, speech, reading, or other communication limitations. Staff described available methods for providing assistance and obtaining additional communication support when necessary.

The auditor also considered information obtained through interviews with incarcerated individuals. The interviews did not identify an incarcerated individual who reported being unable to understand PREA information, access available reporting mechanisms, or obtain assistance because of a disability or communication limitation.

The auditor did not rely solely on the absence of complaints or identified barriers in determining compliance. The determination was based on DCRPR policy, available educational and communication resources, observations during the site review, and information obtained through staff and incarcerated individual interviews.

Based on the evidence reviewed, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.16 Provision (b)

DCRPR requires incarcerated individuals with limited English proficiency to have meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Because Spanish is the primary language used at Anexo Seguridad Máxima Bayamón 292, the facility must be able to identify incarcerated individuals who cannot communicate effectively in Spanish and provide PREA information, reporting mechanisms, risk screening, services, and programs in a language or manner they can understand.

The auditor reviewed the facility's process for identifying language needs and the PREA educational and reporting materials available to incarcerated individuals. PREA materials and signage are available in Spanish and English, and interpretation resources are available when assistance in another language is necessary.

The facility had identified incarcerated individuals who spoke a language other than Spanish. The auditor reviewed this information as part of the audit and made additional inquiries during interviews with staff and incarcerated individuals to determine whether any identified individual had limited Spanish proficiency or otherwise required language assistance to understand PREA-related information and services.

The audit did not identify an incarcerated individual who was unable to communicate effectively in Spanish. Staff familiar with the population reported that the identified individuals who spoke another language were also able to communicate in Spanish. Information obtained directly from incarcerated individuals during interviews was consistent with the information provided by staff. No interviewed incarcerated individual reported an inability to understand PREA information or communicate PREA-related concerns because of limited Spanish proficiency.

The auditor distinguished between an individual who speaks another language and an individual who has limited proficiency in the language used by the facility. The fact that an incarcerated individual speaks a language other than Spanish does not, standing alone, establish that the individual requires language assistance. The auditor therefore considered the facility's identification information together with staff interviews and direct communication with incarcerated individuals.

The auditor also considered whether interpretation services would be available if an incarcerated individual were identified as requiring language assistance. The facility demonstrated that interpretation resources were available for use when needed. No incarcerated individual requiring interpretation services for a PREA-related interview or other PREA-related communication was identified during the on-site audit.

Based on the facility's identification of language needs, the availability of bilingual PREA materials and interpretation resources, and information obtained through staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (b).

115.16 Provision (c)

DCRPR prohibits reliance on incarcerated individual interpreters, readers, or other

	incarcerated individual assistants when providing PREA information or responding to allegations of sexual abuse or sexual harassment, except in the limited circumstances permitted by the standard when an extended delay in obtaining an effective interpreter could compromise an incarcerated individual's safety, the performance of first-response duties, or the investigation of an allegation. The auditor interviewed random staff regarding the procedures they would follow if an incarcerated individual required language, reading, or other communication assistance to understand PREA information or report sexual abuse or sexual harassment. Staff described the expectation that appropriate staff or interpretation resources would be used rather than relying on another incarcerated individual to interpret PREA-related communications. The auditor also inquired whether incarcerated individuals had been used as interpreters, readers, or assistants for PREA-related matters during the audit review period. The auditor did not identify documentation or information through staff or incarcerated individual interviews indicating that an incarcerated individual had been used to interpret or facilitate a PREA report under circumstances inconsistent with the standard. The auditor also reviewed the translation and interpretation resources available to the facility, including the Puerto Rico Department of State's Registro No Oficial de Traductores e Intérpretes de Puerto Rico. The registry identifies translators and interpreters available in Puerto Rico with capabilities in multiple languages and areas of specialization. The availability of this resource provides the facility with an identified means of obtaining language assistance when needed rather than relying on another incarcerated individual to interpret PREA-related information, reports, or communications. The absence of identified instances was considered together with DCRPR policy, staff knowledge of the restriction, and the availability of appropriate language-assistance resources. Based on the documentation reviewed and information obtained through staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (c). Based on the totality of the evidence reviewed, the auditor determined that Anexo Seguridad Máxima Bayamón 292 is in compliance with PREA Standard 115.16. Corrective Action: None.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- Letter from the DCRPR PREA Coordinator confirming that Anexo Seguridad Máxima Bayamón 292 does not contract with other entities for the confinement of incarcerated individuals
- PREA Coordinator interview documentation
- Agency Contract Administrator interview documentation

Interviews, Document and Site Review:

115.12 Provision (a)(b)

DCRPR Regulation 8715 addresses the agency’s obligations when contracting with private entities, other entities, or government agencies for the confinement of incarcerated individuals. The regulation requires that any new or renewed contract for the confinement of incarcerated individuals include a requirement that the contracted entity adopt and comply with the applicable PREA Standards. Regulation 8715 further requires DCRPR to monitor contracted entities for compliance with the PREA Standards.

Anexo Seguridad Máxima Bayamón 292 does not contract with private entities, other entities, or government agencies for the confinement of incarcerated individuals. The auditor reviewed a certified letter from the DCRPR PREA Coordinator confirming that the facility does not maintain contracts with outside entities for the confinement of its incarcerated population.

The auditor also interviewed the Agency Contract Administrator regarding DCRPR’s responsibilities under this standard. The Contract Administrator described the agency’s obligations should DCRPR enter into a contract for the confinement of incarcerated individuals, including the requirement that applicable contracts require the contracted entity to adopt and comply with the PREA Standards and that the agency monitor the contracted entity’s PREA compliance.

Because Anexo Seguridad Máxima Bayamón 292 does not contract with any private entity, other entity, or government agency for the confinement of incarcerated individuals, there were no confinement contracts requiring review for PREA contractual provisions or agency monitoring during this audit.

Based on DCRPR Regulation 8715, the documentation provided by the DCRPR PREA Coordinator, and information obtained through interviews with the PREA Coordinator and Agency Contract Administrator, the auditor verified that Anexo Seguridad Máxima Bayamón 292 does not contract with other entities for the confinement of incarcerated individuals. The contractual and monitoring requirements of PREA Standard 115.12 were not triggered during the audit review period.

The auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of PREA Standard 115.12.

	Corrective Action: None.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Regulation on Supervisory Rounds • Facility Staffing Plan • Annual Staffing Plan Review documentation • Staffing rosters and post-assignment documentation • Shift schedules and staffing documentation • Housing Unit Rounds Books • Supervisory Rounds Logs • Unannounced Supervisory Rounds documentation • Documentation reflecting supervisory rounds across all shifts • PREA Coordinator interview documentation • Superintendent (Warden) interview documentation • PREA Compliance Manager interview documentation • Intermediate- or Higher-Level Facility Staff interview documentation • Pre-Audit Questionnaire and supporting documentation • Corrective Action Period documentation related to unannounced PREA supervisory rounds • Weekly PREA supervisory-round accountability and reporting documentation • On-site observations of staffing, supervision practices, staff deployment, lines of sight, blind spots, housing units, programming areas, and other areas accessible to incarcerated individuals Interviews, Document and Site Review: 115.13 Provision (a) DCRPR and Anexo Seguridad Máxima Bayamón 292 maintain a documented staffing plan designed to provide adequate levels of staffing to protect incarcerated individuals from sexual abuse. The facility does not utilize video surveillance, electronic surveillance systems, or other monitoring technology for the supervision of incarcerated individuals. Supervision is accomplished through staff deployment, direct observation, security rounds, supervisory presence, and other established security practices.

In assessing the staffing plan, the auditor considered the factors required by this provision, including generally accepted detention and correctional practices; any applicable judicial findings of inadequacy; findings of inadequacy by Federal investigative agencies; findings of inadequacy by internal or external oversight bodies; all components of the facility's physical plant, including blind spots and areas where staff or incarcerated individuals may be isolated; the composition of the incarcerated population; the number and placement of supervisory staff; institutional programs and activities occurring on particular shifts, as applicable; applicable laws, regulations, and standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors affecting staffing, supervision, and sexual safety.

During the on-site audit, the auditor compared the written staffing plan with actual staffing and supervision practices throughout Anexo Seguridad Máxima Bayamón 292. Because the facility does not utilize video surveillance or other electronic monitoring technology, the auditor gave particular attention to staff deployment, staff positioning, direct observation, supervisory presence, lines of sight, potential blind spots, security rounds, movement and access controls, and areas where incarcerated individuals could be isolated or have limited staff observation. The auditor observed staffing and supervision in all opened housing units, programming and activity areas, and other areas accessible to incarcerated individuals.

During the facility tour, the auditor identified blind spots in the basketball court and laundry room that limited staff lines of sight and presented supervision concerns. The auditor discussed these observations with facility leadership while on-site. The facility took immediate action and installed mirrors in both areas during the on-site audit to improve visibility and eliminate or reduce the identified blind spots. The auditor subsequently observed the installed mirrors and verified the corrective measures before completion of the on-site audit.

The auditor interviewed the Superintendent (Warden) and PREA Compliance Manager regarding development and implementation of the staffing plan and the factors considered when determining adequate staffing and supervision. The auditor also conducted informal conversations with staff and incarcerated individuals regarding staffing, supervision practices, staff presence, and institutional safety. Information obtained through interviews was compared with the staffing plan, staffing documentation, and conditions observed during the site review.

Based on the staffing plan and supporting documentation, interviews with responsible personnel, direct observations made during the on-site audit, and verification of the corrective measures implemented to address the identified blind spots, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.13 Provision (b)

The auditor reviewed the facility's practices for maintaining staffing levels established by the staffing plan and addressing circumstances in which the staffing plan cannot be fully complied with.

The auditor reviewed staffing rosters, post assignments, shift schedules, and other available staffing documentation and discussed staffing coverage and deviations from the staffing plan with the Superintendent (Warden), supervisory staff, the PREA Compliance Manager, and other responsible personnel. The auditor also compared documented staffing practices with actual staffing and supervision observed during the on-site audit.

Facility leadership described the procedures used to address vacancies, absences, shortages, or other circumstances affecting required staffing coverage. The auditor assessed whether deviations from the staffing plan, when applicable, were documented and whether the circumstances contributing to those deviations were identified. During the site review, the auditor observed staffing and supervision in all housing units, programming and activity areas, areas where incarcerated individuals could be isolated or have limited staff observation, and other locations relevant to sexual safety. These observations were used to compare actual staffing and supervision practices with the facility's documented staffing plan.

Based on the staffing documentation reviewed, interviews with responsible personnel, and observations made during the on-site audit, the auditor determined that Anexo Seguridad Máxima Bayamón 292 has established practices for maintaining staffing coverage and documenting deviations from the staffing plan when applicable, consistent with the requirements of Provision (b).

115.13 Provision (c)

The auditor reviewed documentation demonstrating that, within the preceding 12 months, Anexo Seguridad Máxima Bayamón 292 assessed its staffing plan in consultation with the agency PREA Coordinator.

The annual assessment addressed whether adjustments were necessary to the staffing plan established pursuant to Provision (a), whether deployment of video monitoring systems or other monitoring technology was necessary, and whether adjustments were needed to the resources available to the facility to ensure adherence to the staffing plan.

Anexo Seguridad Máxima Bayamón 292 does not utilize video surveillance, electronic surveillance systems, or other monitoring technology for the supervision of incarcerated individuals. The auditor therefore assessed whether the annual review considered the continued adequacy of staff-based supervision and whether changes to staffing, supervision practices, facility resources, or the deployment of monitoring technology were necessary to protect incarcerated individuals from sexual abuse.

The auditor reviewed the annual staffing plan assessment and discussed the review process with the PREA Coordinator and responsible facility personnel. The review considered current staffing and supervision needs, the physical configuration of the facility, changes in the incarcerated population or facility operations, areas presenting potential supervision or sexual-safety concerns, and resources available to maintain adherence to the staffing plan.

The auditor also considered information obtained during the on-site audit, including actual staffing patterns, staff deployment, direct observation, supervisory presence, security rounds, lines of sight, potential blind spots, and other physical-plant and operational conditions relevant to sexual safety. The blind spots identified in the basketball court and laundry room were addressed during the on-site audit through the installation of mirrors to improve staff visibility.

Based on the annual staffing plan review documentation, the staffing plan, interviews with the PREA Coordinator and responsible facility personnel, and observations made during the on-site audit, the auditor determined that Anexo Seguridad Máxima Bayamón 292 conducted and documented the annual assessment required by Provision (c), in consultation with the PREA Coordinator, and considered whether adjustments were necessary to the staffing plan, deployment of monitoring technology, and resources available to ensure adherence to the staffing plan.

115.13 Provision (d)

DCRPR requires intermediate- and higher-level supervisors to conduct and document unannounced rounds throughout its correctional institutions for the purpose of identifying and deterring staff sexual abuse and sexual harassment. The auditor reviewed DCRPR's Regulations on Supervisory Rounds, Housing Unit Rounds Books, supervisory rounds logs, and other documentation of supervisory rounds maintained by Anexo Seguridad Máxima Bayamón 292.

The applicable regulations establish supervisory-round requirements for multiple levels of facility leadership and require supervisory rounds to be conducted throughout the institution and across shifts. The regulations also prohibit staff from alerting other staff members that unannounced supervisory rounds are occurring unless such notification is related to legitimate operational functions of the facility.

During the on-site audit, the auditor reviewed Rounds Books and other supervisory-round documentation maintained throughout the facility and interviewed intermediate- and higher-level supervisory staff regarding the practice. The evidence established that supervisors were conducting rounds throughout the facility. However, the documentation did not consistently identify which supervisory rounds were conducted as unannounced PREA rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment.

Although supervisory rounds were occurring, routine supervisory and security rounds could not be reliably distinguished from the unannounced rounds required by PREA Standard 115.13(d). As a result, the auditor could not verify from the documentation that intermediate- and higher-level supervisors were conducting and documenting unannounced PREA rounds on all shifts, including both day and night shifts, for the purpose of identifying and deterring staff sexual abuse and sexual harassment.

Anexo Seguridad Máxima Bayamón 292 did not demonstrate compliance with Provision (d) at the conclusion of the on-site audit, and corrective action was required.

During the Corrective Action Period, Anexo Seguridad Máxima Bayamón 292 revised

its process for conducting, identifying, documenting, and monitoring unannounced PREA rounds. Intermediate- and higher-level supervisors were required to conduct unannounced PREA rounds on each shift at varying and unpredictable times and to clearly identify and document those rounds as PREA rounds. The revised process established a clear distinction between routine security or supervisory rounds and the unannounced supervisory rounds required by PREA Standard 115.13(d).

The facility also established an accountability process requiring facility leadership to monitor completion of unannounced PREA rounds across all shifts. Documentation of completed PREA rounds is reviewed and compiled, and the results are reported to the PREA Compliance Manager on a weekly basis. This process provides facility leadership and the PREA Compliance Manager with a mechanism to identify missed rounds, incomplete documentation, or patterns in the timing of rounds and to address deficiencies when identified.

During the Corrective Action Period, the auditor reviewed documentation generated following implementation of the revised process. The documentation identified the applicable shift, date, and time of each PREA round and demonstrated that rounds were conducted at varying times rather than according to a fixed or predictable schedule. The auditor also reviewed documentation of the facility's weekly accountability process and interviewed responsible personnel regarding implementation, leadership oversight, and weekly reporting to the PREA Compliance Manager.

Based on the revised procedures, PREA round documentation, weekly accountability and reporting process, interviews with responsible personnel, and documentation reviewed during the Corrective Action Period, the auditor verified implementation of the corrective measures and determined that the deficiency identified under Provision (d) was corrected. Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (d).

Based on the evidence reviewed for Provisions (a) through (d), including the immediate corrective measures implemented during the on-site audit to address physical-plant blind spots and the corrective measures implemented and verified during the Corrective Action Period under Provision (d), the auditor determined that Anexo Seguridad Máxima Bayamón 292 is in compliance with PREA Standard 115.13.

Corrective Action:

At the conclusion of the on-site audit, Anexo Seguridad Máxima Bayamón 292 did not demonstrate compliance with PREA Standard 115.13(d). Supervisory staff were conducting rounds throughout the facility; however, the records reviewed did not consistently distinguish unannounced PREA rounds from routine supervisory and security rounds. As a result, the auditor could not verify from the documentation that intermediate- and higher-level supervisors were conducting and documenting unannounced PREA rounds on all shifts, including both day and night shifts, for the purpose of identifying and deterring staff sexual abuse and sexual harassment. Corrective action was required.

	During the Corrective Action Period, the facility implemented a revised process requiring intermediate- and higher-level supervisors to conduct unannounced PREA rounds on each shift at varying and unpredictable times and to clearly identify the rounds as PREA rounds in the applicable documentation. This established a clear distinction between routine supervisory and security rounds and the unannounced supervisory rounds required by PREA Standard 115.13(d). The facility also established an accountability system requiring facility leadership to verify completion of PREA rounds across all shifts. Completed PREA round documentation is reviewed and compiled, and the results are reported to the PREA Compliance Manager on a weekly basis. This provides an additional level of oversight and allows missed rounds, incomplete documentation, or patterns in the timing of rounds to be identified and addressed. The auditor reviewed documentation generated following implementation of the corrective measures and verified that unannounced PREA rounds were documented by shift, date, and time and were conducted at varying and unpredictable times. The auditor also reviewed documentation of the weekly accountability process and interviewed responsible personnel regarding implementation of the revised procedures, leadership oversight, and weekly reporting to the PREA Compliance Manager. The corrective-action evidence demonstrated that the facility established and implemented a system for conducting, clearly identifying, documenting, monitoring, and reviewing unannounced PREA rounds on each shift. The documentation reviewed during the Corrective Action Period provided evidence that the revised process was being implemented and that facility leadership and the PREA Compliance Manager had an established mechanism for monitoring continued compliance. Based on the corrective-action documentation, interviews with responsible personnel, and verification of the facility's revised accountability process, the auditor determined that the deficiency identified under Provision (d) was corrected. Based on the evidence reviewed for Provisions (a) through (d), including the corrective measures implemented and verified under Provision (d), the auditor determined that Anexo Seguridad Máxima Bayamón 292 is in compliance with PREA Standard 115.13.
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115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- Pre-Audit Questionnaire
- Classification Documentation
- Daily Population Reports
- Facility Population Rosters
- Housing Assignment Records
- Documentation regarding the facility's population designation and age range

Interviews, Document and Site Review:

115.14 Provisions (a), (b), and (c)

DCRPR Regulation 8715 establishes requirements governing the housing and supervision of youthful incarcerated individuals. DCRPR assigns incarcerated individuals under the age of 18 to institutions designated to house and manage the youthful population. Anexo Seguridad Máxima Bayamón 292 is not designated to house youthful incarcerated individuals.

To independently verify the population housed at the facility, the auditor reviewed the Pre-Audit Questionnaire, classification documentation, Daily Population Reports, facility population rosters, housing assignment records, and other available population information for the 12-month audit review period. The auditor also reviewed the facility population information in effect at the time of the on-site audit. The records reviewed did not identify any incarcerated individual under the age of 18 as having been housed at Anexo Seguridad Máxima Bayamón 292 during the audit review period or at the time of the on-site audit.

The auditor discussed the housing and placement of youthful incarcerated individuals with facility leadership, classification personnel, supervisory staff, and other appropriate staff. Staff consistently reported that Anexo Seguridad Máxima Bayamón 292 does not house incarcerated individuals under the age of 18 and that youthful incarcerated individuals are assigned to DCRPR institutions designated for the youthful population.

During the on-site audit, the auditor toured the facility and observed housing units, recreation areas, programming and activity areas, movement areas, and other locations accessible to incarcerated individuals. No youthful incarcerated individuals were observed. The auditor also made inquiries during staff and incarcerated individual interviews and informal conversations to determine whether information obtained on-site was consistent with the population and classification records reviewed. No information was identified indicating that a youthful incarcerated individual was housed at the facility during the audit review period or at the time of the on-site audit.

The auditor also considered the requirements of Provision (a), which require youthful incarcerated individuals to be housed in a manner that prevents sight, sound, and physical contact with adult incarcerated individuals in housing units. Because no youthful incarcerated individuals were housed at Anexo Seguridad Máxima Bayamón

	292, there were no youthful housing assignments or occupied youthful housing areas available for assessment. For Provision (b), the auditor considered the requirement that youthful incarcerated individuals have no sight, sound, or physical contact with adult incarcerated individuals outside of housing units unless direct staff supervision is provided. Because the facility did not house youthful incarcerated individuals, there were no instances of contact between youthful and adult incarcerated individuals to observe and no applicable records of such contact to review. For Provision (c), the auditor considered the requirements concerning isolation of youthful incarcerated individuals and their access to daily large-muscle exercise, legally required special education services, other programs, and work opportunities. Because no youthful incarcerated individuals were housed at the facility during the audit review period, there were no youthful isolation placements, service-delivery records, education records, programming records, work assignments, or exigent-circumstance records applicable to this provision. Because Anexo Seguridad Máxima Bayamón 292 did not house youthful incarcerated individuals during the 12-month audit review period or at the time of the on-site audit, there were no youthful incarcerated individuals available for interview and no staff assigned specifically to supervise or provide education or programming to youthful incarcerated individuals. The youthful incarcerated individual and specialized staff interview protocols applicable to this standard could not be administered. The auditor did not rely solely on the facility's representation that it does not house youthful incarcerated individuals. This determination was supported by the Pre-Audit Questionnaire, classification documentation, Daily Population Reports, population rosters, housing assignment information, interviews and informal conversations with facility personnel and incarcerated individuals, and direct observations made throughout the facility during the on-site audit. The evidence reviewed consistently supported that no incarcerated individual under the age of 18 was housed at Anexo Seguridad Máxima Bayamón 292 during the applicable review period or at the time of the on-site audit. The auditor determined that the requirements of Provisions (a), (b), and (c) concerning the housing, separation, supervision, isolation, education, exercise, programming, and work opportunities of youthful incarcerated individuals were not applicable to the facility's operations during the audit review period. The auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of PREA Standard 115.14. Corrective Action: None.
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115.15	Limits to cross-gender viewing and searches
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	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Administrative Order DCR-2018-05 • Reglamento de Registros (Search Regulations) • Regulations for the Use of Electronic Detection and X-Ray Equipment • DCR-PREA-0016, Registro Semanal de Cacheos Realizados por el Personal del Sexo Opuesto • Search procedures and applicable institutional practices • Documentation related to cross-gender searches for the 12-month audit review period • Staff PREA training records • Housing unit, toilet, shower, changing, and other privacy-area observations • Available information concerning electronic surveillance and camera coverage Interviews, Document and Site Review: 115.15 Provision (a) DCRPR policy establishes limitations on cross-gender strip searches and cross-gender visual body cavity searches. The Reglamento de Registros defines and establishes procedures for strip searches and cavity searches and requires these searches to be conducted in a manner intended to protect the privacy and dignity of the person being searched. The regulation distinguishes strip searches from cavity searches and establishes additional restrictions regarding the personnel authorized to conduct them. Anexo Seguridad Máxima Bayamón 292 houses a male correctional population. During the 12-month audit review period, the facility reported no cross-gender strip searches or cross-gender visual body cavity searches conducted by non-medical staff. The auditor reviewed available search documentation for the audit period, including the facility's mechanism for recording searches conducted by opposite-sex staff. DCR-PREA-0016 specifically provides for recording the identity of the individual searched, the purpose of the procedure, the correctional officer conducting it, the date and time, and the supervisor authorizing the procedure. During the on-site phase of the audit, the auditor interviewed staff and incarcerated individuals concerning strip-search and visual body-cavity-search practices, including the circumstances under which such searches could occur and limitations on participation by staff of the opposite gender. No information obtained through staff or incarcerated individual interviews indicated that a cross-gender strip search or cross-gender visual body cavity search had been conducted during the audit review period
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contrary to agency policy.

The auditor also inspected the areas in which searches may be conducted and assessed the potential for viewing by staff who are not participating in the search. The auditor considered the location, physical configuration, privacy afforded to the individual being searched, and whether staff of the opposite gender could observe an unclothed search from the surrounding area.

Information obtained through the documentation review, staff interviews, informal conversations, and direct observations was consistent with the facility's report that no cross-gender strip searches or cross-gender visual body cavity searches had occurred during the audit review period.

Based on the policies and documentation reviewed, staff interviews, and direct observations made during the on-site audit, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.15 Provision (b)

Provision (b) addresses cross-gender pat-down searches of female inmates and prohibits facilities from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with the limitation on such searches. Anexo Seguridad Máxima Bayamón 292 houses a male inmate population and does not house female inmates. There were no female inmates for whom cross-gender pat-down searches or related restrictions on programming or out-of-cell opportunities could be assessed.

Consistent with the PREA Audit Instrument, the auditor determined that Provision (b) is not applicable to Anexo Seguridad Máxima Bayamón 292.

115.15 Provision (c)

DCRPR requires documentation of cross-gender strip searches and cross-gender visual body cavity searches. Because Anexo Seguridad Máxima Bayamón 292 houses a male incarcerated population and does not house female incarcerated individuals, the portion of Provision (c) requiring documentation of cross-gender pat-down searches of female incarcerated individuals is not applicable to this facility.

The auditor reviewed the documentation mechanism maintained by DCRPR for searches conducted by opposite-sex staff. DCR-PREA-0016, Registro Semanal de Cacheos Realizados por el Personal del Sexo Opuesto, provides a standardized method for documenting these searches. The form captures information necessary to identify and review the circumstances surrounding a search, including the date, identity of the incarcerated individual searched, purpose of the search, correctional officer conducting the procedure, badge number, time of the search, authorizing supervisor, and supervisor's signature.

The facility reported no cross-gender strip searches or cross-gender visual body cavity searches during the 12-month audit review period. There were no completed records of such searches available for review. The auditor did not rely solely on the

absence of completed search records in reaching this determination. The auditor considered the facility's reported search activity together with the established documentation mechanism, available records for the audit review period, staff interviews, interviews with incarcerated individuals, and information obtained during the on-site phase of the audit.

Staff and incarcerated individual interviews did not identify a cross-gender strip search or cross-gender visual body cavity search that occurred during the audit review period and should have been documented. The auditor likewise identified no information through the documentation review or on-site assessment indicating that a qualifying search occurred without the required documentation.

Based on the established documentation requirements, DCR-PREA-0016, records reviewed for the audit period, and information obtained through staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the applicable requirements of Provision (c).

115.15 Provision (d)

DCRPR policy requires incarcerated individuals to be afforded appropriate privacy while showering, performing bodily functions, and changing clothing. Non-medical staff of the opposite gender are not permitted to view an incarcerated individual's breasts, buttocks, or genitalia except when such viewing is incidental to routine cell checks or occurs under exigent circumstances. Staff of the opposite gender are also required to announce their presence when entering housing units.

115.15 Provision (d)

DCRPR policy requires incarcerated individuals to be afforded privacy while showering, performing bodily functions, and changing clothing. Non-medical staff of the opposite gender are not permitted to view an incarcerated individual's breasts, buttocks, or genitalia except when such viewing is incidental to routine cell checks or occurs under exigent circumstances. Staff of the opposite gender are also required to announce their presence when entering housing units.

The auditor evaluated implementation of these requirements through policy and document review, direct observation, interviews with staff and incarcerated individuals, and informal conversations conducted during the on-site audit. Anexo Seguridad Máxima Bayamón 292 is a maximum-security facility that operates under a 23-hour lockdown schedule. Each incarcerated individual is housed in a cell equipped with an individual toilet. Shower access is controlled, with one incarcerated individual from each tier permitted to shower at a time.

During the on-site review, the auditor examined all housing units, cells, individual toilet areas, showers, changing areas, and other locations where incarcerated individuals may be in a state of undress. The auditor assessed staff positioning, lines of sight, privacy protections, and supervision practices from available vantage points to determine whether non-medical staff of the opposite gender could view incarcerated individuals under circumstances prohibited by the standard. The auditor also observed supervision and movement practices associated with shower access.

Anexo Seguridad Máxima Bayamón 292 does not utilize cameras, video surveillance, or other electronic monitoring technology. The auditor's assessment of cross-gender viewing focused on the physical configuration of the facility, direct lines of sight, staff positioning, privacy protections, and supervision practices. The auditor also assessed the facility's opposite-gender announcement practices. Staff described the procedures for announcing the presence of opposite-gender staff entering housing units. Incarcerated individuals were asked whether these announcements occur and whether they are able to shower, use the toilet, and change clothing without being viewed by staff of the opposite gender.

Incarcerated individuals consistently reported that they were afforded sufficient privacy while showering, performing bodily functions, and changing clothing and did not identify concerns regarding inappropriate cross-gender viewing. Their responses were consistent with the auditor's observations and information obtained through staff interviews. The auditor did not rely solely on the facility's maximum-security designation, 23-hour lockdown schedule, individual cell toilet configuration, or controlled shower procedures to determine compliance. These operational factors were considered together with direct observations, staff positioning and supervision practices, opposite-gender announcement procedures, and staff and incarcerated individual interviews. The auditor did not identify evidence that non-medical staff of the opposite gender viewed incarcerated individuals while showering, performing bodily functions, or changing clothing under circumstances prohibited by the standard.

Based on DCRPR policy, direct observations, assessment of privacy-sensitive areas and lines of sight, opposite-gender announcement practices, and staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (d).

115.15 Provision (e)

This provision is no longer applicable for purposes of determining compliance with this standard.

115.15 Provision (f)

DCRPR policy requires searches of transgender and intersex incarcerated individuals to be conducted professionally and respectfully and in the least intrusive manner possible consistent with institutional security needs.

Administrative Order DCR-2018-05 establishes requirements concerning respect and interaction with the LGBTQ population. The auditor reviewed the Administrative Order, applicable DCRPR search procedures, and staff PREA training documentation. DCRPR prohibits staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining genital status. If genital status is unknown, it must be determined through appropriate means rather than through a search or physical examination conducted solely for that purpose.

The auditor interviewed random staff regarding searches of transgender and intersex

	incarcerated individuals. Staff demonstrated an understanding that searches must be conducted professionally and respectfully, in the least intrusive manner possible consistent with security needs, and may not be conducted solely to determine genital status. Based on applicable DCRPR policy, search requirements, training documentation, and staff interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (f). The evidence reviewed supported that incarcerated individuals are afforded privacy while showering, performing bodily functions, and changing clothing. All housing areas had posted signs requiring female staff to announce their presence before entering. Staff interviews further established an informal practice in which the floor officer announces the entry of female staff into the housing area. Incarcerated individuals also reported an established practice among the incarcerated population of alerting others when someone enters the housing area. The auditor considered these practices collectively and did not rely on the informal notification practices as a substitute for the facility's requirement that opposite-gender staff announce their presence. Applicable cross-gender searches are subject to documentation requirements, and staff demonstrated an understanding of the requirements governing searches of transgender and intersex incarcerated individuals. Based on the evidence reviewed, interviews conducted, and observations made during the on-site audit, the auditor determined that Anexo Seguridad Máxima Bayamón 292 is in compliance with the applicable provisions of PREA Standard 115.15. Corrective Action: None.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA Orientation and Educational Materials • Bilingual PREA Posters and Signage • PREA Orientation Certification Forms • Interpretation Services Documentation

- Applicable population and classification information
- Staff and incarcerated individual interview documentation

Interviews, Document and Site Review:**115.16 Provision (a)**

DCRPR Regulation 8715 requires the agency to take appropriate steps to ensure that incarcerated individuals with disabilities have an equal opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The regulation addresses individuals with physical, intellectual, psychiatric, speech, hearing, vision, and other communication-related disabilities and requires reasonable measures to ensure access to PREA education, reporting mechanisms, services, and other information necessary to understand and exercise their rights under PREA.

The auditor reviewed the facility's PREA education process and the materials used to communicate PREA information to incarcerated individuals. PREA educational and reporting materials are available in Spanish and English.

During the on-site audit, the auditor observed PREA educational and reporting information throughout the facility, including PREA educational posters, brochures, pamphlets, signage, and information displaying the PREA hotline number. The auditor assessed whether these materials and reporting information were accessible to the incarcerated population and whether available reporting mechanisms could be readily identified and understood. Staff were interviewed regarding the procedures used to assist incarcerated individuals who may have hearing, vision, intellectual, psychiatric, speech, reading, or other communication limitations. Staff described available methods for providing assistance and obtaining additional communication support when necessary to ensure access to PREA education, reporting mechanisms, and related services.

The auditor also considered information obtained through interviews with incarcerated individuals. The interviews did not identify an incarcerated individual who reported being unable to understand PREA information, access available reporting mechanisms, or obtain assistance because of a disability or communication limitation. The auditor did not rely solely on the absence of complaints or identified barriers in determining compliance. The determination was based on DCRPR policy, available educational and communication resources, observations during the site review, and information obtained through staff and incarcerated individual interviews.

Based on the evidence reviewed, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.16 Provision (b)

DCRPR requires incarcerated individuals with limited English proficiency to have meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Because Spanish is the primary language used at Anexo Seguridad Máxima Bayamón 292, the facility must be able to identify

incarcerated individuals who cannot communicate effectively in Spanish and provide PREA information, reporting mechanisms, risk screening, services, and programs in a language or manner they can understand.

The auditor reviewed the facility's process for identifying language needs and the PREA educational and reporting materials available to incarcerated individuals. PREA materials and signage are available in Spanish and English, and interpretation resources are available when assistance in another language is necessary.

The facility had identified incarcerated individuals who spoke a language other than Spanish. They spoke English. The auditor reviewed this information as part of the audit and made additional inquiries during interviews with staff and incarcerated individuals to determine whether any identified individual had limited Spanish proficiency or otherwise required language assistance to understand PREA-related information and services.

The audit did not identify an incarcerated individual who was unable to communicate effectively in Spanish. Staff familiar with the population reported that the identified individuals who spoke another language were also able to communicate in Spanish. Information obtained directly from incarcerated individuals during interviews was consistent with the information provided by staff. No interviewed incarcerated individual reported an inability to understand PREA information or communicate PREA-related concerns because of limited Spanish proficiency.

The auditor distinguished between an individual who speaks another language and an individual who has limited proficiency in the language used by the facility. The fact that an incarcerated individual speaks a language other than Spanish does not, standing alone, establish that the individual requires language assistance. The auditor therefore considered the facility's identification information together with staff interviews and direct communication with incarcerated individuals.

The auditor also considered whether interpretation services would be available if an incarcerated individual were identified as requiring language assistance. The facility demonstrated that interpretation resources were available for use when needed. No incarcerated individual requiring interpretation services for a PREA-related interview or other PREA-related communication was identified during the on-site audit.

Based on the facility's identification of language needs, the availability of bilingual PREA materials and interpretation resources, and information obtained through staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (b).

115.16 Provision (c)

DCRPR prohibits reliance on incarcerated individual interpreters, readers, or other incarcerated individual assistants when providing PREA information or responding to allegations of sexual abuse or sexual harassment, except in the limited circumstances permitted by the standard when an extended delay in obtaining an effective interpreter could compromise an incarcerated individual's safety, the performance of first-response duties, or the investigation of an allegation.

	The auditor interviewed random staff regarding the procedures they would follow if an incarcerated individual required language, reading, or other communication assistance to understand PREA information or report sexual abuse or sexual harassment. Staff described the expectation that appropriate staff or interpretation resources would be used rather than relying on another incarcerated individual to interpret PREA-related communications. The auditor also inquired whether incarcerated individuals had been used as interpreters, readers, or assistants for PREA-related matters during the audit review period. The auditor did not identify documentation or information through staff or incarcerated individual interviews indicating that an incarcerated individual had been used to interpret or facilitate a PREA report under circumstances inconsistent with the standard. The auditor also reviewed the translation and interpretation resources available to the facility, including the Puerto Rico Department of State's Registro No Oficial de Traductores e Intérpretes de Puerto Rico. The registry identifies translators and interpreters available in Puerto Rico with capabilities in multiple languages and areas of specialization. The availability of this resource provides the facility with an identified means of obtaining language assistance when needed rather than relying on another incarcerated individual to interpret PREA-related information, reports, or communications. The absence of identified instances was considered together with DCRPR policy, staff knowledge of the restriction, and the availability of appropriate language-assistance resources. Based on the documentation reviewed and information obtained through staff and incarcerated individual interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (c). Based on the evidence reviewed, the auditor determined that Anexo Seguridad Máxima Bayamón 292 is in compliance with PREA Standard 115.16. Corrective Action: None.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Regulation for the Administration of Human Resources

- Administrative Order – Clauses in Service Contracts in Correctional Institutions
- Employment Applications
- Criminal Background Check Documentation
- Five-Year Background Check Documentation
- Personnel Screening and Hiring Documentation
- Contractor Screening Documentation
- Documentation related to hiring and promotions during the 12-month audit review period

Interviews, Document and Site Review:

115.17 Provision (a)

DCRPR Regulation 8715 establishes requirements governing the hiring and promotion of employees and the use of contractors who may have contact with incarcerated individuals. The agency prohibits hiring or promoting an individual, or enlisting the services of a contractor who may have contact with incarcerated individuals, when the individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such conduct.

The auditor reviewed Regulation 8715 together with DCRPR's Regulations for the Administration of Human Resources and the Administrative Order governing service contracts in correctional institutions. These requirements establish screening procedures applicable to employees, individuals considered for promotion, and contractors who may have contact with the incarcerated population. The auditor reviewed a sample of personnel records associated with hiring and promotion decisions, including employment applications and criminal background screening documentation. Human Resources staff were interviewed regarding the procedures used to identify disqualifying conduct and the manner in which required screening is completed before an individual is hired, promoted, or authorized to provide contracted services involving contact with incarcerated individuals.

The documentation reviewed and information obtained during the Human Resources interview supported that DCRPR has established and implements screening requirements addressing the categories of conduct identified in Provision (a).

Based on the policies, personnel documentation, background screening records, and Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.17 Provision (b)

DCRPR considers incidents of sexual harassment when determining whether to hire or promote an individual who may have contact with incarcerated individuals and when determining whether to enlist the services of a contractor who may have such contact. The auditor reviewed applicable employment and personnel screening

requirements and interviewed Human Resources staff regarding how prior misconduct is considered during hiring, promotion, and contractor screening. Human Resources staff described the process for reviewing information concerning prior misconduct, including sexual harassment, when making applicable employment and contracting decisions.

Based on the documentation reviewed and information obtained through the Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (b).

115.17 Provision (c)

DCRPR requires a criminal background records check before hiring a new employee who may have contact with incarcerated individuals. Consistent with applicable Federal, State, and local law, the standard also requires the agency to make its best efforts to contact prior institutional employers for information concerning substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The auditor reviewed a sample of personnel files for individuals hired during the applicable review period, including employment applications and criminal background screening documentation. The records reviewed contained evidence that criminal background checks were completed as part of the pre-employment screening process. The auditor also interviewed Human Resources staff regarding the agency's process for obtaining and reviewing relevant prior employment information, including information from prior institutional employers when applicable. Human Resources staff described the procedures used to complete and document the required pre-employment screening.

Based on the documentation reviewed and Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (c).

115.17 Provision (d)

DCRPR requires criminal background screening before enlisting the services of a contractor who may have contact with incarcerated individuals. The auditor reviewed the Administrative Order governing clauses in service contracts within correctional institutions and applicable contractor screening documentation. These requirements establish procedures to ensure that individuals providing contracted services are appropriately screened before being authorized to have contact with the incarcerated population. The auditor also discussed contractor screening procedures with the PREA Coordinator, Contract Administrator, Superintendent, and other leadership staff, including the process for verifying required background information before contractors are authorized to provide services involving contact with incarcerated individuals.

Based on the applicable requirements, contractor screening documentation reviewed, and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (d).

115.17 Provision (e)

DCRPR requires periodic criminal background screening of current employees and applicable contractors who may have contact with incarcerated individuals. The agency conducts criminal background records checks at least every five years or otherwise maintains a system for obtaining information concerning current employees consistent with the requirements of the standard. The auditor reviewed available five-year background check documentation and personnel screening records and interviewed Human Resources staff regarding the process for conducting subsequent background screening of current employees and applicable contractors.

The documentation reviewed supported the agency's practice of conducting periodic background screening. Human Resources staff described the process used to identify individuals due for subsequent screening and to document completion of the required checks.

Based on the periodic background screening documentation reviewed and information obtained through the Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (e).

115.17 Provision (f)

DCRPR's employment screening process requires applicants and employees who may have contact with incarcerated individuals to disclose prior misconduct described in Provision (a). This requirement applies to written applications or interviews conducted in connection with hiring or promotion and to applicable interviews or written self-evaluations conducted as part of reviews of current employees. Employees also have a continuing affirmative duty to disclose such misconduct.

The auditor reviewed employment applications and other applicable personnel screening documentation to determine whether PREA-related misconduct is addressed during the hiring and promotion process. The auditor also interviewed Human Resources staff regarding the questions asked of applicants and employees and the continuing disclosure obligations applicable to current employees.

The documentation reviewed and information obtained during the Human Resources interview supported that DCRPR directly addresses applicable prior misconduct during its employment screening process and imposes a continuing responsibility on employees to disclose applicable misconduct.

Based on the documentation reviewed and Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (f).

115.17 Provision (g)

DCRPR requires applicants and employees to provide complete and accurate information during the hiring, promotion, and employment review processes. Material omissions regarding misconduct described in the standard, or the provision of materially false information, may constitute grounds for disqualification from employment or disciplinary action, including termination.

	The auditor reviewed applicable employment and personnel screening requirements and discussed these requirements with Human Resources staff. Information obtained during the interview supported that applicants and employees are expected to provide accurate information concerning applicable prior misconduct and that material omissions or materially false information may result in employment consequences. Based on the applicable requirements and information obtained through the Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (g). 115.17 Provision (h) DCRPR maintains procedures for responding to requests from institutional employers seeking information regarding former employees who have applied to work in another institutional setting. Unless prohibited by law, DCRPR provides information concerning substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving such a request from an institutional employer. The auditor interviewed Human Resources staff regarding the procedures for receiving, reviewing, and responding to employment-information requests involving former DCRPR employees. Human Resources staff described the process for responding to such requests and the circumstances under which information concerning substantiated allegations of sexual abuse or sexual harassment may be provided. Based on the applicable requirements and information obtained through the Human Resources interview, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (h). Corrective Action: None.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • Pre-Audit Questionnaire • Facility Information and Documentation • Agency and facility leadership interview documentation Interviews, Document and Site Review:

115.18 Provision (a)

PREA Standard 115.18(a) requires that when an agency designs or acquires a new facility or plans a substantial expansion or modification of an existing facility, the agency consider the effect of the design, acquisition, expansion, or modification on its ability to protect incarcerated individuals from sexual abuse.

The auditor reviewed the Pre-Audit Questionnaire and Anexo Seguridad Máxima Bayamón 292 did not design or acquire a new facility and did not undertake a substantial expansion or modification of the existing facility during the applicable audit review period. There was no qualifying construction, acquisition, substantial expansion, or substantial modification that triggered the requirements of this provision. During the on-site phase of the audit, the auditor toured the facility and assessed the physical configuration of housing units and other areas relevant to supervision and sexual safety. The auditor considered staff lines of sight, potential blind spots, privacy-sensitive areas, and the ability of staff to supervise the incarcerated population.

As discussed under Standard 115.13, the auditor identified blind spots in the basketball court and laundry room during the on-site review. Facility leadership addressed those conditions while the auditor was on site by installing mirrors to improve staff visibility into those areas. These corrective measures were considered as part of the auditor's assessment of the facility's physical plant and supervision practices; however, they did not constitute a substantial expansion or modification that triggered Provision (a) of this standard.

Based on the Pre-Audit Questionnaire, facility information reviewed, interviews with agency and facility leadership, and on-site observations, the auditor determined that Provision (a) was not triggered during the applicable audit review period because Anexo Seguridad Máxima Bayamón 292 did not design or acquire a new facility or undertake a substantial expansion or modification of the existing facility. The provision is therefore not applicable for this audit period, consistent with the N/A finding reflected in the audit instrument.

115.18 Provision (b)

PREA Standard 115.18(b) requires that when an agency installs or updates a video monitoring system, electronic surveillance system, or other monitoring technology, it consider how the technology may enhance its ability to protect incarcerated individuals from sexual abuse. Anexo Seguridad Máxima Bayamón 292 does not utilize video monitoring systems, electronic surveillance systems, cameras, or other electronic monitoring technology for supervision of the incarcerated population. The Pre-Audit Questionnaire and facility information indicated that the facility had not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the applicable audit review period.

The absence of cameras and other electronic monitoring technology was verified during the on-site facility review and through interviews with facility leadership. During interviews, the Superintendent (Warden), PREA Coordinator, and PREA Compliance Manager reported that the facility had previously considered the

	installation of cameras in 2025; however, the project did not move forward due to funding limitations. No video monitoring system, electronic surveillance system, or other monitoring technology was installed or updated during the applicable audit review period. The auditor nevertheless considered the absence of electronic monitoring when evaluating supervision and sexual-safety practices elsewhere in the audit. In the absence of cameras or other electronic monitoring technology, the facility relies on staff deployment, direct observation, security rounds, supervisory oversight, and the physical configuration of the facility to provide supervision. The installation of mirrors in the basketball court and laundry room during the on-site audit addressed the specific blind spots identified in those locations and did not constitute the installation or updating of video monitoring, electronic surveillance, or other monitoring technology contemplated by Provision (b). Based on the Pre-Audit Questionnaire, facility information reviewed, interviews with facility leadership, and direct on-site observations, the auditor determined that Provision (b) was not triggered during the applicable audit review period because Anexo Seguridad Máxima Bayamón 292 did not install or update a video monitoring system, electronic surveillance system, or other monitoring technology. The provision is therefore not applicable for this audit period, consistent with the N/A finding reflected in the audit instrument. Corrective Action: None.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Sexual Assault Response and Medical Procedures • Evidence Collection and Preservation Procedures • Procedure for Coordination with the Centro de Ayuda a Víctimas de Violación (CAVV) in Cases of Sexual Assault • CAVV Victim Services and Resource Information • Collaborative Agreement with CAVV • Hospital/Forensic Medical Examination Referral Procedures • Documentation identifying the outside medical provider responsible for SAFE/ SANE forensic examinations • Documentation regarding victim advocacy services

- Investigative and criminal referral procedures

Interviews, Document and Site Review:

115.21 Provision (a)

DCRPR Regulation 8715 and related procedures establish a uniform response and evidence-preservation protocol for allegations of sexual abuse. The policy addresses actions necessary to preserve potential physical evidence for use in administrative proceedings and criminal prosecutions. When an allegation involves circumstances in which physical evidence may be present, procedures require separation of the alleged victim and alleged aggressor, protection of the alleged victim, preservation of the scene and potential evidence, notification of appropriate supervisory and investigative personnel, and medical evaluation when indicated. When applicable, the alleged victim is instructed not to take actions that could destroy potential evidence, including brushing their teeth, changing clothing, urinating, defecating, smoking, drinking, or eating. Similar evidence-preservation measures apply to the alleged aggressor when appropriate.

The auditor reviewed the applicable evidence-preservation procedures and interviewed random staff regarding their responsibilities upon learning of an allegation of sexual abuse. Staff were able to describe the immediate actions required to protect the alleged victim, separate the parties, preserve potential evidence, make required notifications, and obtain medical assistance.

Administrative investigations are conducted by DCRPR's Office of Investigations of the Correctional System (OISC). Allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. This division of responsibility does not relieve facility staff of their initial responsibilities to protect the alleged victim and preserve potential evidence pending investigation.

Based on the policies and evidence-preservation procedures reviewed and information obtained through staff interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.21 Provision (b)

Anexo Seguridad Máxima Bayamón 292 does not house youthful inmates. All incarcerated individuals housed at the facility are 18 years of age or older. The requirement that the evidence protocol be developmentally appropriate for youth was not operationally applicable during the audit review period. The auditor also reviewed the agency's evidence-preservation and sexual assault response procedures as they apply to the adult population. These procedures establish the responsibilities of responding staff for protecting the alleged victim, preserving evidence, obtaining medical attention, and making required investigative notifications and referrals.

Based on the population information and applicable procedures reviewed, the youth-specific component of Provision (b) was not applicable to the facility's population during the audit review period.

115.21 Provision (c)

DCRPR procedures provide incarcerated individuals who report sexual abuse access to forensic medical examinations when medically or evidentially appropriate and without financial cost to the incarcerated individual.

Forensic medical examinations are not conducted at Anexo Seguridad Máxima Bayamón 292. When a forensic examination is needed, the incarcerated individual is transported to the hospital, where the examination is conducted by appropriately qualified medical personnel, including SAFE/SANE personnel when available. Facility medical staff are responsible for initiating appropriate medical care and facilitating referral and transportation; they do not perform the forensic examination at the facility. The auditor reviewed the applicable medical response and hospital referral procedures and interviewed responsible personnel regarding the process followed after an allegation of sexual abuse. The process described included immediate medical assessment as necessary, preservation of potential forensic evidence, transportation to the hospital when a forensic examination is indicated, and coordination with the appropriate investigative authorities.

Based on the medical response and referral procedures reviewed and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (c).

115.21 Provision (d)

DCRPR has established procedures for providing victims of sexual abuse access to victim advocacy services. The Centro de Ayuda a Víctimas de Violación (CAVV), operated by the Puerto Rico Department of Health, serves as an outside resource for victims of sexual violence. When an incarcerated individual is transported to the hospital for a forensic medical examination, victim advocacy services are made available through the hospital as part of the sexual assault response process. The auditor interviewed the physician responsible for supervising SAFE/SANE examinations at the hospital, who confirmed the availability of victim advocacy services for incarcerated individuals undergoing a forensic medical examination.

The auditor reviewed documentation regarding CAVV services, DCRPR's coordination with CAVV, and the procedures for hospital referral when a forensic medical examination is required. The PREA Compliance Manager was interviewed regarding the availability of victim advocacy services and the process for connecting incarcerated individuals with those services. The information reviewed confirmed that incarcerated individuals referred to the hospital for a forensic medical examination have access to victim advocacy services as part of the hospital's sexual assault response process. CAVV is also available as an additional outside resource for victim support and related services.

Based on the procedures and documentation reviewed and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (d).

115.21 Provision (e)

Victim advocacy available through the hospital and CAVV includes support appropriate to the needs of a victim of sexual abuse. When requested by the victim, advocacy services may include accompaniment and support during the forensic medical examination process and investigative interviews, as well as emotional support, crisis intervention, information, referrals, and assistance accessing additional services.

The auditor reviewed information describing the services available through CAVV and the hospital-based response and interviewed the PREA Compliance Manager regarding how these services are accessed following an allegation of sexual abuse. The facility's procedures provide for coordination of these services as part of the response to an allegation.

Based on the victim-services documentation reviewed and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (e).

115.21 Provision (f)

DCRPR is responsible for conducting administrative investigations of sexual abuse allegations through OISC. The Puerto Rico Police Bureau is responsible for criminal investigations when an allegation involves potential criminal conduct.

The auditor reviewed procedures governing investigative responsibilities and referrals to outside law enforcement. Facility and investigative personnel described their respective responsibilities for preserving evidence, making required notifications, referring allegations involving possible criminal conduct, and coordinating with the Puerto Rico Police Bureau.

Because DCRPR conducts administrative investigations but relies on the Puerto Rico Police Bureau for criminal investigations, the auditor also considered the agency's procedures for referral and coordination with the outside investigating authority. The procedures reviewed establish that allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau and that facility personnel preserve evidence and cooperate with the criminal investigative process.

Based on the investigative and referral procedures reviewed and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (f).

115.21 Provision (h)

DCRPR's primary outside victim advocacy resource is CAVV, a specialized victim-services program of the Puerto Rico Department of Health. Victim advocacy services are also available through the hospital when an incarcerated individual is transported for a forensic medical examination.

The auditor reviewed documentation regarding CAVV's role and services and the

	procedures for connecting incarcerated individuals with victim advocacy resources. Because the agency utilizes specialized outside victim advocacy resources for purposes of this standard, the auditor did not identify a practice of relying on unqualified facility personnel to substitute for specialized victim advocacy services. Based on the documentation reviewed and information obtained through interviews, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the applicable requirements of Provision (h). Corrective Action: None.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Puerto Rico Police Bureau General Order, Chapter 600, Section 632 – Prison Rape Elimination (PREA) • PREA Investigation Procedures • Sexual Abuse and Sexual Harassment Investigation Documentation • Documentation of Investigative Referrals and Case Tracking • Publicly Available DCRPR PREA Information Interviews, Document and Site Review: 115.22 Provision (a) DCRPR Regulation 8715 requires that all allegations of sexual abuse and sexual harassment, including allegations received through third-party and anonymous reports, be referred for investigation. DCRPR’s Office of Investigations of the Correctional System (OISC) is responsible for conducting administrative investigations of PREA allegations. When an allegation involves conduct that may be criminal, the matter is referred to the Puerto Rico Police Bureau, which has legal authority to conduct criminal investigations. The auditor reviewed DCRPR’s investigative procedures, available investigative documentation, and the process used to refer and track PREA allegations. The PREA Coordinator, facility leadership, and investigative personnel were interviewed regarding how allegations are received, referred, and investigated. Interviews confirmed that allegations of sexual abuse and sexual harassment are referred to

OISC for administrative investigation and that allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau. Facility staff described their responsibility to preserve available evidence, make required notifications, provide relevant records and information, identify potential witnesses, and cooperate with the investigative entity. Investigative personnel described the process for receiving referrals, conducting administrative investigations, and referring matters involving potential criminal conduct to law enforcement.

Based on the policies, investigative procedures and documentation reviewed, and interviews with responsible personnel, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (a).

115.22 Provision (b)

DCRPR maintains a policy and practice requiring allegations involving potential criminal conduct to be referred to an agency with legal authority to conduct criminal investigations. The Puerto Rico Police Bureau serves as the outside law enforcement entity responsible for criminal investigation of PREA allegations referred by DCRPR.

The auditor reviewed DCRPR Regulation 8715 and the Puerto Rico Police Bureau General Order, Chapter 600, Section 632 – Prison Rape Elimination (PREA). The documentation establishes the investigative responsibilities of DCRPR and the Puerto Rico Police Bureau. OISC conducts administrative investigations, while allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. The auditor also reviewed the process for documenting investigative referrals and interviewed the PREA Coordinator and investigative personnel regarding referral practices. Interviews confirmed that referrals to the Puerto Rico Police Bureau are documented and that the investigative responsibilities of DCRPR and the Puerto Rico Police Bureau are clearly distinguished. The auditor further verified that DCRPR makes its PREA policies and information regarding the investigation and referral of sexual abuse and sexual harassment allegations publicly available.

Based on the policies, referral procedures, documentation reviewed, and interviews conducted, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (b).

115.22 Provision (c)

Criminal investigations of PREA allegations arising within DCRPR facilities are conducted by the Puerto Rico Police Bureau rather than OISC. DCRPR Regulation 8715 and the Puerto Rico Police Bureau General Order establish the respective responsibilities of DCRPR and the outside law enforcement entity when an allegation involves potential criminal conduct.

DCRPR remains responsible for the institutional response, including immediate protective measures, preservation of potential evidence, required notifications, administrative investigation through OISC, referral of potentially criminal conduct, and cooperation with the Puerto Rico Police Bureau. The Puerto Rico Police Bureau is

	responsible for conducting the criminal investigation within its legal authority. The auditor reviewed the applicable policies and investigative procedures and interviewed agency and investigative personnel regarding these responsibilities. The information reviewed and obtained through interviews demonstrated that the responsibilities of DCRPR and the Puerto Rico Police Bureau are established and understood when a criminal investigation is required. Based on the policies and investigative procedures reviewed and interviews conducted, the auditor determined that Anexo Seguridad Máxima Bayamón 292 meets the requirements of Provision (c). Corrective Action: None.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR PREA Training PowerPoint Presentation, “Adiestramiento P.R.E.A.” • PREA Informational Brochure for Employees • Employee PREA Training Records • PREA Refresher Training Records • Training Attendance Sheets and Sign-In Documentation • Signed Employee Training Acknowledgment Forms • Employee Rosters Used to Verify Training Completion • Time-Stamped Photographic Documentation of Refresher Training • PREA Training Tracking Documentation Interviews, Document and Site Review: 115.31 Provision (a) DCRPR Regulation 8715 requires employees who may have contact with the incarcerated population to receive training on the agency’s zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. The auditor reviewed DCRPR’s PREA training curriculum and supporting materials, including the “Adiestramiento P.R.E.A.” presentation and informational materials provided to employees. The curriculum addresses the agency’s zero-tolerance policy;

employee responsibilities under PREA; the right of incarcerated individuals to be free from sexual abuse and sexual harassment; protection from retaliation; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; recognition and response to signs of threatened or actual sexual abuse; avoidance of inappropriate relationships; professional communication with the incarcerated population; and applicable reporting requirements.

The training materials further address professional boundaries, inappropriate relationships, effective communication with LGBTQIA+ individuals, recognition of vulnerable populations, risk detection, and procedures for reporting PREA incidents. The training presentation includes specific instruction regarding the agency's zero-tolerance policy, the right to be free from sexual violence and retaliation, inappropriate staff-inmate relationships, communication practices, risk detection, and methods for reporting incidents.

Random staff interviews were used to assess employees' knowledge of the training received and their responsibilities under PREA. Staff demonstrated knowledge of the agency's zero-tolerance policy and described their responsibilities for reporting allegations, responding to sexual abuse and sexual harassment, maintaining confidentiality, protecting incarcerated individuals, and preserving potential evidence when applicable. Staff responses were consistent with the training curriculum and materials reviewed.

The auditor determined that the employee training curriculum addresses the required elements of Provision (a).

115.31 Provision (b)

Anexo Seguridad Máxima Bayamón 292 houses only male incarcerated individuals. Employee PREA training is tailored to the gender of the population housed at the facility and addresses staff responsibilities when supervising and interacting with the male correctional population.

The auditor reviewed the PREA training curriculum and supporting materials and interviewed staff regarding the training they received. The curriculum addresses professional boundaries, appropriate interactions with incarcerated individuals, cross-gender supervision and searches, communication with LGBTQIA+ individuals, and the professional and respectful treatment of transgender and intersex individuals.

Staff interviews demonstrated an understanding of appropriate professional interactions with the population housed at the facility. Employees reassigned between facilities housing different gender populations are required to receive training appropriate to the population of the facility to which they are assigned.

The auditor determined that the training provided to employees is appropriately tailored to the gender of the incarcerated population and meets the requirements of Provision (b).

115.31 Provision (c)

DCRPR Regulation 8715 requires employees who may have contact with the incarcerated population to receive PREA refresher training every two years to ensure continued knowledge of the agency's current sexual abuse and sexual harassment policies and procedures.

At the time of the initial training-record review, documentation demonstrated that approximately 63% of the facility's employees were current with the required PREA training. Although employees had received PREA training, the available records did not demonstrate that the required biennial refresher training was current for all employees. Provision (c) was therefore placed in corrective action.

During the Corrective Action Period, the facility conducted additional PREA refresher training for employees who required updated training. Training was conducted on multiple dates and tours to provide employees assigned throughout the facility with an opportunity to complete the required training. The facility submitted training attendance sheets, refresher-training records, signed employee acknowledgments, updated employee rosters, and supporting documentation of the training sessions.

The auditor reconciled the training documentation with the facility's updated employee roster and verified that all employees had completed the required PREA training. At the conclusion of corrective action, the facility had increased documented training compliance from approximately 63% to 100%. The facility also implemented a process for tracking employee PREA training completion dates and identifying employees approaching the two-year refresher-training deadline. This provides a mechanism for scheduling refresher training before an employee's required training becomes overdue.

The auditor determined that the deficiency identified under Provision (c) was corrected and that the facility meets the requirements of this provision.

115.31 Provision (d)

DCRPR maintains documentation demonstrating employee participation in and acknowledgment of PREA training. The auditor reviewed training attendance records, employee training documentation, and signed acknowledgment forms maintained by the facility. As part of corrective action, the facility submitted signed employee acknowledgment forms corresponding with the refresher training provided. The auditor reconciled the acknowledgment documentation and training attendance records with the updated employee roster and verified documentation for all employees required to complete the training.

The documentation reviewed demonstrated that employees acknowledged receipt and understanding of the PREA training provided. The auditor determined that the facility meets the requirements of Provision (d).

Corrective Action:

At the time of the initial training-record review, the facility was able to demonstrate that approximately 63% of employees were current with the required PREA training.

	The available documentation did not demonstrate current biennial refresher training for all employees, and corrective action was required under Provision (c). During the Corrective Action Period, the facility provided refresher training to employees requiring updated PREA training. Training was conducted across multiple dates and tours. The facility provided updated training records, attendance documentation, signed employee acknowledgments, updated employee rosters, and supporting documentation demonstrating completion of the training. The auditor reviewed and reconciled the documentation against the updated employee roster and verified that 100% of facility employees had completed the required PREA training. The facility also established a tracking process to monitor training completion dates and identify upcoming biennial refresher-training requirements. The corrective-action requirements were satisfied, and the deficiency identified under Provision (c) was corrected.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR Trainer's Guide - General PREA Training for the Training of Officials of the Department of Correction and Rehabilitation ("Guía para Adiestradores") • DCRPR PREA Training Materials • Volunteer PREA Training Records • Contractor PREA Training Records • Training Attendance and Sign-In Records • Training Acknowledgment Documentation • Volunteer Roster (updated) • Contractor Rosters • Documentation Verifying Completion of Corrective-Action Training • Memorandums regarding facility access for untrained volunteers Interviews, Document and Site Review: 115.32 Provision (a) DCRPR Regulation 8715 requires volunteers and contractors who have contact with incarcerated individuals to receive training regarding their responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual

abuse and sexual harassment. The level and type of training is based on the services provided and the degree of contact with the incarcerated population.

At the time of the on-site audit, Anexo Seguridad Máxima Bayamón 292 reported six volunteers who provided services to the incarcerated population. The facility also utilized contracted personnel who may have contact with incarcerated individuals. The auditor reviewed the volunteer roster, contractor personnel information, available PREA training records, acknowledgment documentation, and applicable PREA training materials. Volunteers and contractors were also interviewed regarding the training they received, their responsibilities under DCRPR's PREA policies, and their understanding of the procedures for reporting sexual abuse and sexual harassment.

The initial review identified deficiencies in the implementation and documentation of the required PREA training. The initial review identified a deficiency in the implementation of the required PREA training. At the time of the on-site audit, all six volunteers required PREA training and had not completed the required training. The facility was therefore placed in a Corrective Action Period for this standard.

During the Corrective Action Period, the facility provided the required PREA training to volunteers and applicable contractor personnel. Volunteers who had not completed the required training were prohibited from entering the facility until the training was completed. Memorandums were posted at the facility entrance informing personnel responsible for facility access of this requirement. The facility subsequently submitted updated training records, attendance and sign-in documentation, acknowledgment records, and supporting documentation for auditor review. The auditor compared the volunteer roster with the training documentation and verified that all six volunteers completed the required PREA training. Documentation for applicable contractor personnel was also reviewed to verify completion of the required training.

Following review of the corrective action documentation and verification of training completion, the auditor determined that the deficiency identified under Provision (a) was corrected and that Anexo Seguridad Máxima Bayamón 292 meets the requirements of this provision.

115.32 Provision (b)

DCRPR Regulation 8715 requires all volunteers and contractors who have contact with incarcerated individuals to be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and instructed on how to report such incidents. The level and type of training provided is based on the services performed and the level of contact with the incarcerated population.

The auditor reviewed the PREA training curriculum and related materials used for volunteers and contractors. The training addresses DCRPR's zero-tolerance policy, responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment, and procedures for reporting allegations. During the initial audit review, the available documentation did not establish that all six volunteers and applicable contractor personnel had received the required PREA training. This deficiency was addressed during the Corrective Action Period.

During corrective action, the facility provided the required training and restricted facility access for volunteers who had not completed the training. The facility subsequently submitted documentation demonstrating completion of the required PREA training by all six volunteers and applicable contractor personnel.

Following review of the documentation submitted during the Corrective Action Period, the auditor determined that the deficiency identified under Provision (b) was corrected and that Anexo Seguridad Máxima Bayamón 292 meets the requirements of this provision.

115.32 Provision (c)

DCRPR Regulation 8715 requires the agency to maintain documentation confirming that volunteers and contractors understand the PREA training they receive. During the on-site audit review, sufficient documentation was not available to demonstrate completion and acknowledgment of the required PREA training for all applicable volunteers and contractors. This documentation deficiency was included in the corrective action requirements. During the Corrective Action Period, the facility submitted training attendance and sign-in records, acknowledgment documentation, and supporting records identifying the volunteers and contractors who completed the required training and the dates of completion.

The auditor compared the roster of six volunteers with the training documentation submitted during corrective action and verified that all six volunteers completed the required PREA training. Documentation for applicable contractor personnel was also reviewed to verify completion and acknowledgment of the required training. The records submitted during the Corrective Action Period established that the facility maintains documentation confirming completion and acknowledgment of the required PREA training by volunteers and contractors.

Following review of the corrective action documentation, the auditor determined that the deficiency identified under Provision (c) was corrected and that Anexo Seguridad Máxima Bayamón 292 meets the requirements of this provision.

Corrective Action:

Corrective action was required because the documentation available during the initial audit review did not establish that all six volunteers and applicable contractor personnel had completed the required PREA training or that sufficient documentation was maintained to confirm completion and acknowledgment of the training.

During the Corrective Action Period, the facility provided the required PREA training and submitted updated volunteer and contractor training records, attendance and sign-in documentation, acknowledgment records, and supporting documentation. Volunteers who had not completed the required training were prohibited from entering the facility until the training was completed, and memorandums were posted at the facility entrance communicating this requirement to personnel responsible for authorizing facility access.

	The auditor compared the roster of six volunteers with the training documentation submitted during corrective action and verified that all six volunteers completed the required PREA training. The auditor also reviewed the documentation submitted for applicable contractor personnel and verified completion of the required training. The documentation submitted during the Corrective Action Period demonstrated that the training and documentation deficiencies identified during the initial review were corrected. No further corrective action was required.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-003, Certificación de Orientación sobre la Ley PREA • PREA inmate education and orientation materials • PREA informational brochures and posters • Inmate admission and transfer records • PREA education records and acknowledgment documentation • PREA education tracking documentation • Documentation submitted during the Corrective Action Period Interviews, Document and Site Review: 115.33 Provision (a) DCRPR Regulation 8715 requires incarcerated individuals to receive information during the intake process explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed the PREA educational materials used at Anexo Seguridad Máxima Bayamón 292 and interviewed staff responsible for providing PREA information during the intake process. Staff described the information provided to incarcerated individuals upon admission, including the agency's zero-tolerance policy and the available methods for reporting sexual abuse and sexual harassment. During the on-site review, the auditor observed the area where PREA education and risk screening are conducted and reviewed the process used to provide PREA information. The auditor also assessed the availability and accessibility of PREA educational materials and conducted formal and informal interviews with staff and incarcerated individuals regarding the information provided during intake. The auditor

reviewed a random sample of 46 incarcerated individual records to assess documentation of participation in PREA education. The record review identified deficiencies in the facility's documentation of the required intake information. The records did not consistently demonstrate that incarcerated individuals received information regarding DCRPR's zero-tolerance policy and available reporting methods during the intake process.

Because the documentation reviewed did not consistently demonstrate that the required PREA information was provided during intake, Anexo Seguridad Máxima Bayamón 292 was placed in a Corrective Action Period for this provision.

115.33 Provision (b)

DCRPR Regulation 8715 requires incarcerated individuals who are not released from custody within 30 days of intake to receive comprehensive PREA education within 30 days. The education addresses their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and DCRPR policies and procedures for responding to sexual abuse and sexual harassment.

The auditor reviewed the comprehensive PREA education materials used at Anexo Seguridad Máxima Bayamón 292 and interviewed staff responsible for providing the education. The materials addressed sexual abuse and sexual harassment prevention, the agency's zero-tolerance policy, reporting options, protection from retaliation, response procedures, and available resources. During the on-site review, the auditor observed the location where PREA education is provided and discussed the education process with responsible staff. The auditor also interviewed incarcerated individuals regarding the PREA education they received, their understanding of their rights, and their knowledge of available methods for reporting sexual abuse and sexual harassment.

The auditor reviewed a random sample of 46 incarcerated individual records to determine whether comprehensive PREA education was provided and documented within 30 days of intake. None of the 46 records reviewed contained sufficient documentation demonstrating that comprehensive PREA education was completed within the required 30-day timeframe.

Because none of the 46 records reviewed demonstrated completion of comprehensive PREA education within 30 days of intake, Anexo Seguridad Máxima Bayamón 292 was placed in a Corrective Action Period for this provision.

115.33 Provision (c)

DCRPR requires incarcerated individuals to receive the comprehensive PREA education described in Provision (b). Incarcerated individuals who are transferred from another facility are to receive education to the extent that the policies and procedures of the receiving facility differ from those of the previous facility.

The auditor reviewed PREA education procedures, educational materials, and records

maintained by Anexo Seguridad Máxima Bayamón 292. Staff responsible for providing PREA education were interviewed regarding the process for providing education to newly admitted and transferred incarcerated individuals. The review of 46 incarcerated individual records did not demonstrate that comprehensive PREA education was consistently provided and documented within the required timeframe. As noted under Provision (b), none of the 46 records reviewed contained sufficient documentation demonstrating completion of comprehensive PREA education within 30 days of intake.

Anexo Seguridad Máxima Bayamón 292 was therefore required during the Corrective Action Period to establish and demonstrate a process for ensuring that newly admitted and transferred incarcerated individuals receive the required comprehensive PREA education and that completion is appropriately documented.

115.33 Provision (d)

DCRPR requires PREA education to be provided in formats accessible to all incarcerated individuals, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or have intellectual, psychiatric, speech, or other disabilities that may affect their ability to understand the information provided. During the on-site review, the auditor assessed how PREA information and education are made accessible to incarcerated individuals who may require assistance. The auditor reviewed available educational materials and discussed accessibility procedures with staff responsible for providing PREA education.

Staff described methods available to assist incarcerated individuals who require information to be read aloud, explained, interpreted, or otherwise communicated in a manner appropriate to their individual needs. The auditor also assessed the availability of interpretation assistance when necessary and considered accessibility during formal and informal interviews with staff and incarcerated individuals.

The information obtained through documentation review, staff and incarcerated individual interviews, and on-site observations demonstrated that the facility has methods available for providing PREA education in accessible formats consistent with the requirements of this provision.

115.33 Provision (e)

DCRPR requires the facility to maintain documentation of incarcerated individual participation in PREA education sessions.

The auditor reviewed documentation maintained by Anexo Seguridad Máxima Bayamón 292 to record participation in initial and comprehensive PREA education. The review included a random sample of 46 incarcerated individual records.

The initial record review identified deficiencies in the documentation of required PREA education. The records did not consistently demonstrate that the required PREA information was provided during the intake process. None of the 46 records reviewed

contained sufficient documentation demonstrating that comprehensive PREA education was completed within 30 days of intake.

Because the documentation available at the time of the on-site audit did not consistently demonstrate participation in the required intake and comprehensive PREA education, this provision was included in the Corrective Action Period.

115.33 Provision (f)

DCRPR requires key information regarding its PREA policies to be continuously and readily available or visible to incarcerated individuals through posters, written materials, handbooks, brochures, pamphlets, or other appropriate formats. During the site review, the auditor actively observed PREA signage and informational materials throughout Anexo Seguridad Máxima Bayamón 292. The auditor assessed the materials for readability, accessibility, accuracy, consistency, and placement in areas accessible to the incarcerated population.

The auditor also reviewed PREA educational and informational materials available to incarcerated individuals. The materials provided information regarding sexual abuse and sexual harassment, the agency's zero-tolerance policy, available reporting methods, the PREA hotline, and other PREA-related resources. Formal and informal conversations with staff and incarcerated individuals were used to further assess awareness of and access to PREA information. The auditor's observations confirmed that key PREA information was available through posted and written materials in areas accessible to incarcerated individuals.

Corrective Action:

Corrective action was required under this standard based on deficiencies identified during the on-site audit and record review. The auditor reviewed a random sample of 46 incarcerated individual records. The records did not consistently demonstrate that incarcerated individuals received the required information regarding DCRPR's zero-tolerance policy and available reporting methods during the intake process. None of the 46 records reviewed contained sufficient documentation demonstrating that comprehensive PREA education was provided within 30 days of intake.

Anexo Seguridad Máxima Bayamón 292 was required to implement corrective measures to ensure that incarcerated individuals receive the required zero-tolerance and reporting information during the intake process and, for those remaining in custody, comprehensive PREA education within 30 days of intake. The facility was also required to maintain sufficient documentation of participation to demonstrate when the required education was provided.

During the Corrective Action Period, Anexo Seguridad Máxima Bayamón 292 implemented corrective measures related to the provision, documentation, tracking, and monitoring of PREA education. The facility provided supporting documentation for auditor review to demonstrate implementation of the corrective measures. The auditor reviewed documentation submitted during the Corrective Action Period to assess whether the facility had established a process for identifying newly admitted

	and transferred incarcerated individuals, documenting the provision of PREA information during intake, monitoring the 30-day requirement for comprehensive PREA education, documenting completion, and identifying individuals whose required education remained outstanding. The corrective action documentation demonstrated that Anexo Seguridad Máxima Bayamón 292 established a process for tracking required PREA education and maintaining documentation of incarcerated individual participation. The documentation submitted during the Corrective Action Period also provided a mechanism for facility staff to monitor the provision of comprehensive PREA education within the required 30-day timeframe. The auditor reviewed the corrective action documentation to assess implementation of the revised process over time. The documentation demonstrated implementation of procedures for providing and documenting PREA information during intake, tracking the 30-day comprehensive education requirement, documenting incarcerated individual participation, and monitoring completion. Following review of the documentation submitted during the Corrective Action Period, the deficiencies identified during the initial audit regarding the provision, documentation, tracking, and monitoring of required PREA education were addressed.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • OISC Specialized Investigator Training Curriculum • OISC investigator training records and logs • DCRPR coordinated response procedures • PREA investigation documentation Interviews and Document Review: 115.34 Provision (a) DCRPR Regulation 8715 requires investigators responsible for conducting investigations of sexual abuse and sexual harassment to receive specialized training in addition to the general PREA training provided to employees pursuant to Standard 115.31. The specialized training is specific to conducting sexual abuse investigations in confinement settings. The Office of Investigation of the Correctional System (OISC) is responsible for conducting administrative investigations of allegations of sexual

abuse and sexual harassment occurring within DCRPR correctional facilities, including Anexo Seguridad Máxima Bayamón 292.

The auditor interviewed OISC investigative personnel regarding their investigative responsibilities, procedures, and specialized PREA training. Investigators described the specialized training received for conducting sexual abuse investigations in correctional settings and their responsibilities when investigating PREA-related allegations. The auditor reviewed the specialized investigator training curriculum and training records for investigators responsible for conducting sexual abuse and sexual harassment investigations. The documentation demonstrated that all investigators responsible for these investigations had completed the required specialized training in addition to the general PREA employee training.

The documentation reviewed and interviews with investigative personnel demonstrated that investigators responsible for conducting sexual abuse investigations receive the specialized training required by this provision.

115.34 Provision (b)

The specialized training required for investigators includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution.

The auditor reviewed the OISC specialized investigator training curriculum to assess whether the required elements were included. The curriculum addressed techniques for interviewing victims of sexual abuse, the appropriate use of Miranda and Garrity warnings, evidence collection and preservation in confinement settings, and the criteria and evidence necessary to support administrative findings or referral for criminal prosecution.

The auditor also interviewed OISC investigative personnel regarding these components of their specialized training and their application during PREA investigations. Investigators described procedures for interviewing alleged victims, determining when Miranda or Garrity warnings are applicable, collecting and preserving evidence, and evaluating available evidence when reaching investigative findings or determining whether referral for criminal prosecution is appropriate. Information obtained through investigator interviews was consistent with the specialized training curriculum and demonstrated knowledge of the investigative procedures applicable to allegations of sexual abuse in confinement settings.

The training curriculum, training records, and investigator interviews demonstrated that the specialized training includes the required components of this provision.

115.34 Provision (c)

DCRPR is required to maintain documentation demonstrating that investigators responsible for conducting sexual abuse investigations have completed the required

	specialized training. The auditor reviewed OISC investigator training records and logs for personnel responsible for conducting administrative investigations of sexual abuse and sexual harassment allegations involving Anexo Seguridad Máxima Bayamón 292. The auditor also reviewed the specialized investigator training curriculum to verify the nature and scope of the training documented in the investigators' records. The training documentation demonstrated that all investigators responsible for conducting PREA investigations had completed the required specialized training. The records were maintained by the agency and were available for auditor review. The documentation reviewed demonstrated that DCRPR maintains records verifying completion of the required specialized training for investigators responsible for conducting sexual abuse investigations. Corrective Action: None.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Medical and mental health staff PREA training records • Specialized medical and mental health PREA training curriculum • Physicians Correctional training documentation • DCRPR coordinated response procedures • Medical response procedures for allegations of sexual abuse • Roster of medical and mental health practitioners regularly providing services at Anexo Seguridad Máxima Bayamón 292 Interviews and Document Review: 115.35 Provision (a) DCRPR Regulation 8715 requires all full-time and part-time medical and mental health practitioners who regularly work in DCRPR correctional facilities to receive specialized PREA training. The required training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom allegations or suspicions of sexual abuse and sexual harassment must be reported.

Medical and mental health services at Anexo Seguridad Máxima Bayamón 292 are provided through Physicians Correctional. The auditor reviewed the roster of medical and mental health practitioners who regularly provide services at the facility, applicable training records, and the specialized PREA training materials used for medical and mental health personnel. The auditor reviewed a sample of training records to verify that medical and mental health practitioners who regularly work at the facility had completed the required specialized training. The documentation demonstrated that the applicable practitioners had received training addressing each of the required elements of this provision.

During the on-site audit, the auditor interviewed medical and mental health practitioners regarding their responsibilities when responding to allegations or indications of sexual abuse or sexual harassment. Staff described how they identify and assess signs of sexual abuse and sexual harassment, preserve potential physical evidence, respond professionally to victims, report allegations or suspicions, and coordinate with security and other appropriate facility personnel.

Information obtained through staff interviews was consistent with the training documentation and procedures reviewed. The training records, specialized curriculum, and interviews demonstrated that medical and mental health practitioners who regularly provide services at Anexo Seguridad Máxima Bayamón 292 receive the specialized training required by this provision.

115.35 Provision (b)

Medical personnel at Anexo Seguridad Máxima Bayamón 292 do not conduct forensic sexual assault examinations. When a forensic medical examination is required following an allegation of sexual abuse, the incarcerated individual is transported to an outside hospital for examination by appropriately qualified medical personnel. The auditor reviewed the facility's medical response procedures and interviewed medical personnel regarding their responsibilities following an allegation of sexual abuse. Medical staff confirmed that forensic sexual assault examinations are not performed at the facility.

Facility medical personnel described their responsibilities as providing necessary medical care, taking appropriate steps to preserve potential physical evidence within the scope of their responsibilities, reporting and responding to the allegation in accordance with established procedures, and facilitating access to outside forensic medical services when indicated. Because medical personnel at Anexo Seguridad Máxima Bayamón 292 do not conduct forensic sexual assault examinations, the requirement for facility medical staff to receive specialized training to conduct such examinations is not applicable.

115.35 Provision (c)

DCRPR is required to maintain documentation demonstrating that medical and mental health practitioners have received the specialized training required under this standard, whether the training is provided by DCRPR or another qualified source.

The auditor reviewed training records and supporting documentation for medical and mental health practitioners who regularly provide services at Anexo Seguridad Máxima Bayamón 292. The auditor also reviewed the specialized medical and mental health PREA training materials to verify that the documented training addressed the required elements of Standard 115.35. The documentation demonstrated that medical and mental health practitioners had completed the required specialized PREA training. Training records documenting completion were maintained and made available for auditor review.

The training documentation and specialized curriculum demonstrated that DCRPR maintains documentation verifying that medical and mental health practitioners who regularly work at Anexo Seguridad Máxima Bayamón 292 have received the training required by this standard.

115.35 Provision (d)

In addition to the specialized training required under Standard 115.35, medical and mental health practitioners must also receive the PREA training applicable to their employment or contractual status. Medical and mental health practitioners employed by the agency are required to receive the employee training required under Standard 115.31. Medical and mental health practitioners who are contractors or volunteers are required to receive the applicable training required under Standard 115.32.

The auditor reviewed a random sample of training records for medical and mental health practitioners providing services at Anexo Seguridad Máxima Bayamón 292, including personnel providing services through Physicians Correctional. The records were reviewed to determine whether practitioners received both the specialized medical and mental health training required under this standard and the PREA training applicable to their employment or contractual status.

The documentation demonstrated that applicable medical and mental health practitioners received PREA training addressing DCRPR's zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment, in addition to the specialized training required for medical and mental health practitioners. Interviews with medical and mental health personnel further demonstrated an understanding of their PREA responsibilities, including reporting requirements, preservation of potential evidence, appropriate and professional response to victims, and coordination with security and other facility personnel following an allegation of sexual abuse or sexual harassment.

The training records and interviews demonstrated that medical and mental health practitioners providing regular services at Anexo Seguridad Máxima Bayamón 292 received the PREA training applicable to their employment or contractual status in addition to the specialized training required under this standard.

Corrective Action:

None.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-004 (Anejo B) - Formulario para Detectar Riesgo de Violencia Sexual • DCR-PREA-008 (Anejo F) - Informe de Seguimiento de Incidentes PREA • Completed PREA risk screening records • Initial risk assessment and reassessment records • Intake, admission, and transfer documentation • Procedures governing the administration and confidentiality of PREA risk screening information • Corrective Action Period documentation, as applicable Interviews, Document and Site Review: 115.41 Provision (a) DCRPR Regulation 8715 requires incarcerated individuals to be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward others. The auditor reviewed DCR-PREA-004 (Anejo B), Formulario para Detectar Riesgo de Violencia Sexual, which is used by DCRPR to assess risk of sexual victimization and sexual abusiveness. The auditor also reviewed completed screening records, intake and admission documentation, and facility procedures governing the screening process. During the on-site audit at Anexo Seguridad Máxima Bayamón 292, the auditor reviewed the risk screening process with staff responsible for conducting the assessments. The auditor assessed who was responsible for administering the screening, how information was collected, how responses were documented, and how screening results were used. The auditor also observed the area where PREA risk screenings are conducted and assessed whether the setting provided sufficient privacy for discussion of sensitive information. The screening process and administration of the instrument were discussed with responsible staff, and formal and informal interviews with incarcerated individuals were used to assess their experience with the screening process. The documentation and interviews established that Anexo Seguridad Máxima Bayamón 292 has a process for screening incarcerated individuals for risk of sexual victimization and sexual abusiveness during intake and following transfer. 115.41 Provision (b)

PREA Standard 115.41 requires the initial risk screening to ordinarily occur within 72 hours of an incarcerated individual's arrival at the facility. The auditor reviewed a random sample of 46 incarcerated individual records to determine whether initial PREA risk screenings were completed within 72 hours of arrival at Anexo Seguridad Máxima Bayamón 292. Of the 46 records reviewed, only 6 demonstrated that the initial PREA risk screening was completed within the required 72-hour timeframe. The remaining records did not contain sufficient documentation demonstrating completion of the initial screening within 72 hours of arrival.

Interviews with staff responsible for conducting risk screenings were also used to assess their understanding of the required timeframe and the procedures for completing and documenting initial screenings. Because only 6 of the 46 records reviewed demonstrated completion of the initial risk screening within 72 hours of arrival, corrective action was required for this provision.

115.41 Provision (c)

PREA Standard 115.41 requires risk screenings to be conducted using an objective screening instrument. DCRPR uses DCR-PREA-004 (Anejo B), Formulario para Detectar Riesgo de Violencia Sexual, as its objective screening instrument for assessing an incarcerated individual's risk of sexual victimization and sexual abusiveness. The auditor reviewed the screening instrument and interviewed staff responsible for conducting PREA risk screenings. During the on-site review, the auditor also assessed how the instrument is administered, how information is obtained from the incarcerated individual, how responses are documented, and how the screening results are used to identify risk.

The facility had an established objective screening process. However, the auditor's review of DCR-PREA-004 identified deficiencies in whether the instrument clearly and objectively addressed all of the risk factors required by the standard. These deficiencies were included in corrective action.

115.41 Provision (d)

PREA Standard 115.41 requires the intake screening to consider specific criteria when assessing an incarcerated individual's risk of sexual victimization. These criteria include, at a minimum, mental, physical, or developmental disability; age; physical build; previous incarceration; whether the individual's criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; prior sexual victimization; the individual's own perception of vulnerability; and whether the individual is detained solely for civil immigration purposes. The subsection of the standard previously addressing whether an individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming is no longer applicable to the compliance finding.

The auditor reviewed DCR-PREA-004 (Anejo B) against the applicable risk factors required by the standard. The review identified that certain questions required revision to ensure that the required factors were directly and objectively assessed.

For example, the instrument asked, “¿Ha sido víctima de abuso sexual no deseado mientras ha estado encarcelado?” This question limited the inquiry regarding prior sexual victimization to incidents occurring while incarcerated and did not adequately assess sexual victimization that may have occurred in the community. The terminology used in the question also required clarification to ensure that the inquiry was clear and consistent with PREA requirements. The auditor identified additional areas of the instrument requiring clarification or revision to ensure that each applicable risk factor was affirmatively and objectively assessed rather than relying on assumptions or incomplete information.

Staff responsible for conducting risk screenings were interviewed regarding how the required information is obtained and documented. The auditor also assessed the administration of the screening instrument during the on-site review, including the manner in which sensitive questions are asked and the privacy afforded during the process.

Corrective action was required to address the deficiencies identified in the screening instrument and to ensure that all applicable risk factors required by this provision are directly and objectively assessed.

115.41 Provision (e)

In assessing an incarcerated individual’s risk of being sexually abusive, PREA Standard 115.41 requires consideration, as known to the agency, of prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse. The auditor reviewed DCR-PREA-004 (Anejo B) and discussed the screening process with staff responsible for administering the instrument. The auditor assessed how information regarding prior sexually abusive behavior, violent criminal history, and institutional violence or sexual abuse is considered during the risk assessment process. Staff described the use of information obtained during the screening process as well as other available information and records when assessing an individual’s potential risk of sexual abusiveness.

The screening process included consideration of information relevant to an incarcerated individual’s risk of being sexually abusive. The revisions required to the overall screening instrument under Provision (d) were also considered in evaluating the facility’s screening process.

115.41 Provision (f)

PREA Standard 115.41 requires the facility, within a set period of time not to exceed 30 days from an incarcerated individual’s arrival, to reassess the individual’s risk of victimization or abusiveness based on any additional relevant information received since the initial intake screening.

The auditor reviewed the same random sample of 46 incarcerated individual records to determine whether the required reassessment was completed within 30 days of arrival. None of the 46 records reviewed contained sufficient documentation demonstrating completion of the required reassessment within the 30-day timeframe.

The auditor also interviewed staff responsible for risk screening regarding the reassessment process, including how individuals requiring reassessment are identified, how additional information is considered, and how completion of the reassessment is documented.

Because none of the 46 records reviewed demonstrated completion of the required reassessment within 30 days of arrival, corrective action was required for this provision.

115.41 Provision (g)

DCRPR procedures require an incarcerated individual's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the individual's risk of sexual victimization or abusiveness.

The auditor reviewed applicable procedures and interviewed staff responsible for PREA risk screening regarding circumstances that require reassessment outside of the routine 30-day reassessment. Staff described the process for conducting an additional risk assessment when new information becomes available or when a referral, request, or sexual abuse incident indicates that an individual's risk level may have changed. The auditor also reviewed available documentation concerning reassessment procedures and considered whether the facility had a mechanism for initiating reassessment when circumstances warranted.

The documentation reviewed and information obtained through interviews demonstrated that procedures provide for reassessment when additional information or circumstances affect an incarcerated individual's risk of sexual victimization or abusiveness.

115.41 Provision (h)

DCRPR procedures prohibit disciplining incarcerated individuals for refusing to answer, or for not providing complete information in response to, sensitive questions addressed by the risk screening process. The auditor interviewed staff responsible for conducting PREA risk screenings regarding how they respond when an incarcerated individual declines to answer a sensitive screening question or does not provide complete information. Staff demonstrated an understanding that incarcerated individuals are not to be disciplined for refusing to answer applicable sensitive questions or for declining to provide complete information. The auditor also considered the manner in which screening questions were administered and whether the process was designed to encourage responses without coercion or the threat of disciplinary action.

The documentation reviewed and staff interviews demonstrated that incarcerated individuals are not disciplined for refusing to answer or provide complete information in response to the applicable screening questions.

115.41 Provision (i)

PREA Standard 115.41 requires the agency to implement appropriate controls on the dissemination of responses obtained during the risk screening process to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. During the on-site review, the auditor assessed the storage and security of PREA risk screening information. The auditor reviewed how hard-copy and electronic screening information is maintained, who has access to the information, and the safeguards used to prevent unauthorized access or disclosure.

The auditor also interviewed the PREA Compliance Manager, staff responsible for risk screening, and other personnel regarding access to screening information. Staff described access as limited to personnel who require the information to perform their assigned responsibilities. The auditor assessed physical safeguards for hard-copy information and applicable safeguards for electronically maintained information. Informal conversations with staff were also used to assess their understanding of the confidential nature of screening information and restrictions on disclosure.

The documentation, observations, and interviews demonstrated that access to sensitive PREA risk screening information is restricted to appropriate personnel and that controls are in place to protect the information from inappropriate disclosure or use.

Corrective Action:

Corrective action was required under this standard based on deficiencies identified during the on-site audit, review of the screening instrument, and record review.

The auditor reviewed a random sample of 46 incarcerated individual records. Of the 46 records reviewed, only 6 demonstrated completion of the initial PREA risk screening within 72 hours of arrival at Anexo Seguridad Máxima Bayamón 292. None of the 46 records demonstrated completion of the required reassessment within 30 days of arrival.

The auditor also identified deficiencies in DCR-PREA-004 (Anejo B) related to the objective risk factors required by the standard. Certain questions did not clearly or fully assess the required criteria. In particular, the question addressing prior sexual victimization was limited to victimization occurring during incarceration and did not adequately address prior sexual victimization occurring in the community. Other portions of the instrument required clarification to ensure that the required risk factors were directly and objectively assessed.

Anexo Seguridad Máxima Bayamón 292 was therefore required to implement corrective measures addressing the content and administration of the risk screening instrument, completion of initial screenings within 72 hours of arrival, completion of reassessments within 30 days, and documentation and monitoring of both requirements.

Corrective action also required the facility to establish a reliable process for identifying newly admitted and transferred incarcerated individuals, recording their

	arrival dates, tracking initial screening dates, identifying required reassessment dates, documenting completion, and identifying individuals whose screenings or reassessments remained outstanding. The screening instrument was also required to be revised as necessary to clearly address all applicable risk factors required under Standard 115.41. Staff responsible for administering the instrument were required to receive instruction on the revised screening process, applicable risk factors, documentation requirements, and the required screening and reassessment timeframes. The PREA Compliance Manager monitored implementation during the Corrective Action Period through ongoing review of screening and reassessment records and provided supporting documentation for auditor review. The initial record review identified significant deficiencies. Of the 46 records reviewed during the on-site audit, only 6 demonstrated completion of the initial PREA risk screening within 72 hours of arrival, and none of the 46 records demonstrated completion of the required reassessment within 30 days. During the Corrective Action Period, Anexo Seguridad Máxima Bayamón 292 submitted risk screening and reassessment documentation for all incarcerated individuals admitted to the facility following the on-site audit. The auditor reviewed a randomly selected sample of records to verify admission dates, completion of initial risk screenings within 72 hours, completion of required reassessments within 30 days, and consistent implementation of the revised screening and tracking procedures. The documentation demonstrated sustained implementation of the required screening and reassessment process. In the limited instances in which an initial risk screening was completed outside the 72-hour timeframe, the delay was associated with a holiday, was clearly documented in the record, and did not exceed one additional day. The documentation allowed the auditor to verify the reason for each deviation and confirmed that these were isolated, short-term delays rather than failures to conduct, document, or monitor the required risk screening. The records submitted during the Corrective Action Period demonstrated that the facility corrected the deficiencies identified during the on-site audit and established an effective process for completing, documenting, tracking, and monitoring initial risk screenings and required reassessments. The corrective action documentation demonstrated sustained implementation of the required procedures, with any deviation from the 72-hour timeframe limited to no more than one day and supported by a documented explanation. Following review of the corrective action documentation, the deficiencies identified during the on-site audit were corrected.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- DCR-PREA-004 (Anejo B) – Formulario para Detectar Riesgo de Violencia Sexual
- Completed PREA risk screening and reassessment records
- Documentation related to housing, bed, work, education, and program assignments
- PREA Alerts
- PREA intake and admission screening documentation
- PREA assessment and reassessment documentation
- Corrective Action Period documentation and supporting records

Interviews, Document and Site Review:

115.42 Provision (a)

DCRPR Regulation 8715 requires information obtained through the PREA risk screening process to be used to inform housing, bed, work, education, and program assignments, with the goal of keeping incarcerated individuals identified as being at high risk of sexual victimization separate from those identified as being at high risk of sexually abusive behavior.

The auditor reviewed DCR-PREA-004 (Anejo B), completed risk screening records, PREA Alerts, and documentation related to housing and other assignment decisions. The auditor also interviewed the PREA Compliance Manager, Population Control Officer, and staff responsible for conducting risk screenings regarding how screening results are communicated and considered when making housing, bed, work, education, and program assignments.

Staff described the process for identifying individuals at increased risk of sexual victimization or sexually abusive behavior and communicating relevant risk information to personnel responsible for assignment decisions. Screening information is considered when determining appropriate housing and bed placement and when making work, education, and program assignments.

Because these decisions depend on complete and timely risk screening information, deficiencies identified under Standard 115.41 affected the facility's ability to demonstrate consistent implementation of this provision at the time of the on-site audit. The auditor's initial review of 46 records found that only 6 demonstrated completion of the initial risk screening within 72 hours of arrival, and none demonstrated completion of the required reassessment within 30 days. The screening instrument also required revision to ensure that the applicable risk factors were clearly and objectively assessed.

As a result, Anexo Seguridad Máxima Bayamón 292 was placed in a Corrective Action

Period for this provision.

115.42 Provision (b)

DCRPR Regulation 8715 requires individualized determinations regarding how to ensure the safety of each incarcerated individual. Housing, bed, work, education, and program decisions are to be based on the individual's circumstances and available risk screening information rather than solely on a particular characteristic or classification.

The auditor interviewed the PREA Compliance Manager, Population Control Officer, and staff responsible for risk screening regarding how individual screening results are considered when making assignment decisions. Staff described the use of risk screening information, PREA Alerts, institutional information, and other relevant information when evaluating appropriate placement and assignments.

The auditor also reviewed documentation related to the use of screening information in housing and other assignment decisions. The information reviewed demonstrated that the facility has a process for making individualized safety determinations based on identified risk factors and other relevant information.

However, because the facility could not demonstrate at the time of the on-site audit that required initial screenings and reassessments were consistently completed within the required timeframes, it could not demonstrate that individualized assignment decisions were consistently informed by complete and current PREA risk screening information.

Anexo Seguridad Máxima Bayamón 292 was therefore placed in a Corrective Action Period for this provision.

115.42 Provisions (c) through (g)

These provisions are no longer applicable to the compliance finding, as reflected in the current PREA audit instrument.

Corrective Action:

Corrective action under Standard 115.42 was directly related to the deficiencies identified under Standard 115.41. Because the facility's use of screening information for individualized housing and other assignment decisions depends on complete, timely, and accurate risk screening information, corrective measures implemented under Standard 115.41 were also necessary to address the deficiencies identified under this standard.

During the Corrective Action Period, DCRPR revised and codified DCR-PREA-004 (Anejo B) to ensure that the applicable risk factors were clearly and objectively assessed. Staff responsible for conducting risk screenings received instruction on the revised instrument, including its administration, documentation, and the use of screening results to inform individualized housing, bed, work, education, and program assignments.

	Anexo Seguridad Máxima Bayamón 292 also implemented a structured process for tracking initial risk screenings and required reassessments so that current risk information would be available to staff responsible for making assignment decisions. The PREA Compliance Manager monitored implementation during the Corrective Action Period through ongoing review of screening and reassessment records and provided supporting documentation for auditor review. During the Corrective Action Period, the facility submitted risk screening and reassessment documentation for incarcerated individuals admitted following the on-site audit. The auditor reviewed a randomly selected sample of records to verify admission dates, completion of initial risk screenings within 72 hours, completion of required reassessments within 30 days, and consistent implementation of the revised screening and tracking procedures. The documentation allowed the auditor to verify the reason for each deviation and confirmed that these were isolated, short-term delays rather than failures to conduct, document, or monitor the required screening. The auditor also reviewed documentation demonstrating that completed screening and reassessment information was available to personnel responsible for making individualized housing and other assignment decisions. The records supported that current risk information was being used to inform housing, bed, work, education, and program assignments and to assist in separating individuals identified as being at high risk of sexual victimization from those identified as being at high risk of sexually abusive behavior. The corrective action documentation demonstrated that the deficiencies identified during the on-site audit affecting the use of screening information were addressed. The facility established and implemented a process for completing and monitoring risk screenings and reassessments and for making current screening information available for individualized safety and assignment decisions.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Housing records for incarcerated individuals identified as being at high risk of sexual victimization • Protective custody records, as applicable • Documentation related to alternative housing and separation measures • Documentation related to programs, privileges, education, and work opportunities

- Documentation related to the length and review of protective custody placements, as applicable

Interviews, Document and Site Review:

115.43 Provision (a)

DCRPR Regulation 8715 limits the use of involuntary segregated housing for incarcerated individuals identified as being at high risk of sexual victimization. Involuntary segregation may only be used when an assessment of available alternatives determines that there is no other available means of separation from likely abusers. If an immediate assessment cannot be completed, temporary placement in involuntary segregated housing may not exceed 24 hours while the assessment is completed.

Anexo Seguridad Máxima Bayamón 292 does not have a segregated housing area. During the on-site review, the auditor verified the physical configuration of the facility and confirmed through interviews with facility leadership and staff that there is no designated segregation housing unit or area at the facility. The auditor interviewed facility leadership regarding the procedures used when an incarcerated individual is identified as being at high risk of sexual victimization and requires separation for safety. Staff explained that available housing alternatives are considered to maintain the individual's safety without the use of involuntary segregation. When the facility cannot safely accommodate the individual through available housing options, transfer or other appropriate placement alternatives may be considered.

The auditor reviewed available housing records to determine whether any incarcerated individual had been placed in involuntary segregated housing because of a high risk of sexual victimization. No such placements were identified during the period reviewed.

The facility's lack of a segregated housing area, together with the housing practices described by staff and the records reviewed, demonstrated that individuals identified as being at high risk of sexual victimization are not routinely placed in involuntary segregation as a means of protection.

115.43 Provision (b)

When involuntary segregated housing is used to protect an incarcerated individual from sexual victimization, the individual must have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, the facility must document the opportunities that were limited, the duration of the limitation, and the reasons for the limitation.

Anexo Seguridad Máxima Bayamón 292 does not maintain a segregated housing area, and the auditor did not identify any incarcerated individual who had been placed in involuntary segregated housing because of a high risk of sexual victimization during the period reviewed. The auditor discussed access to programs, privileges, education, and work opportunities with facility staff and reviewed available

documentation. Staff indicated that individuals requiring protection are managed through available housing and safety measures rather than placement in a segregated housing unit.

Because no incarcerated individuals were identified as having been involuntarily segregated for protection from sexual victimization, there were no applicable restrictions on programs, privileges, education, or work opportunities associated with such a placement for the auditor to review.

115.43 Provision (c)

PREA Standard 115.43 requires that an incarcerated individual placed in involuntary segregated housing because of a high risk of sexual victimization remain there only until an alternative means of separation from likely abusers can be arranged. Such placement should not ordinarily exceed 30 days.

The auditor interviewed facility leadership regarding how an incarcerated individual requiring separation for protection from sexual victimization would be managed. Staff reported that available housing alternatives would be considered and that other placement options, including transfer when appropriate, could be used when the facility could not safely accommodate the individual. Anexo Seguridad Máxima Bayamón 292 does not have a segregated housing area. The auditor's review of available records did not identify any incarcerated individual who had been placed in involuntary segregated housing because of a high risk of sexual victimization during the period reviewed.

115.43 Provision (d)

When an incarcerated individual is placed in involuntary segregated housing pursuant to this standard, the facility must clearly document the basis for its concern for the individual's safety and the reason why no alternative means of separation can be arranged.

The auditor reviewed DCRPR requirements and discussed the documentation process with applicable facility staff. Staff described the requirement to document the safety concerns and the measures taken when an individual requires separation for protection. Anexo Seguridad Máxima Bayamón 292 does not maintain a segregated housing area, and no instances were identified during the period reviewed in which an incarcerated individual was placed in involuntary segregated housing because of a high risk of sexual victimization. There were no applicable placement records under this provision for the auditor to review.

115.43 Provision (e)

PREA Standard 115.43 requires that when an incarcerated individual is placed in involuntary segregated housing because of a high risk of sexual victimization, the facility conduct a review at least every 30 days to determine whether there is a continuing need for separation from the general population.

The auditor interviewed facility staff regarding the review requirements associated

	with protective placements and reviewed available housing documentation. Anexo Seguridad Máxima Bayamón 292 does not have a segregated housing area, and no incarcerated individuals were identified as having been placed in involuntary segregated housing because of a high risk of sexual victimization during the period reviewed. No applicable 30-day reviews for the auditor to examine. Corrective Action: None.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR Regulation 8583, Reglamento para Atender las Solicitudes de Remedios Administrativos Radicadas por los Miembros de la Población Correccional • DCRPR PREA Training PowerPoint Presentation • DCR-PREA-005 (Anejo C), “Notificación Inicial de Incidente PREA” • DCR-PREA-007 (Anejo E), “Declaración de Incidente PREA” • DCRPR PREA Sexual Assault Awareness Brochure • PREA flyers, posters, signage, and reporting information • Documentation of inmate PREA education and re-education • Documentation of staff instruction regarding PREA reporting requirements Interviews, Document and Site Review: 115.51 Provision (a) DCRPR Regulation 8715 establishes multiple internal methods for members of the correctional population to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violations of responsibilities that may have contributed to an incident. Reports may be made verbally, in writing, anonymously, or through a third party. The auditor also reviewed Regulation 8583 governing the administrative remedies process. The regulation provides an additional written mechanism through which members of the correctional population may communicate complaints and concerns. Regulation 8583 addresses sexual violence complaints, allows third-party assistance, includes confidentiality protections, and prohibits retaliation. PREA related, sexual

harassment, and/or sexual abuse, complaints are excluded from the general 15-day filing period applicable to other administrative remedy requests.

During the on-site audit, the auditor assessed the reporting methods available at Anexo Seguridad Máxima Bayamón 292 through interviews, direct observation, document review, and testing. PREA posters, flyers, brochures, and reporting information were observed in housing areas and other locations routinely accessed by inmates. The auditor assessed whether the information was readable, accessible, consistent, accurate, and appropriately placed and verified that information regarding internal and external reporting methods was available throughout Anexo Seguridad Máxima Bayamón 292.

The auditor interviewed randomly selected inmates regarding their knowledge of the available methods for reporting sexual abuse and sexual harassment, retaliation, and staff neglect or violations that may have contributed to an incident. Informal conversations were also conducted with inmates during the site review to assess their awareness of available reporting options. Randomly selected staff were interviewed regarding the reporting methods available to inmates and their responsibilities when receiving a PREA-related report.

The auditor tested the telephone reporting method available in the housing areas in the same manner that an inmate would access the reporting system. Working telephones were available in the housing areas, and the designated PREA reporting line could be accessed using the established code. Access to the reporting line did not require funds in the inmate's telephone account. The reporting process did not require the inmate to provide identifying information, allowing reports to be made anonymously. The auditor also assessed the availability and privacy of the telephone reporting method.

Written reporting methods were also evaluated. The auditor assessed access to paper, writing instruments, forms, envelopes, and other materials necessary to make a written report. The process for submitting written communications was reviewed, including the accessibility and security of collection methods and the handling of written PREA-related information. Applicable staff were interviewed regarding how written reports are received, secured, and forwarded.

The auditor reviewed DCR-PREA-005 (Anejo C), "Notificación Inicial de Incidente PREA," and DCR-PREA-007 (Anejo E), "Declaración de Incidente PREA," to assess the procedures used at Anexo Seguridad Máxima Bayamón 292 to document PREA-related allegations and incidents after they are received.

The initial audit identified deficiencies under Standard 115.33 that affected Anexo Seguridad Máxima Bayamón 292's ability to demonstrate that all inmates had been consistently educated regarding the available PREA reporting methods. Although multiple reporting mechanisms were available and operational, additional corrective measures were required to establish that inmates were consistently informed of those options.

115.51 Provision (b)

DCRPR Regulation 8715 provides inmates with a method to report sexual abuse and sexual harassment to a public or private entity or office outside DCRPR. The external reporting process provides an alternative to reporting directly to staff at Anexo Seguridad Máxima Bayamón 292 or other DCRPR personnel and allows an inmate to remain anonymous upon request.

During the on-site audit, the auditor reviewed the information provided to inmates regarding external reporting and tested access to the outside reporting method. The auditor verified that the identified reporting method connected to the outside reporting entity and assessed whether the entity was prepared to receive reports of sexual abuse and sexual harassment and immediately forward those reports to appropriate DCRPR officials. The auditor also verified that an inmate could make a report without providing a name or other identifying information and could remain anonymous upon request.

The auditor reviewed external reporting information contained in PREA posters, flyers, brochures, and other educational materials and observed the availability of this information throughout Anexo Seguridad Máxima Bayamón 292. Randomly selected inmates were asked about their knowledge of external and anonymous reporting options. Informal conversations conducted during the site review were also used to assess inmate awareness of these methods.

Anexo Seguridad Máxima Bayamón 292 does not house inmates detained solely for civil immigration purposes. The requirement to provide inmates detained solely for civil immigration purposes with information on how to contact relevant consular officials and relevant officials with the Department of Homeland Security is not applicable.

115.51 Provision (c)

DCRPR Regulation 8715 requires staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and through third parties. Staff receiving a verbal allegation are required to promptly document the report and initiate the required notification and response procedures.

During random staff interviews at Anexo Seguridad Máxima Bayamón 292, the auditor asked staff how they would respond if an inmate verbally reported sexual abuse or sexual harassment. Staff demonstrated an understanding that an allegation must be accepted regardless of whether it is made verbally, in writing, anonymously, or through a third party. Staff also understood that verbal allegations must be promptly documented and reported in accordance with DCRPR procedures and that an inmate is not required to submit a written report before staff take action on a verbal allegation. Randomly selected inmates were also asked about their ability to make reports verbally, in writing, anonymously, and through third parties. Informal conversations conducted during the site review further assessed whether inmates understood that reports could be made through multiple methods.

The auditor reviewed DCR-PREA-005 (Anejo C) and DCR-PREA-007 (Anejo E) as part of the assessment of how staff at Anexo Seguridad Máxima Bayamón 292 document

allegations after they are received. The documentation reviewed and interviews conducted demonstrated established procedures for accepting and promptly documenting verbal, written, anonymous, and third-party reports.

115.51 Provision (d)

DCRPR Regulation 8715 provides staff with a method to privately report sexual abuse and sexual harassment involving inmates. During random staff interviews at Anexo Seguridad Máxima Bayamón 292, the auditor asked staff to explain how they could privately report a PREA-related concern, including circumstances in which they did not want to make the report through their immediate chain of command. Staff demonstrated knowledge of the available private reporting methods and understood that they were not limited to reporting PREA-related concerns to a direct colleague or immediate supervisor.

As part of the on-site review, the auditor asked staff to walk through the private reporting process available to them. The auditor assessed whether the reporting method was available on demand and whether staff could make a private report without being required to first report the information to an immediate supervisor. The review demonstrated that staff at Anexo Seguridad Máxima Bayamón 292 had access to a private reporting method outside their immediate supervisory structure.

Corrective Action:

Corrective action was required because deficiencies identified under Standard 115.33 affected Anexo Seguridad Máxima Bayamón 292's ability to demonstrate that inmates had been consistently educated regarding all available methods for reporting sexual abuse and sexual harassment. Although multiple internal and external reporting methods were available at the time of the on-site audit, the initial review did not establish that all inmates had consistently received and understood information regarding those reporting options.

During the Corrective Action Period, DCRPR revised its PREA reporting materials to clearly identify the methods available for reporting sexual abuse and sexual harassment, including verbal, written, anonymous, third-party, internal, and external reporting options. The revised flyers and educational materials were distributed and posted throughout Anexo Seguridad Máxima Bayamón 292. The PREA Compliance Manager conducted PREA re-education throughout the housing areas at Anexo Seguridad Máxima Bayamón 292 to reinforce the available reporting methods. Housing area leadership was also engaged to reinforce the information and support the continued availability of reporting materials. Staff received additional instruction regarding their responsibility to accept, promptly document, and report allegations received verbally, in writing, anonymously, or through third parties.

The auditor reviewed the revised PREA flyers and educational materials, documentation of inmate re-education, and documentation of staff instruction completed during the Corrective Action Period. The documentation demonstrated that the revised reporting information had been distributed and posted throughout Anexo Seguridad Máxima Bayamón 292 and that re-education regarding available reporting

	methods had been provided throughout the housing areas. The auditor also verified the availability and operation of the reporting mechanisms identified in the PREA educational and reporting materials. The posted PREA reporting flyer identifies multiple methods for reporting an incident of sexual abuse, including the PREA telephone line, using a code, reporting to the Shift Commander or Supervisor, medical or nursing personnel, the facility PREA Compliance Officer, Administrative Remedies, family members or other third parties, and by email at PREA@DCR.PR.GOV. During the on-site review, the auditor tested telephones in the housing areas to confirm access to the designated PREA reporting line using the code. The auditor confirmed that the reporting line was operational, could be accessed without funds in an inmate's telephone account, did not require the inmate to provide identifying information, and permitted anonymous reporting. The auditor also verified through observation, interviews, and review of the posted materials that inmates at Anexo Seguridad Máxima Bayamón 292 were provided multiple avenues for reporting sexual abuse and sexual harassment and were not limited to reporting directly to correctional staff. Written reporting methods were also assessed, including access to paper, writing instruments, forms, envelopes, and the means for submitting written communications. The auditor assessed the security of written communications and the procedures used for their collection and handling. Staff procedures for receiving, documenting, safeguarding, and forwarding verbal, written, anonymous, and third-party reports were also reviewed. The external reporting method was tested to verify that inmates could access the outside reporting entity, that the entity was prepared to receive reports of sexual abuse and sexual harassment and forward those reports to DCRPR, and that inmates could remain anonymous upon request. The corrective action addressed the deficiency identified during the on-site audit by establishing that inmates at Anexo Seguridad Máxima Bayamón 292 were provided information regarding all available reporting methods, that this information was reinforced throughout the housing areas, and that the reporting mechanisms described in the educational materials were available and operational. Documentation reviewed during the Corrective Action Period demonstrated completion of the required inmate re-education and staff instruction and supported the continued availability of internal, external, verbal, written, anonymous, and third-party reporting methods.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- DCRPR Regulation 8583
- Administrative remedy forms and procedures
- 17 randomly selected recent administrative grievances
- Documentation related to the receipt, processing, tracking, routing, and response to administrative remedies
- PREA educational materials, posters, and reporting information
- Documentation related to third-party reporting procedures
- Documentation related to emergency grievances and disciplinary actions, where applicable

Interviews, Document and Site Review:

115.52 Provisions (a)(b)(c)(d)(e)(f)(g)

DCRPR maintains an administrative remedy process through which members of the correctional population may submit grievances concerning allegations of sexual abuse and sexual harassment. DCRPR Regulation 8715 and Regulation 8583 establish procedures governing administrative remedies, including those involving allegations of sexual violence. Regulation 8583 establishes the Division of Administrative Remedies and includes requirements governing the receipt, processing, confidentiality, and resolution of administrative remedy requests.

The auditor reviewed the applicable regulations and administrative remedy procedures to determine whether the process imposed any time limit on an inmate's ability to submit a grievance alleging sexual abuse. Although Regulation 8583 generally establishes a 15-day timeframe for submitting an administrative remedy, allegations involving sexual violence are excluded from that filing limitation. An inmate alleging sexual abuse is not required to submit the grievance within the general 15-day filing period. The procedures do not require an inmate to use an informal grievance process or otherwise attempt to resolve an allegation of sexual abuse with staff before submitting an administrative remedy. The auditor also assessed whether an inmate alleging sexual abuse by a staff member could submit the grievance without being required to submit it to the staff member who was the subject of the complaint and whether that staff member would be prevented from reviewing or deciding the grievance.

The administrative remedy procedures require a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing, excluding time used by the inmate to prepare an administrative appeal. When additional time is necessary to make an appropriate decision, an extension of up to 70 days may be used, with written notification to the inmate identifying the extension and the date by which a decision will be made. The procedures further provide that when a response is not received within the applicable timeframe, including a properly noticed extension, the absence of a response may be treated as a denial at that level of review.

The auditor interviewed the Administrative Remedies staff person and Administrative

Remedies Officer regarding how grievances are received, collected, logged, routed, reviewed, tracked, and answered at Anexo Seguridad Máxima Bayamón 292. The interview specifically addressed how a grievance containing an allegation of sexual abuse or sexual harassment would be identified and handled, the applicable response timeframes, confidentiality requirements, emergency grievance procedures, third-party assistance, and the handling of grievances involving allegations against staff. The auditor also interviewed the Mail Officer regarding the collection, routing, security, and confidentiality of inmate correspondence. The auditor assessed how written communications containing sensitive PREA-related information would be handled and whether access to such information was restricted to personnel with a legitimate need to know.

During the on-site review, the auditor observed Administrative Remedies collection boxes in every housing area at Anexo Seguridad Máxima Bayamón 292. The boxes are secured in locked receptacles on the entrance bars of each housing area and are accessible to inmates without a physical barrier. Inmates may deposit grievances directly or while being escorted to common areas. Only Administrative Remedies staff collect the contents of the boxes, supporting the security and confidentiality of submissions. All inmates interviewed reported knowing where the Administrative Remedies collection boxes were located. The auditor also reviewed 17 randomly selected recent administrative grievances to assess how grievances were received, documented, processed, and answered. The auditor reviewed 17 randomly selected recent administrative grievances to evaluate the manner in which grievances were received, documented, logged, routed, processed, and answered and compared those practices with the procedures described during interviews.

There were no documented grievances alleging sexual abuse during the applicable review period. There were no sexual abuse grievances or final agency decisions available for case-specific review under this standard. The auditor instead assessed the established procedures, reviewed the 17 randomly selected administrative grievances, and interviewed personnel responsible for administering the grievance process to determine how a sexual abuse grievance would be processed. During formal interviews and informal conversations, inmates were asked about their knowledge of the Administrative Remedies process, including whether they knew how and where to submit a grievance, whether forms and collection boxes were accessible, and whether they had experienced difficulties submitting administrative remedies. The auditor also assessed whether inmates understood that the Administrative Remedies process was available as a method for reporting sexual abuse and sexual harassment.

PREA reporting and educational information was observed throughout Anexo Seguridad Máxima Bayamón 292. The auditor assessed the information for readability, accessibility, accuracy, consistency, and placement. The auditor also considered whether information concerning third-party reporting was available in areas accessible to inmates and other persons who could assist with reporting. The procedures permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist an inmate in submitting an administrative remedy related to an allegation of sexual abuse. Third parties may also

submit a request on an inmate’s behalf. When an inmate declines to have a third-party request processed on his behalf, the inmate’s decision is documented in accordance with established procedures.

The auditor assessed the availability of third-party reporting as part of the review of PREA reporting practices. The process allows allegations to be communicated by persons other than the alleged victim and establishes a mechanism for receiving and routing such information for appropriate action. The auditor reviewed the procedures associated with receiving third-party reports and assessed how such reports would be handled once received by DCRPR. DCRPR procedures establish a process for emergency grievances when an inmate alleges that he is subject to a substantial risk of imminent sexual abuse. Such grievances are required to be immediately forwarded to a level of review at which immediate corrective action can be taken. An initial response is required within 48 hours, and a final agency decision is required within five calendar days. The initial response and final decision must document DCRPR’s determination as to whether the inmate is at substantial risk of imminent sexual abuse and the actions taken in response to the emergency grievance.

No emergency grievances alleging a substantial risk of imminent sexual abuse were identified during the applicable review period. There were no emergency grievance records available for case-specific review. The auditor assessed the applicable procedures and interviewed responsible personnel regarding how an emergency grievance would be recognized, immediately routed, addressed, documented, and tracked within the required timeframes. The auditor reviewed the requirements concerning disciplinary action for grievances related to alleged sexual abuse. An inmate may not be disciplined for submitting a grievance related to alleged sexual abuse unless DCRPR demonstrates that the inmate filed the grievance in bad faith. No disciplinary actions associated with the filing of a grievance alleging sexual abuse were identified during the applicable review period.

The review established that Anexo Seguridad Máxima Bayamón 292 maintains an administrative remedy process that addresses the requirements applicable to sexual abuse grievances, including the absence of a general filing deadline for sexual abuse allegations, required response timeframes, third-party assistance and filing, emergency grievance procedures, confidentiality, and protections against discipline for good-faith grievances. The review demonstrated that the Administrative Remedies process at Anexo Seguridad Máxima Bayamón 292 meets the requirements applicable to sexual abuse and emergency grievances. Although no sexual abuse or emergency grievances were filed during the review period, the auditor verified the required procedures through policy and documentation review, interviews with responsible staff, examination of 17 randomly selected administrative grievances, and direct observation of the accessibility, security, and operation of the Administrative Remedies process.

Corrective Action:

None.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA signage, posters, brochures, and educational materials • Centro de Ayuda a Víctimas de Violación (CAVV) brochures and informational materials • CAVV 24/7 Help Line information • Documentation related to the proposed Collaborative Agreement between DCRPR and the Puerto Rico Department of Health/Centro de Ayuda a Víctimas de Violación (CAVV) • Meeting minutes, email correspondence, draft agreements, and other documentation reflecting DCRPR's efforts to establish an agreement with CAVV • CAVV informed consent, privacy, and confidentiality information • DCRPR correspondence and telephone procedures • Documentation of inmate and staff PREA re-education completed during the Corrective Action Period Interviews, Document and Site Review: 115.53 Provisions (a)(b)(c) DCRPR Regulation 8715 requires inmates to have access to outside emotional support services related to sexual abuse. Inmates are to be provided with mailing addresses and telephone numbers for outside organizations that provide these services and informed, prior to accessing the services, of the extent to which communications may be monitored and the circumstances under which reports of abuse may be forwarded to authorities in accordance with mandatory reporting requirements. The auditor reviewed information regarding the Centro de Ayuda a Víctimas de Violación (CAVV), a program of the Puerto Rico Department of Health that provides outside emotional support services to victims of sexual violence. CAVV provides a 24-hour assistance line and services that include crisis intervention, counseling, psychosocial support, referrals, and coordination of medical, social, and legal services. During the on-site review, the auditor observed PREA posters, brochures, and other informational materials throughout Anexo Seguridad Máxima Bayamón 292 and assessed whether information regarding CAVV and outside emotional support services was readily available to inmates. The auditor evaluated the materials for readability, accessibility, consistency, placement, and accuracy and considered whether inmates could identify the purpose of the service and how to access it.

The auditor also tested the telephone system to assess inmate access to the outside emotional support service and reviewed written correspondence as an additional method for communicating with an outside provider. The Mail Officer was interviewed regarding the collection and processing of inmate correspondence, and the auditor reviewed the availability of paper, writing materials, envelopes, and mail collection receptacles. The review also considered the privacy and confidentiality of communications with outside support services.

Anexo Seguridad Máxima Bayamón 292 does not house individuals detained solely for civil immigration purposes. The provision related to providing civil immigration detainees with contact information for immigration services agencies is not applicable.

During formal interviews and informal conversations, inmates were asked whether they were aware of CAVV, understood the purpose of the services provided, knew how to access those services, and understood the extent and limitations of confidentiality. Staff were also interviewed regarding CAVV, the services available to inmates, and their responsibilities for assisting an inmate seeking access to outside emotional support services. At the time of the on-site audit, the evidence did not sufficiently demonstrate consistent inmate and staff awareness of CAVV and the procedures for accessing outside emotional support services. DCRPR had not provided sufficient documentation at that time to demonstrate its efforts to enter into an agreement with an outside community service provider capable of providing confidential emotional support services. Corrective action was therefore required for these areas.

Corrective Action:

During the Corrective Action Period, DCRPR addressed the deficiencies related to inmate and staff awareness of outside emotional support services and documentation of the agency's efforts to establish an agreement with a community service provider. DCRPR provided documentation demonstrating active and ongoing efforts to establish a formal collaborative relationship with the Puerto Rico Department of Health's Centro de Ayuda a Víctimas de Violación (CAVV). The auditor reviewed email correspondence, interagency meeting documentation, the draft Collaborative Agreement and revisions, follow-up communications regarding the agreement, CAVV service and confidentiality materials, and documentation identifying the CAVV Islandwide Coordinator. These records demonstrated substantive communication and continued coordination between DCRPR and CAVV regarding the provision of outside emotional support services.

At the conclusion of the Corrective Action Period, the Collaborative Agreement had not yet been fully executed. Provision (c), however, permits an agency to demonstrate compliance by maintaining documentation of its attempts to enter into an agreement with a community service provider. The documentation reviewed by the auditor demonstrated ongoing and substantive efforts by DCRPR to establish the required relationship with CAVV.

Anexo Seguridad Máxima Bayamón 292 also implemented corrective measures to address the inmate and staff awareness concerns identified during the on-site audit.

	The PREA Compliance Manager conducted additional education throughout the housing areas regarding inmates' right to access outside emotional support services, the purpose and availability of CAVV services, methods for accessing those services, and applicable confidentiality limitations. Staff received additional instruction regarding CAVV and their responsibilities for assisting inmates who request access to outside emotional support services. The auditor reviewed attendance and acknowledgment records, housing-area education documentation, informational materials distributed to inmates, and records of the PREA Compliance Manager's efforts to reinforce the availability of CAVV services. This documentation verified that the corrective education was implemented at Anexo Seguridad Máxima Bayamón 292 and directly addressed the awareness deficiencies identified during the on-site audit. DCRPR also designated a CAVV Islandwide Coordinator to serve as a liaison between DCRPR and CAVV and assist with coordinating inmate access to outside emotional support services. This established a defined point of contact and responsibility for facilitating communication and access to CAVV services when requested. The auditor reviewed CAVV brochures, 24-hour assistance-line information, service materials, and information addressing confidentiality and mandatory reporting. The materials identify the services available through CAVV, methods for accessing those services, and the extent and limitations of confidentiality. The corrective-action evidence demonstrated that inmates at Anexo Seguridad Máxima Bayamón 292 were provided information regarding CAVV, the services available, methods for accessing outside emotional support, and applicable confidentiality limitations. The evidence also demonstrated that staff received instruction regarding CAVV and their responsibility to facilitate inmate access. Documentation of education and dissemination of information established that the inmate and staff awareness deficiencies identified during the on-site audit were addressed. The auditor also verified through interagency correspondence, meeting documentation, development and revision of the proposed Collaborative Agreement, follow-up communications, designation of the CAVV Islandwide Coordinator, and direct communication with CAVV personnel that DCRPR maintained documented and substantive efforts to establish and coordinate the required outside service relationship. The corrective action requirements were satisfied.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard

included:

- DCRPR Regulation 8715
- PREA brochures, flyers, posters, and signage
- DCRPR third-party reporting information
- Information provided to inmates regarding reporting methods
- Documentation related to the receipt and handling of third-party reports
- Documentation related to the auditor’s test of the third-party reporting process

Interviews, Document and Site Review:

115.54 Provision (a)

DCRPR Regulation 8715 establishes methods for receiving third-party reports of sexual abuse and sexual harassment. Third parties may include other inmates, staff, family members, attorneys, advocates, or other persons outside Anexo Seguridad Máxima Bayamón 292. Third parties may assist an inmate with reporting an allegation or submit a report on the inmate’s behalf. DCRPR also makes information regarding third-party reporting available to the public. DCRPR provides multiple avenues for reporting sexual abuse and sexual harassment, including verbal and written reports, anonymous reports, Administrative Remedies, telephone reporting, and reports made by family members or other third parties. PREA educational and reporting materials inform inmates that they may tell a family member, friend, attorney, or another person who may report the allegation on their behalf.

During the on-site review, the auditor observed PREA posters, flyers, brochures, and other reporting materials throughout Anexo Seguridad Máxima Bayamón 292. The auditor assessed the materials for readability, accessibility, consistency, placement, and accuracy. Third-party reporting information was available in areas accessible to inmates and in public areas where family members, visitors, attorneys, advocates, and other persons could obtain information about reporting sexual abuse or sexual harassment on behalf of an inmate. The auditor also evaluated whether the reporting information was clearly presented and whether the available reporting methods were specific to sexual abuse and sexual harassment rather than merely providing general contact information. The information reviewed clearly identified the purpose of the reporting methods and provided a means for third parties to communicate an allegation to DCRPR.

Formal interviews and informal conversations with inmates and staff assessed awareness of third-party reporting. Interviewed inmates demonstrated awareness that another person could report sexual abuse or sexual harassment on their behalf and were able to identify third parties, such as family members or other outside persons, as available reporting options. Staff interviewed by the auditor understood that third-party reports must be accepted and were able to explain how such reports would be documented, forwarded, and addressed. The consistency of the interview responses with the posted and distributed PREA information demonstrated that third-party reporting procedures were understood by both inmates and staff at Anexo

	Seguridad Máxima Bayamón 292. The auditor tested DCRPR’s third-party reporting method using the same process available to members of the public. The auditor verified that the method was readily accessible, understandable, and specifically provided for reporting sexual abuse and sexual harassment on behalf of an inmate. After submitting the test third-party report, the auditor received an email response and a follow-up telephone call. The auditor also verified that the test report had been received and reviewed documentation confirming its receipt and handling. The test demonstrated that DCRPR’s third-party reporting mechanism was operational from initial submission through receipt and follow-up. The auditor was able to independently verify that a report submitted through the publicly available method reached the appropriate personnel and generated a response, confirming that the reporting method functions as intended. The auditor assessed inmate education regarding third-party reporting. PREA educational and reporting materials explain that inmates may have another person report sexual abuse or sexual harassment on their behalf. Interviews confirmed that inmates understood this reporting option, while staff interviews confirmed their responsibility to accept and appropriately process reports received from third parties. The documentation reviewed, on-site observations, inmate and staff interviews, and direct testing of the reporting mechanism verified that DCRPR has established an operational method for receiving third-party reports of sexual abuse and sexual harassment and has made information regarding that method available to inmates and the public. The auditor’s independent test further verified that third-party reports are received, documented, routed, and followed up on through the established process. Corrective Action: None.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA reporting and incident response procedures • DCR-PREA-005 (Annex C), Initial PREA Incident Notification • DCR-PREA-007 (Annex E), PREA Incident Statement

- Annex G, Sexual Violence Incident Reporting and Intervention Procedure
- PREA staff training and educational materials
- Documentation related to staff reporting responsibilities
- Documentation related to the referral of allegations for investigation, where applicable

Interviews, Document and Site Review:

115.61 Provision (a)

DCRPR Regulation 8715 requires staff to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. The reporting obligation also includes retaliation against inmates or staff who reported sexual abuse or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Regulation 8715 specifically requires a staff member who becomes aware of or suspects sexual violence or retaliation to immediately notify the Shift Commander.

The regulation further requires staff to accept reports made verbally, in writing, anonymously, or by third parties and to immediately document verbal reports. The auditor reviewed DCR-PREA-005 (Annex C), Initial PREA Incident Notification, which provides a mechanism for documenting the initial report and specifically allows the person making the report to be identified as anonymous. Annex G further establishes the reporting and intervention chain and identifies the personnel who must be notified when an allegation becomes known.

During interviews, randomly selected staff were asked to explain what they would do if an inmate verbally disclosed sexual abuse, if they witnessed conduct that raised a suspicion of sexual abuse or sexual harassment, if a family member reported an allegation on behalf of an inmate, or if they became aware that an inmate or staff member was experiencing retaliation for making a PREA report. Staff consistently explained that the information must be reported immediately and identified the established notification process. Staff also understood that the obligation to report applies to suspected incidents and information received from others and does not require the staff member to personally witness the incident or determine whether the allegation is credible before reporting it.

The auditor tested the staff reporting process by asking staff to walk through the reporting methods available to them and describe the actions they would take upon receiving PREA-related information. Staff demonstrated that the reporting process was available on demand and understood how to immediately initiate the required notifications. For example, staff explained that an inmate's verbal disclosure would be immediately reported through the established chain of command and documented rather than delayed while the staff member attempted to investigate or verify the allegation. Staff also understood that anonymous and third-party allegations are handled as reportable PREA information.

Interview responses were consistent with Regulation 8715, the PREA forms, training

materials, and the procedures observed and reviewed by the auditor. The evidence verified that staff at Anexo Seguridad Máxima Bayamón 292 understand their responsibility to immediately report sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may have contributed to an incident or retaliation.

115.61 Provision (b)

DCRPR Regulation 8715 requires information concerning allegations and incidents of sexual abuse and sexual harassment to remain confidential. Staff are prohibited from disclosing information related to a sexual abuse report except to the extent necessary for treatment, investigation, security, management, and other decisions required by established procedures. Regulation 8715 specifically states that personnel are not authorized to disclose information concerning a sexual violence report to persons outside the established protocol.

Randomly selected staff were questioned regarding confidentiality and asked who could receive information concerning a PREA allegation. Staff consistently demonstrated an understanding that PREA-related information is sensitive and may only be shared with personnel who have a legitimate need to know. For example, staff understood that information may be communicated to supervisory and PREA personnel, investigators, and medical or mental health professionals when necessary to carry out their responsibilities, but should not be discussed with uninvolved staff or inmates.

The auditor's review of the reporting procedures and staff interviews verified that personnel at Anexo Seguridad Máxima Bayamón 292 understand both their obligation to report PREA-related information and their separate obligation to protect that information from unnecessary disclosure.

115.61 Provision (c)

DCRPR Regulation 8715 establishes reporting responsibilities applicable to personnel who receive information concerning sexual abuse or sexual harassment, including medical and mental health practitioners. Medical and mental health practitioners are required to report sexual abuse in accordance with agency procedures and applicable mandatory reporting requirements.

The auditor interviewed medical and mental health staff regarding their reporting responsibilities. Practitioners demonstrated an understanding that a disclosure of sexual abuse or sexual harassment must be reported and that professional confidentiality does not eliminate applicable PREA or mandatory reporting responsibilities. Medical and mental health staff also demonstrated awareness that inmates must be informed at the initiation of services of the practitioner's duty to report and the limitations of confidentiality. For example, practitioners understood that if an inmate disclosed sexual abuse during a medical or mental health encounter, the information would be reported through the required PREA process while disclosure of the inmate's information would otherwise remain limited to those personnel with a legitimate need to know. The interviews verified that medical and mental health personnel understood both the duty to report and the confidentiality limitations

applicable to PREA-related disclosures.

115.61 Provision (d)

DCRPR Regulation 8715 requires allegations involving an alleged victim who is under the age of 18 or who is considered a vulnerable adult under applicable law to be reported to the appropriate State or local services agency in accordance with mandatory reporting requirements. Regulation 8715 expressly requires notification to the appropriate local or state services agency when the alleged victim is a minor or is considered a vulnerable adult.

Anexo Seguridad Máxima Bayamón 292 houses an adult male correctional population. No circumstances were identified during the review period involving an alleged victim under the age of 18 that required such a notification. Interviews demonstrated that responsible personnel understood that an allegation involving an individual subject to mandatory reporting requirements must be reported to the appropriate authority in accordance with applicable law and DCRPR procedures.

The auditor's review of Regulation 8715 and interviews with responsible personnel verified that DCRPR has an established procedure for making the required notification should such circumstances occur.

115.61 Provision (e)

DCRPR Regulation 8715 requires allegations of sexual abuse and sexual harassment, including allegations received verbally, in writing, anonymously, or through third parties, to be documented and forwarded through the established PREA response and investigative process. The regulation further provides that sexual violence allegations, including third-party and anonymous allegations, are subject to administrative investigation.

The auditor reviewed DCR-PREA-005 (Annex C), which documents the initial PREA incident notification, and Annex G, which establishes the reporting and intervention process. Annex G identifies the reporting sequence beginning with the person who becomes aware of the allegation and proceeding through the Shift Commander or immediate supervisor and the required supervisory, PREA, medical, law-enforcement, and investigative notifications.

During interviews, staff were asked what occurs after an allegation is received. Staff consistently explained that allegations must be immediately reported and forwarded through the established notification process rather than independently screened out or disregarded. For example, staff understood that an allegation received from an inmate's family member, an anonymous source, or an inmate making a verbal disclosure must be reported and routed in the same manner as other PREA allegations.

The Warden or Designee and PREA personnel were also interviewed regarding notification and referral responsibilities. Their descriptions of the process were consistent with Regulation 8715, Annex C, and Annex G. The auditor's review

	confirmed that the established process provides for allegations received by Anexo Seguridad Máxima Bayamón 292 to be documented, communicated to the appropriate officials, and referred for investigation as required. The policy requirements, staff and medical/mental health interviews, on-site testing, and review of the reporting and incident-response documentation consistently demonstrated that personnel understand when a report is required, how to make the report immediately, how to protect PREA-related information from unnecessary disclosure, and how allegations are forwarded through the established response and investigative process. The evidence reviewed did not identify a gap between the reporting requirements established by DCRPR and the procedures described and demonstrated by personnel at Anexo Seguridad Máxima Bayamón 292. Corrective Action: None.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-004 (Annex B), Formulario para Detectar Riesgo de Violencia Sexual • DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA • DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA • DCR-PREA-007 (Annex E), Declaración de Incidente PREA • DCR-PREA-008 (Annex F), Informe de Seguimiento de Incidentes PREA • PREA staff training and educational materials Interviews, Document and Site Review: 115.62 Provision (a) DCRPR Regulation 8715 requires immediate protective action whenever DCRPR or Anexo Seguridad Máxima Bayamón 292 learns that an inmate is subject to a substantial risk of imminent sexual abuse. The regulation establishes preventive and response measures intended to protect inmates from identified sexual safety risks, including immediate physical, health, housing, supervision, and support measures based on the circumstances of the identified threat.

The auditor reviewed DCR-PREA-004 (Annex B), Formulario para Detectar Riesgo de Violencia Sexual, which is used to identify inmates who may be at risk of sexual victimization or sexual abusiveness. The screening instrument considers factors including prior sexual victimization, threats or sexual approaches from other inmates, an inmate's perception of vulnerability, and other information relevant to sexual safety. Information obtained through the screening process is used to identify risk and inform appropriate housing, supervision, and protective measures.

The auditor also reviewed DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA, which provides for immediate documentation of a PREA allegation or incident; DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA, which documents the circumstances of an incident and protective measures taken; DCR-PREA-007 (Annex E), Declaración de Incidente PREA, which provides for documentation of statements from persons involved in or with knowledge of an incident; DCR-PREA-008 (Annex F), Informe de Seguimiento de Incidentes PREA, which provides for follow-up monitoring; and Annex G, which establishes the reporting, notification, intervention, and response process. These documents establish a structured process for identifying a sexual safety concern, immediately communicating the information to responsible personnel, implementing protective measures, documenting the response, and conducting follow-up as necessary.

The auditor's review of Annex D further confirmed that DCRPR's incident-response documentation specifically provides for recording protective measures taken in response to an identified sexual safety concern. Examples reflected on the form include protective or administrative housing, medical placement, transfer to another location, separation from the alleged aggressor, increased supervision, and other protective measures appropriate to the circumstances. This documentation provides a mechanism for demonstrating the protective action taken when an inmate's safety is at risk.

Annex G further establishes the required notification and intervention chain when an allegation or sexual safety concern becomes known. The procedure requires notification through the established chain of command and identifies the involvement of supervisory, PREA, medical, investigative, and other personnel as appropriate. The procedures support immediate intervention rather than requiring staff to wait for an allegation to be substantiated or an investigation to be completed before addressing an identified safety risk.

The Agency Head, Superintendent, and randomly selected staff were interviewed regarding their responsibilities when information indicates that an inmate is subject to a substantial risk of imminent sexual abuse. Interview responses consistently demonstrated that protective action must be initiated immediately. Interviewees understood that staff are not required to wait for an assault to occur, for an allegation to be substantiated, or for an investigation to be completed before taking measures to protect an inmate.

Randomly selected staff were provided examples of situations involving an imminent sexual safety risk and asked to explain their response. For example, staff were asked

	what they would do if an inmate reported that another inmate had threatened to sexually assault him or if staff received information indicating that an inmate was in immediate danger from another inmate. Staff consistently described immediately protecting the inmate, notifying supervisory personnel, separating the inmate from the identified or potential threat, maintaining appropriate supervision, and obtaining additional assistance as necessary. Staff demonstrated that protective measures are determined by the immediate safety needs and circumstances of the inmate. Depending on the identified risk, measures may include separating the inmates involved, changing housing or bed assignments, increasing supervision, relocating the identified threat, obtaining medical or mental health assistance, transferring an inmate when necessary, or implementing other measures sufficient to eliminate the immediate risk. These examples were consistent with the protective options identified in DCRPR's policies and PREA incident-response documentation. The Superintendent described the same immediate-response expectations and confirmed that an identified imminent sexual safety risk would be addressed without delay. The Superintendent explained that immediate protective measures would be implemented based on the circumstances, followed by continued assessment and any additional action necessary to maintain the inmate's safety. During the on-site review, the auditor also engaged staff assigned to different areas of Anexo Seguridad Máxima Bayamón 292 in informal conversations regarding their response to an immediate sexual safety concern. Staff responses were consistent with those obtained during formal interviews. Staff understood that information indicating an imminent threat requires immediate intervention, protection of the inmate, and notification through the established chain of command. The auditor's review of Regulation 8715, Annexes B through G, staff training materials, and the established reporting and response procedures demonstrated a coordinated process for identifying an inmate at risk, immediately initiating protective action, documenting the measures taken, and providing follow-up when necessary. Interviews with the Agency Head, Superintendent, and randomly selected staff were consistent with these requirements and demonstrated that personnel understand their responsibility to act immediately upon learning of a substantial risk of imminent sexual abuse. Corrective Action: None.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA
- DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA
- DCR-PREA-007 (Annex E), Declaración de Incidente PREA
- Annex G, Procedimiento de Informe e Intervención en Incidente de Violencia Sexual
- DCRPR procedures for receiving, documenting, and forwarding allegations involving other confinement facilities
- PREA incident and notification documentation

Interviews, Document and Site Review:

115.63 Provisions (a)(b)(c)

DCRPR Regulation 8715 establishes procedures for responding when an inmate reports sexual abuse that allegedly occurred while the inmate was confined at another correctional facility. When such an allegation is received, the Superintendent or appropriate DCRPR official is required to notify the head of the facility where the alleged abuse occurred, or the appropriate office of the agency responsible for that facility. The notification must be made as soon as possible, but no later than 72 hours after receipt of the allegation, and the notification must be documented.

The auditor reviewed Regulation 8715 together with DCRPR's PREA reporting, notification, and incident-response documentation to assess how an allegation involving another confinement facility would be received, documented, communicated, and tracked. DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA, provides for documentation of the initial allegation and required notifications. DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA, provides for documentation of the incident and actions taken, while DCR-PREA-007 (Annex E), Declaración de Incidente PREA, provides a mechanism for documenting statements associated with an allegation. Annex G establishes the notification and intervention process and identifies the personnel responsible for receiving and forwarding PREA-related information.

These procedures provide a documented process for ensuring that an allegation received at Anexo Seguridad Máxima Bayamón 292 concerning sexual abuse alleged to have occurred at another confinement facility is not treated solely as an internal matter. The information must be documented and communicated to the head of the facility where the alleged abuse occurred or to the appropriate agency office so that the allegation can be addressed by the entity responsible for the location where the alleged incident occurred.

The Agency Head and Superintendent were interviewed regarding their responsibilities when an inmate reports sexual abuse that allegedly occurred at

another confinement facility. Interview responses demonstrated an understanding that the receiving institution has an affirmative responsibility to make the required notification and that responsibility does not depend on Anexo Seguridad Máxima Bayamón 292 first determining whether the allegation is substantiated. The Superintendent understood that notification must occur as soon as possible and no later than 72 hours after receipt of the allegation and that the notification must be documented. Anexo Seguridad Máxima Bayamón 292 would not delay the notification while attempting to independently investigate or determine the credibility of the allegation.

The policy requirements, established PREA forms, notification procedures, and interviews with the Agency Head and Superintendent demonstrated a defined process for receiving, documenting, and communicating allegations involving another confinement facility. The process requires notification to the appropriate facility or agency as soon as possible and no later than 72 hours after receipt of the allegation and requires documentation that the notification occurred.

115.63 Provision (d)

DCRPR Regulation 8715 also establishes responsibilities when the circumstances are reversed and DCRPR receives notification from another confinement facility or agency that an inmate was allegedly sexually abused while confined at a DCRPR institution. In those circumstances, the head of the DCRPR institution or appropriate agency office receiving the notification is responsible for ensuring that the allegation is addressed through the established PREA investigative process.

The auditor reviewed DCR-PREA-005 (Annex C), DCR-PREA-006 (Annex D), DCR-PREA-007 (Annex E), and Annex G to assess the process for documenting an allegation received from another confinement facility and forwarding the information to the personnel responsible for response and investigation. These procedures establish a documented pathway from initial receipt and notification through incident documentation, statements, required referrals, and investigation. An allegation received from another confinement facility concerning conduct alleged to have occurred at Anexo Seguridad Máxima Bayamón 292 is subject to the same PREA reporting and investigative requirements as an allegation initially reported within Anexo Seguridad Máxima Bayamón 292. The source of the allegation does not reduce or alter the obligation to ensure that it is referred for investigation.

The Agency Head and Superintendent were interviewed regarding this responsibility and demonstrated an understanding that a notification received from another confinement facility must be documented and referred to the appropriate investigative authority. The fact that the alleged victim was no longer housed at Anexo Seguridad Máxima Bayamón 292 would not eliminate the obligation to ensure that the allegation is investigated. No allegations were received from other confinement facilities during the audit review period concerning sexual abuse alleged to have occurred at Anexo Seguridad Máxima Bayamón 292. Therefore, there were no corresponding notification, referral, or investigative records available for case-specific review under Provision (d). The auditor verified the required process through review

	of DCRPR Regulation 8715, applicable PREA reporting and notification procedures, and interviews with the Agency Head and Superintendent. Both demonstrated an understanding that any such notification must be documented and referred through DCRPR's established PREA investigative process. The requirements contained in Regulation 8715, the PREA incident and notification forms, Annex G, and the responsibilities described by the Agency Head and Superintendent establish a clear process in both directions: allegations reported at Anexo Seguridad Máxima Bayamón 292 concerning another confinement facility must be documented and communicated to that facility or appropriate agency office within 72 hours, and allegations received from another confinement facility concerning conduct alleged to have occurred at Anexo Seguridad Máxima Bayamón 292 must be documented and referred for investigation. These procedures ensure that the location at which an allegation is reported does not prevent or delay notification to the institution responsible for addressing the alleged incident. Corrective Action: None.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA • DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA • DCR-PREA-007 (Annex E), Declaración de Incidente PREA • Annex G, Procedimiento de Informe e Intervención en Incidente de Violencia Sexual • PREA Coordinated Response procedures • PREA staff training and educational materials • Available documentation related to staff responses to PREA allegations Interviews, Document and Site Review: 115.64 Provision (a) DCRPR Regulation 8715 and Annex G establish the immediate responsibilities of security staff who first respond to an allegation of sexual abuse. The required response includes separating the alleged victim and alleged abuser, preserving and

protecting the potential crime scene, immediately notifying the appropriate supervisory personnel, and protecting physical evidence when the allegation involves conduct occurring within a timeframe that permits evidence collection.

The auditor reviewed DCR-PREA-005 (Annex C), which documents the initial PREA incident notification and required notifications; DCR-PREA-006 (Annex D), which documents the circumstances of the incident, response, and protective measures taken; DCR-PREA-007 (Annex E), which provides for documentation of statements related to the incident; and Annex G, which establishes the sequence of notifications and intervention responsibilities following a PREA allegation. The auditor also reviewed PREA staff training materials addressing first responder responsibilities and evidence preservation. The documents reviewed consistently require the first security staff responder to separate the alleged victim and alleged abuser and preserve and protect any potential crime scene until appropriate steps can be taken to collect evidence. When the alleged abuse occurred within a timeframe that permits the collection of physical evidence, staff are required to instruct the alleged victim not to take actions that could destroy potential evidence, including washing or bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Security staff are also required to ensure that the alleged abuser does not take actions that could compromise or destroy potential physical evidence.

During the on-site review, the auditor interviewed security staff first responders and randomly selected security staff and used scenario-based questions to assess their application of these requirements. Staff were asked to describe, step by step, what they would do upon receiving an allegation of recent sexual abuse. Interviewed staff consistently identified immediate separation of the alleged victim and alleged abuser, protection of the alleged victim, securing and preserving the potential crime scene, notification of supervisory personnel, and preservation of potential physical evidence as required first-response actions.

When specifically questioned about evidence preservation, interviewed security staff identified actions the alleged victim and alleged abuser must avoid when physical evidence may still be recoverable. Staff responses included preventing washing or bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating until appropriate evidence-collection procedures could occur. Staff understood that these measures apply to both the alleged victim and alleged abuser when applicable.

The auditor also used practical examples during interviews. When presented with a scenario involving an inmate reporting a recent sexual assault, security staff consistently described separating the individuals, securing the area, protecting the alleged victim, preventing both parties from taking actions that could destroy evidence, immediately notifying the Shift Commander or appropriate supervisor, and initiating the established PREA response process. Staff did not describe conducting their own investigation before initiating these actions. Informal conversations with security staff assigned to different areas of Anexo Seguridad Máxima Bayamón 292 gave responses consistent with the formal interviews and written procedures. Staff demonstrated knowledge of their immediate responsibilities and the sequence of

actions required upon learning of an allegation of sexual abuse.

The auditor's review of Regulation 8715, Annexes C, D, E, and G, PREA Coordinated Response procedures, staff training materials, and available PREA response documentation was consistent with the actions described by security staff during formal interviews, scenario-based questioning, and informal conversations. The evidence reviewed and the responses demonstrated by security staff confirmed that first responders understood the required immediate actions of separation, protection of the crime scene, notification, and preservation of physical evidence.

115.64 Provision (b)

DCRPR Regulation 8715 and Annex G also establish responsibilities for a non-security staff member who is the first person to receive an allegation of sexual abuse. The procedures require the non-security first responder to instruct the alleged victim not to take actions that could destroy physical evidence and to immediately notify security staff.

The auditor reviewed Regulation 8715, Annex G, the PREA Coordinated Response procedures, and staff training materials to verify the responsibilities assigned to non-security first responders. The materials distinguish the duties of non-security personnel from those of security first responders while ensuring that immediate steps are taken to preserve potential evidence and bring security personnel into the response without delay.

During the on-site review, non-security staff and randomly selected staff were asked to explain their responsibilities if an inmate first disclosed sexual abuse to them. Staff consistently stated that they would immediately notify security personnel and instruct the alleged victim not to wash or bathe, brush his teeth, change clothes, urinate, defecate, smoke, drink, eat, or otherwise take actions that could destroy physical evidence when evidence collection remained possible.

Scenario-based questioning was also used to verify practical understanding. When asked how they would respond if an inmate approached them and disclosed a recent sexual assault before any security officer had been notified, non-security staff identified preservation of potential evidence and immediate notification of security personnel as their required actions. Their responses were consistent with Regulation 8715, Annex G, and the PREA training materials reviewed by the auditor.

The auditor's formal interviews, informal conversations, and scenario-based questioning demonstrated a consistent understanding among security and non-security personnel of their respective first responder responsibilities. Security staff identified all four required elements of the security first responder response: separation of the alleged victim and alleged abuser, protection of the potential crime scene, preservation of evidence from the alleged victim, and preservation of evidence from the alleged abuser. Non-security staff consistently identified their responsibility to protect potential evidence and immediately notify security personnel. These responses were consistent with the written procedures and training materials reviewed before and during the on-site audit.

	Corrective Action: None.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Anexo Seguridad Máxima Bayamón 292 institutional coordinated response plan • Annex G, Procedimiento de Informe e Intervención en Incidente de Violencia Sexual • DCR-PREA-005 (Annex C), Notificación Inicial de Incidente PREA • DCR-PREA-006 (Annex D), Informe Institucional de Incidente de Violencia Sexual PREA • DCR-PREA-007 (Annex E), Declaración de Incidente PREA • DCR-PREA-008 (Annex F), Informe de Seguimiento de Incidentes PREA • PREA staff training and educational materials • PREA incident reporting, notification, medical, mental health, and investigative response procedures Interviews, Document and Site Review: 115.65 Provision (a) Anexo Seguridad Máxima Bayamón 292 maintains a written institutional coordinated response plan for incidents of sexual abuse. The plan applies specifically to Anexo Seguridad Máxima Bayamón 292 and works in conjunction with DCRPR Regulation 8715 and the agency’s PREA forms and response procedures. The institutional plan identifies and coordinates the responsibilities of staff first responders, security supervisors, the Superintendent, PREA personnel, medical and mental health practitioners, investigators, and other personnel involved in responding to an allegation or incident of sexual abuse. The written institutional plan establishes the sequence of actions beginning when an allegation is first received and continuing through immediate protection, notification, medical and mental health response, evidence preservation, investigation, documentation, and follow-up. Responsibilities are assigned to the personnel responsible for each component of the response so that required actions are coordinated rather than performed independently or without defined responsibility.

The auditor reviewed the institutional coordinated response plan together with DCRPR Regulation 8715 and Annex G. Annex G establishes the reporting and intervention sequence and identifies the required notifications following an allegation or incident of sexual abuse. The process coordinates notification and response among the first staff member receiving the information, the Shift Commander or immediate supervisor, the Superintendent, PREA personnel, medical and mental health personnel, law enforcement, and investigative personnel, as applicable.

DCR-PREA-005 (Annex C) supports the institutional response by documenting the initial PREA incident notification and required notifications. DCR-PREA-006 (Annex D) documents the incident, response, and protective measures taken. DCR-PREA-007 (Annex E) provides for documentation of statements associated with the incident, and DCR-PREA-008 (Annex F) provides for required follow-up. These documents correspond with the responsibilities and sequence established in the written coordinated response plan and provide a documented process from the initial allegation through follow-up.

The coordinated response requires immediate protection of the alleged victim and separation of the alleged victim and alleged abuser. Security first responders are responsible for protecting and preserving the potential crime scene and physical evidence. Supervisory personnel initiate the required notifications and ensure implementation of the institutional response. Medical and mental health personnel address immediate and ongoing health needs. PREA personnel coordinate PREA-specific requirements and follow-up, while allegations requiring investigation are referred to the appropriate investigative personnel. Facility leadership maintains responsibility for ensuring that the required components of the response are carried out and coordinated.

The Superintendent was interviewed regarding the written institutional coordinated response plan for Anexo Seguridad Máxima Bayamón 292. The Superintendent demonstrated knowledge of the plan, the responsibilities assigned to facility leadership, and the coordination required among security, medical and mental health, PREA, and investigative personnel following an allegation of sexual abuse.

The auditor also interviewed the PREA Coordinator, PREA Compliance Manager, security supervisors, medical and mental health personnel, and staff with responsibilities under the coordinated response. Personnel consistently described responsibilities that corresponded with their assigned roles in the written institutional plan. Security personnel identified immediate protection, separation, notification, crime-scene protection, and evidence preservation responsibilities. Medical and mental health personnel described their responsibilities for evaluation, treatment, and related notifications. PREA personnel described their coordination and follow-up responsibilities, and supervisory personnel understood their role in initiating and overseeing the required response.

Formal interviews were supplemented by informal conversations with staff throughout Anexo Seguridad Máxima Bayamón 292. The responsibilities described by staff were consistent with the written institutional plan, Regulation 8715, Annex G, the PREA

	forms, and the training materials reviewed by the auditor. Staff understood not only their individual responsibilities but also when notification, referral, or coordination with another discipline was required. The documentation and interviews established that the coordinated response is not limited to an agency-wide policy. Anexo Seguridad Máxima Bayamón 292 has a written institutional plan that assigns and coordinates the actions of first responders, security supervisors, facility leadership, medical and mental health practitioners, PREA personnel, and investigators. The institutional plan, Annex G, supporting PREA forms, and staff responsibilities operate together to provide a defined and coordinated response from the initial report through protection, medical and mental health intervention, investigation, documentation, and follow-up. Corrective Action: None.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • Collective Bargaining Agreement – DCR Correctional Officers • Collective Bargaining Agreement – DCR Civilian Employees • Collective Bargaining Agreement – AIJ Civilian Employees • Collective Bargaining Agreement – AIJ Juvenile Services Officers • Collective Bargaining Agreement – OSAJ • Collective Bargaining Agreement – Correctional Health Program • Applicable provisions addressing management rights, personnel actions, disciplinary procedures, transfers, assignments, and other employment conditions • Agency Head interview regarding DCRPR’s authority to restrict an alleged staff sexual abuser from contact with inmates during an investigation and disciplinary process Interviews, Document and Site Review: 115.66 Provision (a) The auditor reviewed the collective bargaining agreements applicable to the employee groups operating within DCRPR to determine whether any provision

restricts DCRPR's authority to remove an alleged staff sexual abuser from contact with inmates while an investigation is pending or while a determination is being made regarding whether, and to what extent, discipline is warranted. The agreements reviewed included those applicable to DCR correctional officers, DCR civilian employees, AIJ civilian employees, AIJ juvenile services officers, OSAJ employees, and Correctional Health Program employees. The review included provisions governing management rights, personnel actions, disciplinary procedures, assignments, transfers, and other employment conditions that could affect DCRPR's authority to restrict an employee's contact with the correctional population.

The agreements recognize management authority over agency operations and personnel matters while also establishing negotiated procedures and protections governing employment and disciplinary actions. The auditor specifically considered whether those negotiated protections created a contractual restriction preventing DCRPR from separating an employee accused of sexual abuse from inmates during the pendency of an investigation or disciplinary determination. No provision reviewed required an employee accused of sexual abuse to remain in contact with inmates pending completion of an investigation or disciplinary process.

The Secretary of Corrections (Agency Head) was interviewed regarding DCRPR's authority under the applicable collective bargaining agreements. The Secretary confirmed that the collective bargaining agreements do not prevent DCRPR from immediately restricting an alleged staff sexual abuser's contact with inmates while the allegation is investigated. DCRPR retains authority to take protective personnel measures necessary to prevent contact between an accused employee and the correctional population while the investigative and disciplinary processes proceed.

The auditor further confirmed through the Agency Head interview that the existence of contractual disciplinary procedures does not require DCRPR to wait until an allegation is substantiated or a final disciplinary determination is issued before restricting the accused employee's contact with inmates. Employee procedural protections and the agency's authority to protect inmates operate independently: applicable due-process and collective bargaining procedures remain available to the employee, while DCRPR retains the ability to prevent contact with inmates during the investigation.

The review also addressed whether DCRPR or another governmental entity responsible for collective bargaining on DCRPR's behalf had entered into or renewed an agreement containing a provision that would limit this authority. The collective bargaining agreements reviewed contained no provision identified by the auditor that required DCRPR to maintain inmate contact for an alleged staff sexual abuser or otherwise prevented the agency from implementing protective restrictions pending investigation or a determination regarding discipline.

The documentary review and Agency Head interview consistently established that DCRPR retains the authority required by this provision to remove an alleged staff sexual abuser from contact with inmates while an investigation or disciplinary determination is pending. Nothing identified in the collective bargaining agreements

	reviewed limits DCRPR's ability to take that protective action at Anexo Seguridad Máxima Bayamón 292. Corrective Action: None.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA General Staff Training Curriculum • PREA Follow-Up Report Form (Annex F) • Retaliation monitoring documentation • PREA investigative files and related follow-up documentation • Documentation of protective measures and follow-up, where applicable Interviews, Document and Site Review: 115.67 Provision (a) DCRPR Regulation 8715 prohibits retaliation against inmates and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. DCRPR has designated personnel responsible for monitoring retaliation and documenting the required follow-up. The PREA General Staff Training Curriculum reviewed by the auditor instructs staff that inmates and staff are protected from retaliation for reporting sexual abuse or sexual harassment and for participating in an investigation. The training also addresses staff responsibilities for identifying, reporting, and responding to possible retaliation. There were no allegations of sexual abuse at Anexo Seguridad Máxima Bayamón 292 during the audit review period. There were no allegation-specific retaliation-monitoring records, protective-measure records, or inmates who reported sexual abuse available for case-specific review or interview under this standard. The auditor verified the retaliation-protection process through DCRPR Regulation 8715, the PREA General Staff Training Curriculum, the PREA Follow-Up Report Form (Annex F), and interviews with the personnel responsible for implementing and overseeing retaliation monitoring. These sources established that DCRPR prohibits retaliation, has designated responsibility for monitoring retaliation, and has an established process for protecting and monitoring inmates and staff following a report of sexual abuse.

115.67 Provision (b)

DCRPR Regulation 8715 requires protective measures for inmates and staff who report sexual abuse or sexual harassment, cooperate with an investigation, or otherwise face a risk of retaliation. Available measures include housing changes or transfers, separation or removal of alleged staff or inmate abusers from contact with victims, increased supervision or other safety measures, and emotional support services.

During interviews, the Agency Head, Superintendent, PREA Coordinator, PREA Compliance Manager, and personnel responsible for retaliation monitoring consistently identified these measures and confirmed their responsibility to implement them promptly when retaliation or a threat of retaliation is identified. There were no allegations of sexual abuse during the audit review period; therefore, no circumstances arose requiring allegation-specific protective measures. Regulation 8715 and interviews with responsible personnel confirmed that DCRPR has established the required protective measures, designated personnel responsible for their implementation, and procedures for promptly responding to identified retaliation concerns.

115.67 Provision (c)

DCRPR Regulation 8715 requires retaliation monitoring for at least 90 days following a report of sexual abuse unless the allegation is determined to be unfounded. Monitoring applies to inmates and staff who report sexual abuse and to inmates reported to have suffered sexual abuse. For inmates, monitoring includes changes in conduct or treatment, disciplinary reports, housing or program changes, treatment by staff or other inmates, and other indicators of possible retaliation. For staff, monitoring includes negative performance reviews, reassignments, and other employment-related actions that may indicate retaliation. Any indication of retaliation requires prompt action, and monitoring continues beyond 90 days when a continuing need is identified.

The PREA Follow-Up Report Form (Annex F) documents the required monitoring and follow-up. Personnel responsible for retaliation monitoring consistently described the 90-day requirement, the specific indicators reviewed, the required response to identified retaliation, and the circumstances requiring monitoring beyond 90 days. There were no allegations of sexual abuse during the audit review period; therefore, no retaliation-monitoring case was triggered and no case-specific monitoring records existed for review. Regulation 8715, Annex F, and interviews with designated personnel confirmed that the required monitoring process, responsibilities, timeframes, and response procedures are established and in place at Anexo Seguridad Máxima Bayamón 292.

115.67 Provision (d)

DCRPR's retaliation-monitoring process requires periodic status checks with inmates during the monitoring period. The status checks address the inmate's treatment, safety, housing, programming, disciplinary activity, and other circumstances that may

indicate retaliation. The auditor reviewed the PREA Follow-Up Report Form (Annex F) and interviewed the personnel responsible for retaliation monitoring. Personnel described the periodic inmate status-check process and the information reviewed throughout the monitoring period. Because there were no allegations of sexual abuse at Anexo Seguridad Máxima Bayamón 292 during the audit review period, no inmate was subject to retaliation monitoring as a result of a sexual abuse allegation and there were no case-specific periodic status-check records or applicable inmates available for interview. The auditor verified the required status-check process through Regulation 8715, Annex F, and interviews with the personnel responsible for retaliation monitoring.

115.67 Provision (e)

DCRPR Regulation 8715 extends protection against retaliation to individuals who cooperate with sexual abuse or sexual harassment investigations. The protection is not limited to the inmate or staff member who initially reports the allegation. The Agency Head, Superintendent, PREA Coordinator, PREA Compliance Manager, and personnel responsible for retaliation monitoring confirmed during interviews that an inmate, staff member, witness, or other individual who cooperates with an investigation and expresses fear of retaliation is protected through the established retaliation-protection process.

Interviewed personnel identified the protective measures available to address a retaliation concern, including separation from the individual creating the threat, housing or assignment changes, increased supervision, removal of an alleged abuser from contact, and access to emotional support services. There were no sexual abuse allegations during the audit review period and, consequently, no individuals associated with an investigation who required protective measures for fear of retaliation. The auditor verified the required protection process through Regulation 8715 and interviews with responsible personnel.

115.67 Provision (f)

DCRPR Regulation 8715 provides that retaliation monitoring terminates when an allegation of sexual abuse is determined to be unfounded. When an allegation has not been determined to be unfounded, monitoring continues for at least 90 days and beyond 90 days when a continuing need is identified. Personnel responsible for PREA implementation and retaliation monitoring accurately described when monitoring may terminate and when monitoring must continue. The audit instrument does not require the auditor to independently audit Provision (f). No allegation during the audit review period triggered application of this provision.

Corrective Action:

None.

	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Housing and protective custody procedures • Housing assignment and placement records • Documentation related to protective custody and segregated housing placements • Documentation addressing access to programs, privileges, education, work opportunities, and other services for inmates placed in involuntary segregated housing Interviews, Document and Site Review: 115.68 Provision (a) DCRPR Regulation 8715 subjects any use of involuntary segregated housing to protect an inmate alleged to have suffered sexual abuse to the requirements of Standard 115.43. Involuntary segregated housing may not be used unless an assessment of available alternatives determines that there is no available means of separating the inmate from likely abusers. If an immediate assessment cannot be completed, temporary placement may occur only while the assessment is completed and may not exceed 24 hours. When involuntary segregated housing is necessary, the inmate must have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, the restriction must be documented, including the specific opportunity restricted, the duration of the restriction, and the reason for the restriction. Placement may continue only until an alternative means of separation from the likely abuser can be arranged and ordinarily may not exceed 30 days. The basis for the placement and the reason no alternative means of separation was available must be documented, and continued placement is subject to review every 30 days. Anexo Seguridad Máxima Bayamón 292 does not have a segregated housing area. The auditor confirmed this during the on-site review through direct observation and interviews with the Superintendent and staff. An inmate who alleges sexual abuse cannot be placed in a segregated housing unit at Anexo Seguridad Máxima Bayamón 292 for post-allegation protective custody. The Superintendent and staff confirmed that an inmate who alleges sexual abuse is not isolated or placed in involuntary segregation solely because he reported or was alleged to have suffered sexual abuse. When separation from an alleged abuser is necessary, Anexo Seguridad Máxima Bayamón 292 uses available alternative protective measures, including separation of the individuals, an appropriate housing or bed assignment change, increased supervision, relocation of the alleged abuser, or transfer when necessary to maintain the alleged victim's safety.
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	The auditor reviewed housing assignment and protective custody information for the audit review period to determine whether any inmate who alleged sexual abuse had been placed in involuntary segregated housing for protection. No such placements occurred. There were no allegations of sexual abuse during the audit review period and, consequently, no inmates were placed in involuntary segregated housing following an allegation of sexual abuse and no case files existed for review under this standard. Because Anexo Seguridad Máxima Bayamón 292 has no segregated housing area and no post-allegation involuntary segregated housing placements occurred during the review period, there were no applicable records concerning the duration of such placements, restrictions on programs, privileges, education or work opportunities, 30-day placement reviews, or inmates in segregated housing to interview under this standard. The auditor verified through Regulation 8715, housing procedures and records, direct observation, and interviews with the Superintendent and responsible staff that Anexo Seguridad Máxima Bayamón 292 does not use segregated housing for post-allegation protective custody. The procedures require alternative means of separation and protection and preserve the requirements of Standard 115.43 in the event involuntary segregated housing is considered at a location where such housing is available. Corrective Action: None.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • OISC investigative procedures • OISC specialized investigator training documentation • PREA investigative files and reports from outside the current audit review period • Administrative and criminal investigative reports • Documentation of investigative findings and case dispositions • Documentation related to referrals for prosecution • Investigative record-retention requirements • Documentation and procedures governing secure storage and access to investigative records

Interviews, Document and Site Review:

There were no allegations of sexual abuse or sexual harassment at Anexo Seguridad Máxima Bayamón 292 during the audit review period. Therefore, there were no current-period investigative files or inmates who reported sexual abuse available for review or interview. To verify implementation of DCRPR's investigative requirements in practice, the auditor reviewed completed PREA investigative cases from outside the current audit review period. Those files were used to assess the investigative process, evidence collection, interviews, written reports, findings, referrals, record retention, and other requirements of this standard.

115.71 Provision (a)

DCRPR Regulation 8715 and OISC investigative procedures require all allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, to be investigated promptly, thoroughly, and objectively. OISC is responsible for administrative investigations of sexual violence allegations within DCRPR correctional facilities. The auditor reviewed the procedures for receiving and referring allegations and interviewed OISC investigative personnel, the Superintendent, PREA Coordinator, and PREA Compliance Manager. All identified the requirement that allegations be referred for investigation regardless of whether the report is made directly by an inmate, anonymously, or by a third party. The older investigative files reviewed by the auditor further demonstrated the agency's established investigative process beyond the written requirements.

115.71 Provision (b)

OISC investigators assigned to sexual abuse investigations receive specialized training in conducting sexual abuse investigations in confinement settings in addition to general PREA training. The specialized training addresses interviewing sexual abuse victims, evidence collection and preservation, applicable legal requirements, and the evidence necessary to substantiate administrative findings or support criminal referral. The auditor reviewed OISC specialized training documentation and interviewed investigative personnel. The training records confirmed that personnel responsible for PREA investigations received the required specialized investigator training before performing these investigative responsibilities.

115.71 Provision (c)

DCRPR investigative procedures require investigators to gather and preserve direct and circumstantial evidence. This includes available physical and DNA evidence, available electronic monitoring data, statements and other documentary evidence. Investigators interview alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints involving the suspected perpetrator when applicable. The auditor reviewed PREA investigative files from outside the audit review period and confirmed documentation of investigative interviews, evidence considered, investigative findings, and supporting information. OISC investigators also described their procedures for obtaining, preserving, evaluating, and documenting evidence.

115.71 Provision (d)

When evidence indicates potential criminal conduct, DCRPR refers the matter to the Puerto Rico Police Bureau, which is responsible for conducting criminal investigations. OISC conducts the administrative investigation and coordinates with criminal investigators and prosecutors to avoid compromising the criminal case. OISC investigators confirmed that compelled interviews are conducted only after consultation with prosecutors when such interviews could affect a subsequent criminal prosecution.

115.71 Provision (e)

Credibility determinations are made individually and are based on the available evidence and circumstances of the investigation, not on a person's status as an inmate or staff member. An inmate who alleges sexual abuse is not required to submit to a polygraph examination or other truth-detecting device as a condition for the investigation to proceed. OISC investigators confirmed these requirements during interviews and described evaluating statements against the evidence and circumstances of each investigation rather than assigning credibility based on institutional status. The investigative procedures reviewed by the auditor prohibit conditioning continuation of an investigation on an alleged victim submitting to a polygraph or other truth-detecting examination.

115.71 Provision (f)

Administrative investigations include an assessment of whether staff actions or failures to act contributed to the alleged sexual abuse. Investigators examine relevant staff conduct, policy compliance, supervision, failures to act, and other institutional factors when applicable. Administrative investigations are documented in written reports that address the physical, testimonial, documentary, and other evidence considered; relevant statements; credibility determinations and the basis for those determinations; investigative facts; findings; and conclusions. The auditor reviewed administrative investigative reports from outside the audit review period and confirmed that the investigative process was documented in writing and addressed the evidence and findings developed during the investigation. OISC investigators confirmed their responsibility to determine and document whether staff conduct or failures contributed to an incident.

During the on-site review, the auditor also examined the security of PREA-related records. Hard-copy records containing confidential PREA information were maintained in secured locations with access restricted to authorized personnel. Electronic information was protected through access controls limiting availability to authorized personnel. Staff interviewed regarding confidential records identified the restrictions governing access to investigative, medical, mental health, and other sensitive PREA information.

115.71 Provision (g)

Criminal investigations are documented in written investigative reports containing a

thorough description of the physical, testimonial, documentary, and other evidence developed during the investigation. Documentary evidence is maintained with the investigative record where feasible. The auditor reviewed investigative reports from outside the audit review period and interviewed OISC investigative personnel regarding criminal investigative documentation. Investigators confirmed the requirement to preserve and document evidence and maintain a written investigative record sufficient to support investigative findings and subsequent criminal referral or prosecution.

115.71 Provision (h)

Substantiated allegations of sexual abuse involving conduct that appears criminal are referred to the Puerto Rico Police Bureau for criminal investigation and to the appropriate prosecutorial authority for prosecution. There were no allegations during the audit review period and, therefore, no substantiated cases requiring referral. The auditor reviewed investigative cases and dispositions from outside the audit review period and confirmed that substantiated allegations involving apparent criminal conduct are referred for criminal investigation and prosecution.

115.71 Provision (i)

DCRPR retains written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, consistent with the record-retention requirement applicable to PREA investigative records. The auditor reviewed investigative record-retention requirements and older investigative records and assessed the storage of PREA investigative information during the on-site review. Hard-copy investigative information was maintained in secured storage, and electronic information was protected from unauthorized access. Access to investigative records was restricted to personnel with authorized responsibilities.

115.71 Provision (j)

The departure of an alleged victim or alleged abuser from DCRPR's custody, control, or employment does not terminate an investigation. Transfer, release, resignation, or termination of employment does not provide a basis for closing an otherwise ongoing PREA investigation. OISC investigative personnel confirmed during interviews that investigations continue based on the evidence and investigative requirements even when the alleged victim or alleged abuser is no longer at the institution or employed by DCRPR.

115.71 Provision (k)

Provision (k) requires any State entity or Department of Justice component conducting these investigations to follow the investigative requirements established by Standard 115.71. The audit instrument does not require the auditor to independently audit this provision. DCRPR uses OISC to conduct administrative investigations of sexual violence allegations arising within its correctional institutions. OISC investigative personnel are subject to the investigative procedures described above, including

	specialized training, evidence collection and preservation, interviews, written investigative reports, credibility assessments, and appropriate criminal referrals. 115.71 Provision (I) When an outside investigative entity, including the Puerto Rico Police Bureau, conducts a sexual abuse investigation, Anexo Seguridad Máxima Bayamón 292 cooperates with investigators and remains informed of the investigation's progress and outcome. The Superintendent, PREA Coordinator, PREA Compliance Manager, and OISC investigative personnel confirmed the procedures for providing requested information and assistance and maintaining communication with outside investigators. There were no allegations during the audit review period requiring an outside investigation; therefore, no case-specific records were available for review. Corrective Action: None.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • OISC investigative procedures • PREA administrative investigation reports and findings from outside the audit review period Interviews, Document and Site Review: 115.72 Provision (a) DCRPR Regulation 8715 establishes preponderance of the evidence as the standard for determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. DCRPR does not require a higher standard of proof. An allegation is substantiated when the weight of the available evidence demonstrates that the alleged conduct more likely occurred than did not occur. OISC investigative staff confirmed during interviews that the preponderance of the evidence standard is applied when making administrative investigative findings and that a higher evidentiary standard is not required to substantiate an allegation. There were no allegations of sexual abuse or sexual harassment during the audit review period. Therefore, there were no current administrative findings available for

	review. The auditor reviewed OISC administrative investigation reports and findings from outside the audit review period to verify application of the evidentiary standard in practice. The records demonstrated that investigative findings were based on the weight of the available evidence and that no standard higher than preponderance of the evidence was applied when determining whether allegations were substantiated. Regulation 8715, OISC investigative procedures, investigative records reviewed, and interviews with OISC investigative staff consistently confirmed that preponderance of the evidence is the evidentiary standard used for administrative PREA investigations and that DCRPR does not impose a higher standard of proof. Corrective Action: None.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • OISC investigative procedures • DCRPR notification forms • PREA investigation records and findings from outside the audit review period • Documentation of inmate notifications and attempted notifications from completed PREA investigations Interviews, Document and Site Review: 115.73 Provision (a) DCRPR Regulation 8715 requires an inmate who alleges sexual abuse to be informed whether the completed investigation determined the allegation to be substantiated, unsubstantiated, or unfounded. The notification is documented. There were no allegations of sexual abuse at Anexo Seguridad Máxima Bayamón 292 during the audit review period; therefore, there were no current notification records or inmates who reported sexual abuse available for review or interview. The auditor reviewed completed investigations and corresponding notification documentation from outside the audit review period and confirmed that inmates were notified of the investigative disposition. The Superintendent, OISC investigative staff, PREA Coordinator, and PREA Compliance Manager also confirmed the requirement to provide and document the notification.

115.73 Provision (b)

When an investigation is conducted by an outside investigative agency, DCRPR obtains the relevant investigative information from that agency so the inmate can be informed of the investigative outcome. OISC conducts DCRPR administrative PREA investigations, while the Puerto Rico Police Bureau is responsible for criminal investigations. The Superintendent, OISC investigative staff, PREA Coordinator, and PREA Compliance Manager confirmed that DCRPR obtains necessary information from an outside investigative entity when required to provide the inmate with the notifications required by this standard. There were no allegations during the audit review period requiring notification based on an outside investigation.

115.73 Provision (c)

When an inmate alleges sexual abuse by a staff member, DCRPR notifies the inmate if the staff member is no longer assigned to the inmate's unit, is no longer employed at Anexo Seguridad Máxima Bayamón 292, has been indicted on a charge related to sexual abuse within the facility, or has been convicted of such a charge. These notifications are required unless the allegation is determined to be unfounded or the inmate has been released from DCRPR custody. The Superintendent, OISC investigative staff, PREA Coordinator, and PREA Compliance Manager confirmed these notification requirements and the requirement to document the notification or attempted notification. There were no staff sexual abuse allegations during the audit review period requiring any of these notifications.

115.73 Provision (d)

When an inmate alleges sexual abuse by another inmate, DCRPR notifies the alleged victim if the agency learns that the alleged inmate abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The auditor confirmed this requirement through Regulation 8715, notification procedures, and interviews with OISC investigative staff and PREA personnel. There were no inmate-on-inmate sexual abuse allegations during the audit review period requiring an indictment or conviction notification.

115.73 Provision (e)

DCRPR documents all notifications and attempted notifications required under this standard, including investigative outcome notifications and applicable notifications concerning the status of an alleged staff or inmate abuser. The auditor reviewed DCRPR notification forms and notification documentation associated with completed PREA investigations from outside the audit review period. The records documented the required notifications or notification attempts. The Superintendent, OISC investigative staff, PREA Coordinator, and PREA Compliance Manager confirmed the responsibility to document and maintain these notifications.

115.73 Provision (f)

DCRPR's obligation to provide notifications under this standard terminates when the

	inmate is released from DCRPR custody. The audit instrument does not require the auditor to independently audit this provision. Corrective Action: None.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Manual para la Aplicación de Medidas Correctivas y Disciplinarias a los Empleados del Departamento de Corrección y Rehabilitación • OISC investigative and referral procedures • Available PREA investigative and personnel documentation • Records reviewed to determine whether any staff terminations, resignations, or other disciplinary sanctions resulted from violations of sexual abuse or sexual harassment policies during the audit review period and preceding 12 months • Records reviewed to determine whether any applicable referrals to law enforcement or licensing bodies occurred during the same period Interviews, Document and Site Review: 115.76 Provision (a) DCRPR Regulation 8715 establishes that staff are subject to disciplinary sanctions, up to and including termination, for violations of the agency's sexual abuse or sexual harassment policies. The auditor also reviewed DCRPR's employee disciplinary manual. The manual establishes formal disciplinary measures including reprimand, suspension from employment and salary, and termination, and identifies sexual misconduct involving members of the correctional population as conduct subject to termination. The auditor reviewed available PREA investigative and personnel documentation and confirmed that there were no allegations of staff sexual abuse or sexual harassment during the audit review period or preceding 12 months. Consequently, there were no staff terminations, resignations, or other disciplinary sanctions related to such allegations and no case-specific disciplinary records available for review under this provision.

115.76 Provision (b)

DCRPR Regulation 8715 establishes termination as the presumptive disciplinary sanction for staff who engage in sexual abuse. This requirement is reinforced by DCRPR's disciplinary manual. The disciplinary schedule identifies conduct that may constitute sexual harassment in employment as subject to termination and separately identifies engaging in or promoting sexual abuse, sexual harassment, or sexual misconduct involving members of the correctional population as conduct for which termination is the prescribed disciplinary action.

There were no substantiated findings of staff sexual abuse during the audit review period or preceding 12 months requiring application of this sanction.

115.76 Provision (c)

For violations of DCRPR sexual abuse or sexual harassment policies that do not involve actual sexual abuse, disciplinary sanctions are determined according to the nature and circumstances of the conduct, the employee's disciplinary history, and sanctions applicable to comparable misconduct. The auditor reviewed DCRPR's disciplinary manual and confirmed that the disciplinary process considers factors including the frequency and contemporaneous nature of prohibited conduct, recurrence, the seriousness or harm associated with the conduct, mitigating and aggravating circumstances, and other circumstances relevant to the particular violation.

There were no staff disciplinary sanctions for violations of sexual abuse or sexual harassment policies during the audit review period or preceding 12 months; therefore, there were no case-specific sanctions available for comparison under this provision.

115.76 Provision (d)

DCRPR Regulation 8715 requires staff terminations for violations of sexual abuse or sexual harassment policies, and resignations by staff who would have been terminated if not for their resignation, to be reported to law enforcement unless the conduct was clearly not criminal and to any relevant licensing body. There were no allegations of staff sexual abuse or sexual harassment during the audit review period or preceding 12 months. Consequently, there were no staff terminations or qualifying resignations and no related law enforcement or licensing-body referrals available for case-specific review. The Superintendent, PREA Coordinator, PREA Compliance Manager, and investigative personnel confirmed that conduct indicating possible criminal activity is referred to the Puerto Rico Police Bureau for criminal investigation and that applicable terminations or qualifying resignations are reported to relevant licensing bodies.

Corrective Action:

None.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Applicable contractor and volunteer requirements • PREA investigative and referral procedures • Records reviewed to determine whether any contractor or volunteer was alleged or found to have violated DCRPR sexual abuse or sexual harassment policies during the audit review period or preceding 12 months • Documentation of referrals to law enforcement or relevant licensing bodies, where applicable Interviews, Document and Site Review: 115.77 Provision (a) DCRPR Regulation 8715 requires any contractor or volunteer who engages in sexual abuse to be prohibited from contact with inmates. The individual is also reported to law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. The auditor interviewed the Superintendent regarding the required response to contractor or volunteer sexual abuse. The Superintendent confirmed that a contractor or volunteer who engages in sexual abuse is immediately prohibited from inmate contact and facility access, and the contractual or volunteer relationship is subject to termination. Conduct that may be criminal is referred to the Puerto Rico Police Bureau for criminal investigation, and applicable conduct is reported to the relevant licensing body. There were no allegations of sexual abuse involving contractors or volunteers during the audit review period or preceding 12 months. Consequently, there were no contractor or volunteer removals, law enforcement referrals, licensing-body referrals, or related investigative records available for case-specific review. 115.77 Provision (b) DCRPR Regulation 8715 requires appropriate remedial action for any other violation of the agency's sexual abuse or sexual harassment policies by a contractor or volunteer and requires consideration of whether the individual should be prohibited from further contact with inmates. The Superintendent confirmed that violations involving contractors or volunteers are addressed according to the nature and circumstances of the conduct. Available remedial measures include restricting or terminating inmate contact, suspending or revoking facility access, terminating the contractual or volunteer relationship, and other measures necessary to protect inmates. There were no allegations or identified violations of DCRPR sexual abuse or sexual harassment

	policies involving contractors or volunteers during the audit review period or preceding 12 months; therefore, no remedial action was required and no case-specific records existed for review. The auditor confirmed the required response through review of Regulation 8715 and applicable procedures and through the Superintendent's interview, which demonstrated a clear understanding of the required remedial measures and consideration of continued inmate contact. Corrective Action: None.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR Regulation 9221 • Applicable inmate disciplinary procedures • Inmate Rule Book • Available PREA investigative and inmate disciplinary documentation • Documentation related to disciplinary sanctions for inmate-on-inmate sexual abuse • Documentation related to disciplinary actions involving sexual contact with staff • Medical and mental health procedures relevant to treatment or intervention following sexually abusive behavior The auditor reviewed DCRPR Regulation No. 9221 as part of the assessment of the formal disciplinary process. The regulation establishes procedures for disciplinary complaints, investigations, administrative hearings, prohibited acts, disciplinary measures, aggravating and mitigating circumstances, and related due-process requirements. It specifically identifies sexual assault as a prohibited Level I act and establishes disciplinary measures applicable to violations. The regulation also provides that disciplinary measures are to be proportionate to the seriousness of the prohibited act and identifies an inmate's mental condition as a mitigating circumstance to be considered in the disciplinary process. The auditor interviewed the Superintendent and medical and mental health staff in accordance with the applicable PREA audit protocols. The auditor used these interviews to verify the implementation of DCRPR's disciplinary requirements and compared the information provided with applicable policies, disciplinary procedures,

and available investigative and disciplinary records.

115.78 Provision (a)

DCRPR policy requires inmates to be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The auditor reviewed the formal disciplinary framework established by DCRPR Regulation 9221. The regulation provides for the filing and investigation of disciplinary complaints, notice to the accused inmate, an administrative disciplinary hearing, findings by the designated examining officer, and the imposition of authorized disciplinary measures when an inmate is found responsible for a prohibited act. The regulation specifically classifies sexual assault as a Level I prohibited act.

During the interview, the Superintendent demonstrated an understanding that a substantiated administrative finding of inmate-on-inmate sexual abuse is addressed through DCRPR's formal disciplinary process and that a criminal finding of guilt may likewise result in disciplinary action consistent with agency procedures. There were no allegations of inmate-on-inmate sexual abuse during the audit review period or preceding 12 months. No investigative findings triggered disciplinary action under this provision, and no case-specific disciplinary records existed for review. The auditor verified the required disciplinary process through DCRPR Regulation 8715, applicable inmate disciplinary procedures, and the Superintendent's interview.

115.78 Provisions (b) and (c)

DCRPR requires disciplinary sanctions to be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses involving inmates with similar histories. The disciplinary framework further provides for consideration of relevant aggravating and mitigating circumstances when determining the appropriate sanction.

Regulation 9221 expressly establishes proportionality as a governing disciplinary principle and provides a range of disciplinary measures based on the severity and circumstances of the prohibited conduct. The regulation also identifies factors that may aggravate or mitigate disciplinary responsibility, including prior disciplinary history and the inmate's mental condition.

The Superintendent described a disciplinary process in which the nature and seriousness of the conduct, investigative findings, the inmate's disciplinary history, and relevant individual circumstances are considered before sanctions are imposed. Available measures may include loss or restriction of privileges, changes in housing or programming, removal from assigned activities, and, where appropriate, transfer to another DCRPR institution.

Consistent with Provision (c), the auditor also interviewed medical and mental health staff regarding the role of mental health information when an inmate who engages in sexually abusive behavior has a mental disability or mental illness. The interviews

confirmed that relevant clinical information may be considered when determining whether a mental disability or mental illness contributed to the behavior and when identifying appropriate treatment or intervention needs.

115.78 Provision (d)

DCRPR provides access to mental health and other clinical services based on identified needs. When therapy, counseling, or another intervention designed to address the underlying reasons or motivations for sexually abusive behavior is available, the agency may consider whether participation should be required as a condition of access to programming or other benefits. The auditor interviewed medical and mental health staff regarding assessment, referral, and treatment procedures for inmates presenting behavioral or mental health needs associated with sexually abusive conduct. Staff described the process for evaluating an inmate's clinical needs and providing or arranging appropriate mental health services or other interventions when indicated.

The auditor confirmed through the interview process that any decision to condition discretionary programming or benefits on participation in an intervention does not extend to services, programs, or benefits that an inmate is otherwise entitled to receive under applicable law or regulation.

115.78 Provision (e)

DCRPR policy provides that an inmate may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to the contact. The auditor reviewed the applicable PREA and disciplinary requirements and available records of disciplinary actions involving inmate sexual conduct with staff, as applicable. The Superintendent demonstrated an understanding that the circumstances of the contact must be established through the investigative and disciplinary processes and that an inmate is not to be disciplined for sexual contact with a staff member when the staff member consented to that contact.

For purposes of PREA, a staff member cannot rely on an inmate's purported consent to excuse staff sexual misconduct; however, the separate question of whether the inmate may be disciplined for the contact is governed by Provision (e).

115.78 Provision (f)

DCRPR policy prohibits disciplinary action against an inmate who reports sexual abuse in good faith based on a reasonable belief that the conduct occurred, even when the allegation is not substantiated. Regulation 9221 permits disciplinary action for a false allegation only when the evidence establishes that the inmate intentionally or knowingly provided false information. An unsubstantiated or unfounded finding, by itself, is not grounds for discipline. The Superintendent confirmed this requirement and the distinction between a good-faith report that is not substantiated and an intentionally false report.

115.78 Provision (g)

	DCRPR prohibits sexual activity between inmates through its institutional rules; however, non-coercive sexual activity between inmates is not treated as sexual abuse solely because the activity violates an institutional rule. The auditor reviewed Regulation 8715, the Inmate Rule Book, and applicable disciplinary procedures to assess how DCRPR distinguishes prohibited consensual sexual conduct from sexual abuse. The Superintendent demonstrated an understanding that an institutional-rule violation and a PREA sexual-abuse determination are separate issues. Conduct may therefore be subject to institutional discipline without being classified as sexual abuse when the investigation establishes that the activity was non-coercive. The determination of whether conduct constitutes sexual abuse is based on the facts developed through the investigative process, including whether force, coercion, threats, intimidation, or lack of consent was involved, rather than solely on the fact that sexual activity occurred. Corrective Action: None.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Physician Correctional, Inc. – Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025 • PREA risk-screening and referral procedures • PREA 115.81 informed-consent documentation • Medical and mental health referral and follow-up documentation • Medical and mental health secondary documentation maintained to demonstrate compliance with this standard • Inmate confinement records and other records accessible to custody or non-health personnel Interviews, Document and Site Review: 115.81 Provision (a) DCRPR and Physician Correctional procedures require an inmate whose PREA risk screening identifies prior sexual victimization, whether occurring in an institutional setting or in the community, to be offered a follow-up meeting with a medical or

mental health practitioner within 14 days of the intake screening. Staff responsible for risk screening described the referral process and confirmed that a disclosure of prior sexual victimization results in referral for the required medical or mental health follow-up. The auditor reviewed medical and mental health secondary documentation and applicable referral and follow-up records to verify implementation of the 14-day requirement.

115.81 Provision (b)

When a PREA risk screening identifies a history of sexually abusive behavior, whether in an institutional setting or in the community, the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Staff responsible for risk screening confirmed that these inmates are referred to mental health services for the required follow-up. The auditor reviewed secondary documentation and referral and follow-up records to verify that the required referrals were made and the 14-day timeframe was met.

115.81 Provision (c)

Provision (c) applies to jails. Anexo Seguridad Máxima Bayamón 292 is a prison; therefore, this provision is not applicable.

115.81 Provision (d)

DCRPR and Physician Correctional restrict information concerning sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and other staff with a need for the information to make treatment or security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by law.

During the on-site review, the auditor observed the physical storage and electronic safeguards used for PREA-related risk-screening, medical, and mental health information. Hard-copy records containing sensitive information were maintained in secured areas with restricted access. Electronically maintained information was protected through access controls that limited availability to authorized personnel. The auditor also discussed record access and confidentiality with staff and reviewed records available to custody and non-health personnel to verify that sensitive information was not made generally accessible beyond personnel with an authorized need to know. Medical and mental health staff and staff responsible for risk screening accurately described the confidentiality requirements, access restrictions, and circumstances under which information may be shared for treatment, security, management, or legal purposes.

115.81 Provision (e)

Medical and mental health practitioners obtain informed consent from inmates before reporting information concerning prior sexual victimization that did not occur in an institutional setting, except where disclosure is otherwise required by law. The auditor reviewed the PREA 115.81 informed-consent documentation and interviewed medical

	and mental health staff regarding the consent process. Staff confirmed that informed consent is obtained before information concerning prior non-institutional sexual victimization is reported and that the inmate's consent is documented. Anexo Seguridad Máxima Bayamón 292 does not house inmates under 18 years of age. The exception in Provision (e) concerning inmates under age 18 was not applicable during the audit review period. Corrective Action: None.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Physician Correctional, Inc. – Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025 • Procedures governing emergency medical and mental health response to allegations of sexual abuse • Medical and mental health secondary documentation describing access to emergency services • Procedures for notification of medical and mental health practitioners following a report of sexual abuse • Available documentation related to emergency medical and mental health response and follow-up services Interviews, Document and Site Review: 115.82 Provision (a) DCRPR Regulation 8715 and Physician Correctional's PREA protocol require inmate victims of sexual abuse to receive timely and unimpeded access to emergency medical treatment and crisis-intervention services. The nature and scope of those services are determined by medical and mental health practitioners according to their professional judgment. Physician Correctional's procedures require staff who receive a report of, observe, or otherwise become aware of suspected sexual abuse to immediately notify the appropriate institutional and clinical personnel. The inmate is referred without unnecessary delay for medical evaluation and treatment. Emergency services address both the inmate's physical condition and mental health needs

associated with the reported abuse.

The auditor interviewed medical and mental health staff using the applicable PREA interview protocols. Staff consistently described immediate access to medical evaluation, mental health services, and crisis intervention following a report of sexual abuse and confirmed that clinical decisions are made by qualified practitioners based on the inmate's individual needs and professional standards of care.

There were no allegations of sexual abuse during the audit review period or preceding 12 months; therefore, there were no inmates available for the specialized interview and no allegation-specific medical or mental health records for review under this provision. The auditor verified the required emergency response through DCRPR Regulation 8715, Physician Correctional's clinical protocol, interviews with medical and mental health staff, review of applicable secondary documentation, and procedures governing access to emergency medical and mental health services. Anexo Seguridad Máxima Bayamón 292 have timely and unimpeded access to emergency medical treatment and crisis-intervention services following sexual abuse, with the nature and scope of treatment determined by qualified medical and mental health practitioners according to professional judgment.

115.82 Provision (b)

When qualified medical or mental health practitioners are not immediately available at the time recent sexual abuse is reported, DCRPR and Physician Correctional procedures require security staff first responders to take immediate preliminary steps to protect the alleged victim and immediately notify the appropriate medical and mental health practitioners. The auditor reviewed the established first-response procedures and interviewed security and non-security staff first responders using the applicable PREA interview protocol. Security staff described the required response, including protecting the alleged victim, separating the alleged victim from the alleged aggressor, preserving potential evidence, making required notifications, and facilitating prompt medical evaluation. First responders confirmed that medical and mental health personnel are notified immediately and that emergency care is not delayed because clinical personnel are not present at the location where the allegation is first reported.

The procedures reviewed and responses provided during first-responder interviews were consistent with the requirements of Provision (b) and established that Anexo Seguridad Máxima Bayamón 292 requires immediate protective action and immediate notification of appropriate medical and mental health practitioners when qualified practitioners are not initially available.

115.82 Provision (c)

Physician Correctional's PREA protocol requires inmate victims of sexual abuse to receive timely information about and timely access to medically appropriate services related to sexually transmitted infections. Services are provided in accordance with professionally accepted standards of care and based on the clinical determination of qualified medical practitioners. The protocol also addresses pregnancy-prevention

	services when medically appropriate. Anexo Seguridad Máxima Bayamón 292 houses a male population; therefore, emergency contraception is not clinically applicable to the population. The requirement for timely access to sexually transmitted infection prophylaxis and related treatment remains applicable. The auditor interviewed medical and mental health staff regarding the services provided following sexual abuse. Medical personnel confirmed that inmates are evaluated for exposure to sexually transmitted infections and are provided or referred for prophylaxis, testing, treatment, and follow-up when medically indicated. The auditor compared the information provided during interviews with Physician Correctional's written clinical procedures and available secondary documentation. The evidence reviewed established that inmates at Anexo Seguridad Máxima Bayamón 292 are provided timely information about and access to sexually transmitted infection prophylaxis and related medical services in accordance with professionally accepted standards of care when medically appropriate. 115.82 Provision (d) DCRPR Regulation 8715 and Physician Correctional procedures require emergency medical and mental health treatment related to sexual abuse to be provided without financial cost to the inmate victim. Access to treatment is not conditioned on whether the inmate identifies the alleged abuser or agrees to cooperate with an investigation arising from the incident. The auditor reviewed the applicable requirements and interviewed medical and mental health staff regarding access to treatment. Staff confirmed that an inmate who reports sexual abuse is provided necessary emergency medical and mental health services regardless of whether he identifies the alleged abuser or participates in the investigation and that the inmate is not charged for treatment associated with the reported sexual abuse. The procedures reviewed and medical and mental health staff interviews established that treatment required under this standard is provided without financial cost and without conditioning care on identification of the alleged abuser or cooperation with an investigation. Corrective Action: None.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- Physician Correctional, Inc. – Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025
- Procedures governing medical and mental health evaluation, treatment, follow-up, and continuity of care for victims of sexual abuse
- Procedures addressing sexually transmitted infection testing and treatment
- Procedures addressing mental health evaluation and treatment of known inmate-on-inmate sexual abusers
- Available medical and mental health secondary documentation

Interviews, Document and Site Review:

115.83 Provisions (a) and (b)

DCRPR Regulation 8715 and Physician Correctional procedures require medical and mental health evaluation and, as clinically appropriate, treatment for inmates who have experienced sexual abuse in any prison, jail, lockup, or juvenile facility. Required care includes appropriate follow-up services, treatment planning, and referrals for continued care when an inmate is transferred to another institution or released from custody. Medical and mental health staff described the process for evaluating an inmate with a history of sexual victimization and confirmed that treatment and follow-up are based on the inmate's identified clinical needs. Staff further confirmed that when continued care is necessary following transfer or release, appropriate referrals and continuity-of-care arrangements are made. Because there were no sexual abuse allegations during the audit review period or preceding 12 months, there were no allegation-specific treatment records for review. The auditor verified the required process through Regulation 8715, Physician Correctional's clinical protocols, interviews with medical and mental health staff, and available documentation addressing evaluation, treatment, follow-up, and continuity of care.

115.83 Provision (c)

DCRPR and Physician Correctional procedures require medical and mental health services provided to sexual abuse victims to be consistent with the community level of care. Medical and mental health staff confirmed that evaluation and treatment are provided by qualified practitioners based on the inmate's clinical needs and professionally accepted standards of care. When necessary services exceed those available at Anexo Seguridad Máxima Bayamón 292, the inmate is referred to an appropriate outside healthcare provider for the required care. The auditor verified through policy and clinical protocol review and interviews with medical and mental health staff that the level of medical and mental health care available to sexual abuse victims is consistent with the community level of care.

115.83 Provisions (d) and (e)

These provisions address pregnancy testing following sexually abusive vaginal penetration and access to pregnancy-related medical services when a pregnancy

results from sexual abuse. Anexo Seguridad Máxima Bayamón 292 houses a male population, and these provisions were identified as not applicable during the audit. There were no circumstances identified during the audit review period or preceding 12 months requiring pregnancy testing or pregnancy-related medical services under these provisions.

115.83 Provision (f)

DCRPR Regulation 8715 and Physician Correctional procedures require inmates who experience sexual abuse while incarcerated to be offered testing for sexually transmitted infections when medically appropriate. Medical staff described the post-assault medical evaluation process and confirmed that an inmate who reports sexual abuse is assessed for potential exposure to sexually transmitted infections and is offered medically appropriate testing, treatment, prophylaxis, and follow-up based on clinical need. There were no sexual abuse allegations during the audit review period or preceding 12 months and therefore no allegation-specific STI testing records for review. The auditor verified the required process through the applicable clinical protocols and interviews with medical staff.

115.83 Provision (g)

DCRPR and Physician Correctional procedures require treatment services related to sexual abuse to be provided without financial cost to the victim, regardless of whether the inmate identifies the alleged abuser or cooperates with an investigation arising from the incident. Medical and mental health staff confirmed that access to evaluation, treatment, and follow-up care is not conditioned on an inmate's willingness to identify the alleged abuser or participate in an investigation and that the inmate is not charged for treatment associated with sexual abuse. The auditor verified these requirements through review of the applicable procedures and interviews with medical and mental health staff.

115.83 Provision (h)

DCRPR and Physician Correctional procedures require an attempt to conduct a mental health evaluation of all known inmate-on-inmate sexual abusers within 60 days of learning of the inmate's abuse history and require treatment to be offered when deemed appropriate by mental health practitioners. Mental health staff confirmed the 60-day evaluation requirement and described the referral and evaluation process for an inmate identified as having engaged in inmate-on-inmate sexual abuse. Staff further confirmed that treatment is offered when clinically indicated based on the practitioner's assessment. There were no allegations of inmate-on-inmate sexual abuse during the audit review period or preceding 12 months; therefore, there were no allegation-specific mental health evaluation records for review under this provision. The auditor verified the required process through DCRPR and Physician Correctional procedures, interviews with mental health staff, and review of available mental health documentation.

Corrective Action:

None.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Article XVII, Recopilación de Información, Comité Revisor • DCRPR procedures governing sexual abuse incident reviews • PREA incident-review forms and procedures • PREA incident tracking records • Procedures for documenting incident-review findings, recommendations, and corrective actions Interviews, Document and Site Review: 115.86 Provisions (a) and (b) DCRPR Regulation 8715 requires a sexual abuse incident review at the conclusion of every sexual abuse investigation determined to be substantiated or unsubstantiated. An incident review is not required when an allegation is determined to be unfounded. When required, the review is to ordinarily occur within 30 days of the conclusion of the investigation. The Superintendent, PREA Compliance Manager, and personnel responsible for the incident-review process demonstrated an understanding that the requirement is triggered by the conclusion of a substantiated or unsubstantiated sexual abuse investigation and that the review must ordinarily be completed within 30 days. Interviewees also understood that an unfounded allegation does not require an incident review. The auditor reviewed the available PREA tracking information to determine whether any completed investigations during the audit review period should have resulted in an incident review. There were no sexual abuse allegations during the audit review period and, consequently, no completed substantiated or unsubstantiated sexual abuse investigations triggering the requirements of Provisions (a) or (b). No incident reviews were therefore due or overdue. 115.86 Provision (c) DCRPR Regulation 8715 establishes a multidisciplinary Review Committee responsible for conducting required sexual abuse incident reviews. The review structure provides for participation by upper-level management officials and appropriate supervisory and professional personnel with responsibility or expertise relevant to the circumstances under review. The auditor reviewed the established committee structure and interviewed the Superintendent, PREA Compliance Manager, and personnel responsible for the incident-review process. Interviews confirmed an understanding that a required review is not limited to PREA personnel and must include appropriate

management and relevant operational or professional perspectives necessary to evaluate the incident and the institutional response. Because there were no sexual abuse allegations during the audit review period, no Review Committee was required to convene for a case-specific sexual abuse incident review.

115.86 Provision (d)

DCRPR Regulation 8715 requires the incident-review process to examine the circumstances surrounding a substantiated or unsubstantiated sexual abuse incident and identify institutional conditions or practices that may warrant corrective action or improvement. The auditor verified that the review process requires consideration of whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The process further requires the review team to examine the area in which the incident allegedly occurred for physical barriers or conditions that may have enabled the abuse; assess the adequacy of staffing levels in that area during different shifts; and determine whether monitoring technology should be deployed or augmented to supplement staff supervision.

The Superintendent, PREA Compliance Manager, and personnel responsible for the incident-review process were questioned regarding these required areas of review and demonstrated an understanding that the review must go beyond the investigative finding and evaluate whether environmental, operational, staffing, supervision, policy, practice, or monitoring conditions contributed to the incident or indicate a need for preventive action. The auditor further verified that the incident-review process requires preparation of a written report documenting the review team's findings and recommendations for improvement and submission of the report to the Superintendent and PREA Compliance Manager.

There were no sexual abuse allegations during the audit review period; therefore, there were no case-specific incident-review findings or reports against which these requirements could be tested. The auditor verified the required elements through Regulation 8715, the established review procedures, and interviews with responsible personnel.

115.86 Provision (e)

DCRPR procedures require Anexo Seguridad Máxima Bayamón 292 to implement recommendations for improvement resulting from a sexual abuse incident review or document the reasons for not implementing a recommendation. The Superintendent and PREA Compliance Manager demonstrated an understanding of their responsibilities following completion of an incident review, including review of the committee's findings and recommendations, implementation of appropriate measures, and documentation when a recommendation is not implemented. Because no sexual abuse allegations occurred during the audit review period, there were no incident-review recommendations requiring implementation and no case-specific implementation records for review. The auditor verified the required process through Regulation 8715, the established incident-review procedures, and interviews with the responsible officials.

	Corrective Action: None.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 – Article XVII, Recopilación de Información • Institutional PREA Sexual Violence Incident Report and associated standardized PREA reporting documentation • Facility PREA allegation and incident tracking documentation • DCRPR PREA data collection and reporting records • DCRPR statistical reports of sexual harassment and sexual assault referrals • Sample of agency-level aggregated PREA data • Documentation demonstrating the collection, compilation, review, and reporting of incident-based PREA data • Survey of Sexual Violence data collection requirements, as incorporated into DCRPR’s established data collection process The auditor reviewed DCRPR’s established system for collecting, maintaining, reviewing, and aggregating PREA data. In addition to Regulation 8715, the auditor reviewed an agency statistical report that identifies the PREA Coordinator as the responsible data unit and describes the information as originating from an administrative data registry using a standardized data-entry instrument. The report identifies both monthly and annual reporting and includes data concerning reported incidents, location, victim characteristics, medical treatment, actions taken, type of alleged sexual violence, and investigative outcomes. The agency’s own statistical reporting documentation expressly identifies the PREA Coordinator as responsible for collecting data in accordance with standardized requirements based on the Survey of Sexual Violence and for providing required prior-calendar-year data to the U.S. Department of Justice by June 30. Interviews, Document and Site Review: 115.87 Provision (a) DCRPR Regulation 8715, Article XVII – Recopilación de Información, establishes the agency’s responsibility to collect accurate and uniform data for every allegation of sexual abuse occurring in facilities under its direct control. The agency utilizes standardized PREA reporting and data collection mechanisms and established

definitions to support consistent documentation across its correctional institutions. The auditor reviewed DCRPR’s standardized data collection process, facility-level PREA tracking documentation, and agency-level statistical reporting. The documentation demonstrated an established system for recording allegations and collecting incident-specific information in a consistent manner for subsequent review, aggregation, and reporting.

The agency’s statistical reporting documentation further confirms that its PREA information is derived from an administrative data registry and collected through a standardized data-entry instrument. The information reviewed demonstrated that DCRPR collects and maintains PREA data through an established, uniform agency process applicable to facilities under its direct control, including Anexo Seguridad Máxima Bayamón 292.

115.87 Provision (b)

DCRPR’s data collection procedures require incident-based sexual abuse data to be aggregated at least annually. Facility-level information is maintained and transmitted through the agency’s established reporting structure so that PREA information can be compiled and analyzed at the agency level. The auditor reviewed a sample of DCRPR’s aggregated PREA data. The documentation demonstrated actual implementation of the agency’s data collection process rather than reliance solely on written policy. The agency statistical report compiles reported incidents across correctional and juvenile institutions and identifies the number of incidents, institutions involved, characteristics of reported incidents, actions taken, and other incident-based information.

The report reviewed identifies monthly and annual dissemination of the collected information and demonstrates agency-level aggregation of PREA data. The report also demonstrates actual aggregation across institutions; for example, the January through June 2024 reporting period contained 11 reported incidents and identified the institutions associated with those reports. The documentation reviewed established that DCRPR maintains a functioning process for aggregating incident-based PREA data at least annually.

115.87 Provision (c)

DCRPR requires its incident-based data collection to include, at a minimum, the information necessary to answer all questions contained in the most recent version of the U.S. Department of Justice Survey of Sexual Violence. The auditor reviewed the agency’s PREA data collection and statistical reporting process and confirmed that DCRPR collects detailed incident-level information necessary for PREA reporting. The agency’s statistical documentation expressly states that the PREA Coordinator is responsible for collecting data in accordance with standardized requirements based on the Survey of Sexual Violence. The report further reproduces the data-collection requirement that incident-based data include, at a minimum, the information necessary to answer all questions from the most recent Survey of Sexual Violence.

The auditor’s review of the agency’s data collection records and aggregated reporting

demonstrated that DCRPR collects detailed information concerning PREA incidents sufficient to support the agency's federal reporting responsibilities.

115.87 Provision (d)

DCRPR requires the agency to maintain, review, and collect data as necessary from all available incident-based documents, including incident reports, investigative files, and sexual abuse incident reviews. The auditor reviewed the agency's PREA data collection process and documentation used to compile information concerning allegations and incidents. DCRPR's established process incorporates information generated through initial reporting, institutional incident documentation, investigations, and other applicable PREA records. The agency's written data collection requirements specifically provide for maintaining, reviewing, and collecting information from all available incident-based documentation, including reports, investigative files, and sexual abuse incident reviews. The sample aggregated data reviewed by the auditor further demonstrated that DCRPR's collection process captures information beyond the initial allegation, including actions taken in response to reported incidents and investigative determinations. The statistical report identifies, among its stated objectives, evaluating actions taken for victims, examining sanctions imposed on perpetrators, and examining investigative determinations.

The documentation reviewed demonstrated that DCRPR maintains and uses available incident-based records as part of its PREA data collection and reporting system.

115.87 Provision (e)

This provision is not applicable.

DCRPR does not contract with private facilities for the confinement of its inmates. The requirement to obtain incident-based and aggregated PREA data from private confinement facilities with which the agency contracts does not apply. The audit instrument appropriately identifies this provision as N/A.

115.87 Provision (f)

This provision is not applicable for the audit review period because DCRPR did not receive a request from the U.S. Department of Justice requiring submission of the previous calendar year's data under this provision. The auditor verified that DCRPR has an established process for maintaining the information necessary to respond to such a request. The agency's written data collection requirements provide that, upon request, the agency is to provide all required data from the previous calendar year to the U.S. Department of Justice no later than June 30. DCRPR's statistical reporting documentation also identifies the PREA Coordinator as responsible for standardized PREA data collection based on the Survey of Sexual Violence and for providing the required prior-calendar-year information to the Department of Justice by June 30 when applicable.

The auditor's review confirmed that DCRPR has an established agency-wide process

	for the accurate and uniform collection of PREA data, annual aggregation of incident-based information, collection of information necessary for the Survey of Sexual Violence, and maintenance and review of information from available incident-based documentation. The sample of aggregated agency data reviewed provided evidence that these requirements are implemented in practice. Provisions concerning contracted private confinement facilities and submission of data to DOJ upon request were appropriately identified as not applicable based on the circumstances applicable to this audit. Corrective Action: None.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XVII – Recopilación de Información • DCRPR PREA annual and statistical reports • Agency-level aggregated PREA data and incident information • PREA allegation and investigative outcome data • Documentation of data review and analysis activities • Documentation of corrective actions and measures taken in response to identified concerns • DCRPR official public website – Informes Estadísticos, including publicly available PREA statistical reporting • Documentation concerning review and approval of agency PREA reporting Interviews, Document and Site Review: 115.88 Provision (a) DCRPR Regulation 8715, Article XVII – Recopilación de Información, establishes an agency-level process for reviewing PREA information collected and aggregated pursuant to Standard 115.87. The purpose of the review is to assess and improve the effectiveness of DCRPR’s policies, practices, and training related to the prevention, detection, and response to sexual abuse and sexual harassment. The review process includes identifying problem areas and trends reflected in PREA data, evaluating whether existing policies and institutional practices are effective, identifying areas requiring improvement, and taking corrective action on an ongoing basis when concerns are identified.

The auditor reviewed DCRPR PREA statistical reports, incident and allegation data, investigative outcome information, and documentation concerning corrective actions and data-review activities. The documentation demonstrated that DCRPR does not merely collect PREA data for reporting purposes; the information is reviewed to evaluate sexual safety, identify concerns and patterns, and determine whether changes or corrective measures are warranted. The agency's statistical reporting framework specifically identifies objectives that include evaluating actions taken to address victims' needs, analyzing sanctions imposed on perpetrators, examining investigative determinations, and using the collected information to support the prevention, reduction, and elimination of sexual harassment and sexual assault within the correctional system.

The auditor interviewed the Agency Head, PREA Coordinator, and PREA Compliance Manager regarding the agency's data-review process. Interview responses were consistent with the documentation reviewed. Interviewees described the process for reviewing collected and aggregated PREA information, identifying problem areas, evaluating existing prevention and response practices, and determining when corrective action, additional training, enhanced monitoring, or other preventive measures are necessary. The documentation and interviews demonstrated that DCRPR reviews data collected and aggregated pursuant to Standard 115.87 to identify problem areas, take corrective action on an ongoing basis, and prepare annual reporting addressing findings and corrective actions at both the facility and agency levels.

115.88 Provision (b)

DCRPR's data-review process includes evaluating changes in PREA information over time to assess the agency's progress in addressing sexual abuse and sexual harassment. Current-year information and corrective actions are compared with information from prior reporting periods so that DCRPR can identify developing trends, recurring concerns, improvements, and areas requiring continued attention. The auditor reviewed PREA statistical and annual reporting documentation and corrective-action information reflecting the agency's collection and analysis of sexual abuse and sexual harassment data across reporting periods. DCRPR's established reporting framework recognizes that collecting and comparing PREA information annually can identify trends or changes in sexual safety within correctional institutions.

The PREA Coordinator and PREA Compliance Manager described the agency's process for reviewing current information in relation to prior reporting periods and using those comparisons to evaluate progress and determine whether additional action is necessary. The documentation reviewed and interviews conducted demonstrated an established process for assessing agency progress through review and comparison of PREA data and related corrective actions over time.

115.88 Provision (c)

DCRPR requires its annual PREA reporting to undergo agency-level review and approval and to be made readily available to the public. The auditor reviewed

documentation concerning the agency’s annual reporting process and addressed review, approval, and publication requirements during the Agency Head interview. The Agency Head described the review and approval process applicable to DCRPR’s annual PREA reporting. The auditor also verified that DCRPR makes PREA statistical information available to the public through the agency’s public reporting process. The agency’s statistical documentation identifies the report as an official DCRPR document and provides for dissemination through the Department’s internet portal, as well as other methods. The documentation reviewed and Agency Head interview demonstrated that DCRPR’s annual PREA reporting is subject to agency-head approval and is made readily available to the public through the agency’s established public reporting mechanisms. <https://dcr.pr.gov/informes-estadisticos-dcr/>

115.88 Provision (d)

DCRPR’s public reporting process requires the protection of sensitive information contained in publicly released PREA reports. When publication of specific material would present a clear and specific threat to the safety and security of a facility, DCRPR may redact that material and must indicate the nature of the information removed. The auditor reviewed PREA statistical reports made publicly available through DCRPR’s official Informes Estadísticos webpage. DCRPR – Informes Estadísticos. The auditor examined the publicly available reporting to determine whether personally identifying information was protected and whether any material had been redacted because its publication would present a clear and specific threat to facility safety or security.

The reports reviewed presented PREA information in an aggregated manner and did not disclose personally identifying information concerning victims, alleged perpetrators, staff members, or other individuals associated with specific PREA incidents. The auditor did not identify any instance in the reports reviewed in which material had been redacted based on a clear and specific threat to facility safety or security. There were no safety- or security-based redactions requiring case-specific evaluation during the audit.

The auditor also interviewed the PREA Coordinator regarding DCRPR’s procedures for protecting information contained in publicly released PREA reports. The PREA Coordinator demonstrated an understanding that when specific material must be withheld because publication would present a clear and specific threat to facility safety or security, the agency must identify the nature of the material redacted.

Review of DCRPR Regulation 8715, the agency’s publicly available PREA statistical reporting, direct verification of the information published on DCRPR’s official website, and the PREA Coordinator interview demonstrated that DCRPR protects sensitive information in its public reporting and maintains procedures requiring the nature of any safety- or security-based redaction to be identified when such a redaction is necessary.

Corrective Action:

None.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XVII – Recopilación de Información • DCRPR annual and statistical PREA reports • Aggregated sexual abuse and sexual harassment data • PREA incident and allegation data and related reporting documentation • Documentation regarding storage, access, security, and retention of PREA information • Sample of publicly available aggregated PREA data • Historical PREA data and reporting documentation maintained by DCRPR • DCRPR official website – Informes Estadísticos, including publicly available PREA statistical reports Interviews, Document and Site Review: 115.89 Provision (a) DCRPR Regulation 8715 and the agency’s established records-management practices require information collected pursuant to Standard 115.87 to be securely retained and protected from unauthorized access or disclosure. The auditor interviewed the PREA Coordinator regarding the collection, storage, maintenance, and security of PREA data. The PREA Coordinator described the safeguards used to protect confidential information and confirmed that access to PREA records is restricted to personnel whose official responsibilities require access. During the onsite review at Anexo Seguridad Máxima Bayamón 292, the auditor examined the manner in which PREA-related information was maintained. Hard-copy records containing confidential PREA information were stored in secured locations and were not accessible to the general inmate population or unauthorized personnel. Access was restricted to authorized staff. The auditor also examined safeguards applicable to electronically maintained PREA information. Electronic records were protected through access controls, including password-protected systems and restrictions limiting access to authorized personnel. The auditor considered how electronic information was accessed, who was authorized to access it, and the measures used to prevent unauthorized access. Informal conversations with staff further addressed the storage and confidentiality of PREA information, including sexual abuse and sexual harassment reports, investigative information, risk-screening information, and medical and mental health records. Staff demonstrated an understanding that confidential PREA information is maintained in secured locations or systems and is accessible only to personnel with

an authorized need for the information. The combination of policy requirements, the PREA Coordinator interview, onsite observations of physical and electronic safeguards, and staff discussions demonstrated that PREA data collected pursuant to Standard 115.87 are securely retained and protected from unauthorized access.

115.89 Provisions (b) and (c)

DCRPR makes aggregated sexual abuse data from facilities under its direct control readily available to the public through its official website and established statistical reporting process. As established under Standard 115.87, DCRPR does not contract with private facilities for the confinement of its inmates; therefore, there are no contracted private-facility data to incorporate into the agency's public aggregation.

The auditor independently reviewed DCRPR's official Informes Estadísticos webpage and the PREA statistical reports made available through the agency's public reporting system. DCRPR - Informes Estadísticos The agency's statistical documentation identifies its PREA reports as official DCRPR records and provides for dissemination through the Department's internet portal.

The auditor reviewed a sample of publicly available PREA data to determine whether the published information was aggregated and whether personal identifiers had been removed prior to public dissemination. The reports reviewed presented information statistically and in aggregate form, including such categories as the number and location of reported incidents, characteristics of incidents, victim demographic information, actions taken, medical treatment, and investigative information. The reporting did not identify individual victims, alleged perpetrators, staff members, or other persons associated with specific PREA incidents.

For example, the agency report reviewed presented incident information by institution and reporting month rather than by the names of persons involved. Other portions of the report presented victim and incident characteristics through aggregated categories, including race or ethnicity, physical injury, treatment, reporting source, and actions taken.

The PREA Coordinator was also interviewed regarding the preparation of PREA information for public release and demonstrated an understanding that personal identifiers must be removed before aggregated sexual abuse data are made publicly available. The auditor's direct review of DCRPR's public reporting, combined with the PREA Coordinator interview and agency documentation, demonstrated that aggregated PREA data are made available to the public and that personal identifiers are removed prior to publication.

115.89 Provision (d)

DCRPR requires sexual abuse data collected pursuant to Standard 115.87 to be maintained for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise. The auditor interviewed the PREA Coordinator regarding the retention of PREA data and reviewed DCRPR's record-retention practices and available historical PREA information. The PREA Coordinator

	demonstrated an understanding of the requirement to preserve sexual abuse data for the required retention period and described the agency's process for maintaining PREA data within its established records system. Consistent with the audit protocol, the auditor reviewed available historical PREA data dating from August 20, 2012, as applicable, to assess implementation of the retention requirement. The review demonstrated that PREA information is maintained within DCRPR's established record-retention structure and remains accessible to authorized personnel responsible for PREA administration, data analysis, and reporting. The auditor also examined record-storage practices during the onsite review and verified that retained PREA information is maintained under the same physical and electronic safeguards applicable to current PREA records. The retention process therefore addresses both the required duration of retention and continued protection of the information throughout the retention period. Review of DCRPR Regulation 8715, historical and current PREA documentation, the PREA Coordinator interview, publicly available aggregated data, DCRPR's official statistical reporting webpage, and onsite examination of physical and electronic record safeguards demonstrated implementation of the storage, publication, removal of personal identifiers, and record-retention requirements addressed by this standard. Corrective Action: None.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR PREA audit schedule for the current three-year audit cycle • Available agency PREA audit history and prior PREA audit reports • Documentation identifying DCRPR facilities subject to PREA audit requirements • Pre-Audit Questionnaire and supporting documentation • Anexo Seguridad Máxima Bayamón 292 facility information and population data • PREA Notice of Audit and documentation regarding its posting • Information provided to inmates regarding confidential communication with the auditor • Documentation and records requested and received before, during, and

- following the onsite audit
- Corrective Action Period documentation, where applicable

Interviews, Document and Site Review:

115.401 Provisions (a), (b), and (c)

The auditor reviewed DCRPR's PREA audit history, current audit schedule, and documentation identifying facilities subject to PREA auditing. Anexo Seguridad Máxima Bayamón 292 had not previously undergone a PREA audit; this is the institution's first PREA audit.

At the time of review, DCRPR reported 24 operational correctional facilities subject to PREA auditing requirements. DCRPR's current three-year audit schedule reflects that six facilities were audited during the first year, eight are scheduled for audit during the second year, and the remaining facilities are scheduled for the third year. DCRPR advised that anticipated facility closures or other operational changes may affect the number of facilities requiring audit and that the audit schedule will be adjusted as necessary to account for changes in the number of operational facilities.

This audit is occurring during the first year of the current three-year audit cycle. The requirements applicable to the second and third years of the cycle are not yet applicable. DCRPR is continuing its established audit schedule with the objective of completing the required PREA audits during the current three-year cycle.

115.401 Provision (d)

During the onsite audit, the auditor was provided full and unrestricted access to all areas of Anexo Seguridad Máxima Bayamón 292 necessary to conduct a comprehensive site review. The auditor determined which areas to observe and was not denied or restricted from entering any requested location. The site review included inmate housing areas, intake and risk-screening locations, medical and mental health service areas, programming and service areas, visitation areas, administrative areas, and other locations relevant to the prevention, detection, and response to sexual abuse and sexual harassment. The auditor assessed physical conditions, supervision, inmate privacy, PREA signage and reporting information, staff practices, inmate movement, and other conditions relevant to implementation of the PREA Standards. No area requested by the auditor was inaccessible or excluded from review.

115.401 Provision (e)

The auditor was permitted to request and receive documents and information necessary to conduct the audit, including electronically stored information. Prior to the onsite review, the auditor examined the completed Pre-Audit Questionnaire and supporting documentation and requested additional records when clarification or further evidence was necessary. During and following the onsite review, the auditor reviewed representative samples of records and requested supplemental documentation as needed to verify implementation, clarify information obtained

	through interviews or observations, and resolve questions identified during the audit. DCRPR and Anexo Seguridad Máxima Bayamón 292 provided the requested information without restricting the auditor's access. Access to requested documentation continued during the Corrective Action Period for standards requiring additional evidence, allowing the auditor to evaluate implementation of corrective measures before completing the audit. 115.401 Provision (f) The auditor was permitted to conduct private interviews with inmates at Anexo Seguridad Máxima Bayamón 292. The auditor independently selected inmates for interview based on the applicable PREA audit methodology and populations available at the time of the onsite review. Interviews were conducted in private settings where responses could not be overheard by correctional staff or other inmates. The auditor was able to ask all applicable PREA interview questions and follow-up questions without interference or restriction. The auditor also independently selected staff for applicable formal interviews and conducted informal conversations with staff and inmates during the site review. Facility personnel did not control the auditor's interview selections or restrict access to individuals selected for interview. 115.401 Provision (g) Anexo Seguridad Máxima Bayamón 292 provided inmates with advance notice of the PREA audit and a method for communicating confidentially with the auditor. The auditor reviewed the PREA Notice of Audit and verified during the onsite review that notices were posted in inmate housing areas. The auditor also spoke with inmates regarding the notice and their opportunity to communicate with the auditor. The notice informed inmates of their ability to submit confidential information or correspondence directly to the auditor. The auditor verified that the method provided for correspondence afforded inmates the same level of confidentiality as communication with legal counsel. The auditor was able to receive confidential inmate correspondence and communicate privately with inmates without interference from facility personnel. Throughout the pre-audit, onsite, and post-audit phases, DCRPR and Anexo Seguridad Máxima Bayamón 292 provided access to the institutional areas, individuals, records, electronically stored information, private interviews, and confidential inmate communications necessary to conduct the audit. Requested documentation remained available during the Corrective Action Period for standards requiring additional evidence. Corrective Action: None.
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115.403	Audit contents and findings
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	Auditor Overall Determination: Meets Standard Auditor Discussion Documentation reviewed in assessing compliance with this standard included: • Completed Pre-Audit Questionnaire (PAQ) and supporting documentation • DCRPR policies and procedures applicable to the PREA Standards • DCRPR PREA audit history and available Final PREA Audit Reports • DCRPR’s publicly accessible website and posted PREA audit reports • Documentation and records reviewed throughout the pre-audit, onsite, post-audit, and corrective action phases Interviews, Document and Site Review: 115.403 Provisions (a) through (e) The audit of Anexo Seguridad Máxima Bayamón 292 was conducted in accordance with the DOJ PREA audit methodology and applicable PREA audit requirements. The auditor reviewed the completed PAQ, agency-wide policies and procedures, supporting documentation, and supplemental records requested throughout the audit process. During the onsite phase, the auditor conducted a comprehensive tour of Anexo Seguridad Máxima Bayamón 292, observed institutional practices and operations, reviewed representative samples of records, and conducted formal interviews and informal conversations with inmates and staff. Information obtained through document review, interviews, record sampling, and direct observation was compared to determine whether the applicable PREA requirements were implemented in practice. The auditor reviewed applicable DCRPR policies and procedures for each PREA Standard and evaluated their implementation at Anexo Seguridad Máxima Bayamón 292. The basis for each compliance determination is documented within the applicable standard narrative in this report and identifies the relevant policies, records, interviews, onsite observations, and other verification activities relied upon. Where deficiencies were identified, the applicable standard narrative describes the deficiency, corrective measures undertaken, documentation subsequently submitted, and verification performed by the auditor during the Corrective Action Period. Personally identifiable information obtained during the audit was protected and is not included in this report. The report does not identify individual inmates or staff members in connection with confidential interviews, allegations, medical or mental health information, risk-screening information, or other sensitive records reviewed during the audit. The auditor has no conflict of interest that would interfere with the independence or objectivity required to conduct this PREA audit. 115.403 Provision (f)
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The auditor reviewed DCRPR's publicly accessible website and available Final PREA Audit Reports to assess the agency's publication of prior audit reports. Final PREA Audit Reports were available on DCRPR's website; however, the reports identified during the auditor's review were from audits completed outside the three-year period preceding the current audit. The auditor did not identify Final PREA Audit Reports issued within the applicable three-year review period.

There were no Final PREA Audit Reports issued during the three years preceding this audit that required publication under this provision. The older Final PREA Audit Reports available on DCRPR's website demonstrate that the agency maintains a public mechanism for posting PREA audit reports, but those reports were not treated as evidence of reports issued during the applicable three-year review period. The current audit is the first PREA audit of Anexo Seguridad Máxima Bayamón 292. Upon completion, DCRPR is responsible for ensuring that the Final PREA Audit Report for Anexo Seguridad Máxima Bayamón 292 is published on the agency's website or otherwise made readily available to the public in accordance with the applicable PREA audit publication requirements.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	na
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes

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

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

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

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	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 inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	yes

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility 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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	yes

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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	na

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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