

PREA Facility Audit Report: Final

Name of Facility: Complejo de Rehabilitacion para Mujeres

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: 09/08/2025

End Date of On-Site Audit: 09/10/2025

FACILITY INFORMATION

Facility name: Complejo de Rehabilitacion para Mujeres

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

Facility mailing address: 50 CRR UNIT 307-607073 Industrial Luchetti Bayamón, PR 00961-7403 , Bayamon, Puerto Rico - 00961-7403

Primary Contact

Name:	Katia Díaz Aponte
Email Address:	kdiaz@dcr.pr.org
Telephone Number:	787-342-1038

Warden/Jail Administrator/Sheriff/Director

Name:	Ana T. Lopez Rodriguez
Email Address:	atlopez@dcr.pr.gov
Telephone Number:	787-518-7319

Facility PREA Compliance Manager

Name:	Katia Diaz Aponte
Email Address:	kdiaz@dcr.pr.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Cristobal Antron
Email Address:	CAntron@Physiciancorrectional.com
Telephone Number:	939-640-6095

Facility Characteristics

Designed facility capacity:	400
Current population of facility:	329
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

Age range of population:	19-81
Facility security levels/inmate custody levels:	Custodia Minima, Mediana, Maxima, Sumariada, Protectiva, Segregación
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	135
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	46
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	99

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:	2025-09-08
2. End date of the onsite portion of the audit:	2025-09-10

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:	420
15. Average daily population for the past 12 months:	354
16. Number of inmate/resident/detainee housing units:	30
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:	338
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:	3
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:	3
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:	4

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:	2
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):	Inmates are not placed in segregated housing at Complejo de Rehabilitación para Mujeres solely due to a risk of sexual victimization. This was confirmed and 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:	163
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:	99

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:	43
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:	The facility 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 the facility are primarily affiliated with religious organizations and provide faith-based services and programming to the inmate population. Contractors regularly providing services within the facility 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:	26
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 access to PREA information and services for inmates with limited English proficiency or other language needs. • Primary language • Whether this was the inmate's first period of incarceration • Length of time in confinement • Custody classification level, including lower and higher classifications • Housing status, including general population, segregation, and protective custody • Whether the inmate worked in areas with restricted access or areas primarily controlled by correctional staff
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 random interviewees from housing units located throughout the facility. The selections were distributed across the institution to obtain representation from as many housing units and housing areas as possible. During first day of the onsite visit, the auditor conducted a cell-to-cell and dorm-to-dorm walkthrough to observe the distribution and characteristics of the inmate population and ensure the random interview sample represented different housing areas throughout the facility. All selections were made independently by the auditor, without involvement from facility staff in determining which inmates would be interviewed.
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 audit team began interviewing inmates on 09/08/2025, the first day of the on-site audit. Random inmates were selected across all housing units to ensure geographic diversity within the facility. The audit team also selected inmates with varying race, ethnicity, custody levels, and length of time in custody, where possible. Selections were made independently by the lead auditor using a roster of all inmates provided by the facility on the first day of the on-site audit. Interview sample sizes were determined using the PREA Auditor Handbook (Version 2.1, December 2022) and based on the facility's total inmate population on the first day of the on-site audit. Using the facility roster, the auditor oversampled and selected at least one inmate from each housing unit. A total of 26 random inmates were interviewed after accounting for availability and refusals.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
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:	3

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:	3
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 identify whether any inmates met this targeted interview category, the auditor made inquiries throughout the on-site audit regarding inmates who were blind or had low vision. During formal interviews and informal conversations, staff from multiple areas of the facility were asked whether they were aware of any inmates who met this category. The auditor also asked inmates whether they were aware of any inmates currently housed at the facility who were blind or had low vision. These inquiries were used to verify the information provided by the facility and determine whether an eligible inmate could be identified for interview. No inmate meeting this targeted category was identified and available for interview during the on-site audit.

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 identify whether any inmates met this targeted interview category, the auditor made inquiries throughout the on-site audit regarding inmates who were deaf or hard of hearing. During formal interviews and informal conversations, staff from multiple areas of the facility were asked whether they were aware of any inmates who met this category. The auditor also asked inmates whether they were aware of any inmates currently housed at the facility who were deaf or hard of hearing. These inquiries were used to verify the information provided by the facility and determine whether an eligible inmate could be identified for interview. No inmate meeting this targeted category was identified and available for interview during the on-site audit.
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:	6
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:	2

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:	2
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 the facility's PREA allegation information and available investigative documentation to determine whether any inmates who had reported sexual abuse during the applicable review period were housed at the facility and available for interview. The auditor also discussed reported allegations with the PREA Compliance Manager, PREA Coordinator, investigative staff, facility leadership, and other appropriate staff during the on-site audit. The review identified one sexual abuse allegation during the applicable 12-month review period. The allegation was reported in July 2025 and remained under investigation at the time of the on-site audit. The inmate who reported the allegation had been discharged from DCRPR custody and was not available for interview. The auditor did not identify any other inmates currently housed at the facility who had reported sexual abuse during the applicable review period. This determination was based on the PAQ, PREA allegation and investigative documentation, staff interviews, and inquiries conducted during the on-site audit. No inmate was 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 the PAQ information and available risk-screening documentation to determine whether any inmates had disclosed prior sexual victimization during the facility's risk-screening process. To corroborate this information, the auditor made inquiries with staff who would have knowledge of this population, including Social Workers, the PREA Compliance Manager, PREA Coordinator, Superintendent, and other facility leadership within the applicable PREA reporting chain. Based on the records reviewed and information provided by these staff during the on-site audit, no inmates currently housed at the facility were identified as having disclosed prior sexual victimization during risk screening. No inmate meeting this targeted category was available for interview.
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 the PAQ and available facility records to determine whether any inmates had been placed in segregated housing or isolation because of a risk of sexual victimization or following an allegation of sexual abuse. The auditor also made inquiries with the PREA Compliance Manager, PREA Coordinator, Superintendent, Social Workers, and other facility leadership and staff within the applicable reporting chain who would have knowledge of such placements. The auditor's review found no inmates currently housed at the facility who met this targeted category. The facility's records did not identify any inmate who had been placed in segregated housing or isolation for risk of sexual victimization during the previous three years. Therefore, no inmate meeting this targeted category was available for interview during the on-site audit. Incarcerated individuals are not placed in segregated housing at Complejo de Rehabilitación para Mujeres solely due to a risk of sexual victimization. This practice was confirmed and further assessed under Standard 115.43.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Between 09/08/2025 and 09/10/2025, the auditor interviewed 16 inmates using the applicable targeted interview protocols. Targeted inmates were identified through the PAQ, facility records and rosters, and information obtained during the on-site audit. The auditor also used random inmate interviews to identify inmates who met targeted interview categories not identified through the PAQ or facility records. When an inmate met a targeted category, the applicable targeted interview protocol was completed. For targeted categories in which no inmates were identified, the auditor reviewed available records, interviewed staff familiar with the inmate population, and made inquiries during random inmate interviews to determine whether inmates meeting those categories were housed at the facility and available for interview. When a selected inmate was unavailable or declined to participate, an alternate was selected when available. All inmate interviews were conducted in private areas where conversations could not be overheard. The applicable Department of Justice PREA inmate interview protocols were used.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	20
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

If "Other," describe:	English speaker.
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):	At Complejo de Rehabilitación para Mujeres, there were 163 staff members who may have contact with members of the correctional population. Random staff interviewees were selected from the facility staff roster, with consideration given to length of tenure at the facility, shift assignment, work assignment, rank or equivalent position, and language spoken. Because Spanish is the primary language spoken at the facility, the auditor also made efforts to include English-speaking staff in the random interview sample. Selections included staff from all shifts and a range of ranks and work assignments to provide broad representation of staff working throughout the facility. A total of 20 random staff interviews were conducted using the Department of Justice Interview Guide for a Random Sample of Staff. Interviews were conducted in private settings that allowed staff to speak with the auditor confidentially.
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):	21
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:	Population Control Officer responsible for housing and placement decisions; Social Workers responsible for conducting PREA risk assessments and providing inmate PREA education; Grievance Coordinator; Mailroom Staff; Community Advocate; Volunteer Coordinator; and Facility PREA Point Person.
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:	3
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:	7

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 Complejo de Rehabilitación para Mujeres, specialized staff were identified through information provided by the facility during the pre-on-site and on-site phases of the audit. Where more than one staff member performed a specialized function, the auditor selected staff from the applicable categories for interview. Interviews were conducted using the applicable Department of Justice Interview Guides for Specialized Staff. Staff interviewed included those responsible for classification and housing decisions, PREA risk screening and inmate education, grievances, mailroom functions, volunteer coordination, community advocacy, and facility-level PREA implementation, including the PREA Compliance Manager. Agency-level interviews with the Agency Head and PREA Coordinator were also conducted within the applicable audit period. Interviews occurred either in advance of or during the on-site audit, based on the staff member's role and availability.

The audit team did not interview non-medical staff who conduct cross-gender strip or visual body cavity searches because Complejo de Rehabilitación para Mujeres does not permit or conduct such searches by non-medical staff. This practice was assessed and documented under the applicable PREA standard.

At the time the PAQ was completed, the facility reported 46 contractors authorized to enter the facility. On the first day of the on-site audit, the updated contractor population was 43.

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 on-site phase of the audit at Complejo de Rehabilitación para Mujeres began on 09/08/2025. Upon arrival, the auditor met with facility leadership and conducted an entrance briefing attended by the PREA Coordinator, Superintendent, PREA Compliance Manager, Facility PREA Point Person, and other members of facility leadership. The briefing addressed the audit process, objectives, expectations, schedule, and on-site logistics. A private workspace was provided to the auditor for conducting interviews, reviewing documentation, and organizing and assessing information collected throughout the audit. Following the entrance briefing, the auditor began a comprehensive site review accompanied by facility staff. The review included housing units, cells, dormitories, program and service areas, work locations, intake and screening areas, medical and mental health areas, and other locations accessible to incarcerated individuals, as well as relevant administrative and operational areas.

Throughout the site review, the auditor observed PREA audit notices and postings related to reporting and outside support services; cross-gender announcement practices and potential cross-gender viewing; privacy considerations; documentation of unannounced supervisory rounds; availability and accessibility of reporting and grievance mechanisms; and security and supervision practices. The auditor also considered staffing and supervision, mirrors, locked or controlled-access areas, lines of sight, radios and other communication methods, and the facility's PREA risk-screening and inmate education processes.

The auditor tested available PREA reporting methods and reviewed access to outside emotional support and interpretation services. Formal interviews were supplemented by informal conversations with staff and incarcerated individuals encountered throughout the facility. These conversations addressed topics such as opposite-gender

announcements, privacy and cross-gender viewing, unannounced rounds, PREA training and education, knowledge of reporting options, access to grievance procedures and outside reporting methods, and staff responsibilities when receiving a report of sexual abuse or sexual harassment. Observations and information obtained during the site review were used throughout the audit to assess whether written policies and procedures were implemented 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 a range of documents, files, and records applicable to the standards under review. The documentation reviewed is summarized in the table below and discussed in greater detail throughout the applicable standard narratives. Document sample sizes were determined in accordance with the sampling guidance provided 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	1	1	1	1
Total	1	1	1	1

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	1	0	0	0	0
Total	1	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	1	0	0	0
Total	1	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:

2

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:	1
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:	1
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.

During the applicable 12-month audit review period, Complejo de Rehabilitación para Mujeres had one PREA investigation involving an allegation of staff-on-inmate sexual harassment. The investigation remained ongoing at the time of the on-site audit. Administrative PREA investigations are conducted by the DCRPR Office of Investigations of the Correctional System (OISC), while allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. Two OISC investigators are assigned responsibility for administrative investigations involving Complejo de Rehabilitación para Mujeres. These investigators also conduct investigations at other DCRPR facilities. Because the facility's only PREA investigation during the 12-month review period remained ongoing, there were no completed facility investigations from that period available for the auditor to review for investigative findings, case dispositions, and completed investigative practices.

To obtain a sufficient sample for evaluating the investigative practices of the OISC investigators assigned to the facility, the auditor reviewed additional completed OISC investigative files handled by those investigators during the preceding three years. The expanded sample included inmate-on-inmate and staff-on-inmate allegations and allowed the auditor to evaluate investigative procedures, documentation, evidence considered, investigative findings, and case dispositions.

The two sexual-abuse investigative files included in the expanded sample did not involve allegations arising at Complejo de Rehabilitación para Mujeres during the applicable 12-month audit review period. These completed OISC investigations were reviewed specifically to assess the assigned investigators' application of PREA investigative requirements and DCRPR investigative procedures when completed investigations from the audited facility were

	not available for review.
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 - DCRPR Organizational Chart - PREA Coordinator job description, duty statement, or designation documentation - PREA Compliance Manager job description, duty statement, or designation documentation - Facility organizational chart - Documentation identifying the facility PREA Compliance Manager and reporting structure - PREA Coordinator and PREA Compliance Manager interview documentation Interviews, Document and Site Review:

115.11 Provision (a)

DCRPR provided the auditor with Regulation 8715, Reglamento para Prevenir, Detectar, Informar y Responder a la Violencia Sexual en las Instituciones Correccionales. The regulation establishes DCRPR's zero-tolerance policy toward all forms of sexual violence within its correctional institutions. Article III establishes that the Department of Correction and Rehabilitation maintains a policy of zero tolerance for all forms of sexual violence, including sexual harassment, sexual abuse, non-consensual sexual acts, inappropriate conduct, and retaliation. The regulation further establishes procedures intended to prevent, detect, report, and respond to sexual violence involving individuals in DCRPR custody.

Regulation 8715 establishes the agency's framework for implementing its zero-tolerance approach. The regulation addresses responsibilities for PREA implementation; prevention measures; staff training and inmate education; risk screening; reporting; coordinated response to allegations; investigations; discipline; medical and mental health services; data collection and review; auditing; and corrective action. The regulation also contains definitions addressing conduct prohibited under the agency's PREA program, including sexual violence, sexual abuse, sexual harassment, non-consensual sexual acts, inappropriate sexual conduct by staff, and voyeurism.

The prevention provisions of Regulation 8715 require the agency to take affirmative measures to prevent sexual violence. Among other requirements, the regulation addresses protective measures for individuals determined to be at considerable risk; appropriate staffing and video surveillance; identification of vulnerable populations; accessibility of PREA information and services for individuals with physical, intellectual, psychiatric, or language limitations; criminal background screening; consideration of sexual-safety concerns when planning or modifying facilities; and the inclusion of zero-tolerance requirements in applicable agreements with private treatment facilities.

The regulation further requires employees with direct contact with the correctional population to receive training concerning the agency's zero-tolerance policy and their responsibilities for prevention, detection, reporting, and response. Training includes the right of inmates to be free from sexual violence and retaliation, professional conduct and communication, inappropriate relationships, and applicable reporting requirements.

During the on-site audit at Complejo de Rehabilitación para Mujeres, the auditor assessed implementation of the zero-tolerance policy through document review, observations throughout the facility, and interviews with random inmates, random staff, specialized staff, facility leadership, and agency-level personnel. Interviews demonstrated awareness of the agency's zero-tolerance policy and staff responsibilities related to the prevention, detection, reporting, and response to sexual abuse and sexual harassment.

Based on the review of Regulation 8715, supporting documentation, on-site observations, and interviews conducted during the audit, the auditor determined that

DCRPR and Complejo de Rehabilitación para Mujeres have established and implemented a written zero-tolerance policy and an agency approach to preventing, detecting, and responding to sexual abuse and sexual harassment consistent with the requirements of this provision.

115.11 Provision (b)

Regulation 8715 establishes an agency-level PREA Coordinator position. Article VII provides that the appointing authority shall designate a PREA Coordinator with sufficient authority to implement and oversee the agency's efforts to comply with the PREA Standards throughout DCRPR's correctional institutions. The regulation also establishes Regional Compliance Managers with authority to coordinate PREA implementation efforts within correctional institutions.

The auditor reviewed the DCRPR organizational structure and confirmed that an upper-level PREA Coordinator has been designated to oversee agency-wide PREA compliance efforts. The organizational structure reviewed by the auditor places the PREA Coordinator in a position with access to upper-level agency leadership and the authority necessary to coordinate PREA implementation throughout DCRPR.

During the interview with the PREA Coordinator, the Coordinator reported having sufficient time and authority to develop, implement, and oversee the agency's PREA compliance efforts. The PREA Coordinator described responsibilities associated with coordinating implementation of the PREA Standards across DCRPR facilities and communicating with facility-level and regional personnel regarding compliance matters. The auditor also interviewed the Agency Head/Secretary of Corrections. Information obtained through these interviews demonstrated agency leadership's involvement in and oversight of PREA compliance.

The reporting structure established by Regulation 8715 is also reflected in the regulation's PREA incident-response process. Annex G identifies the institutional PREA Compliance Officer, Regional Compliance Manager, PREA Coordinator, and Secretary of DCR as components of the reporting and notification structure for PREA incidents.

Based on the organizational documentation reviewed, Regulation 8715, and interviews with the Agency Head and PREA Coordinator, the auditor determined that DCRPR employs an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA Standards.

115.11 Provision (c)

DCRPR operates multiple correctional institutions and has established facility-level PREA compliance responsibilities under Regulation 8715. Article VII requires the Superintendent of each institution to appoint an Oficial de Cumplimiento PREA, or PREA Compliance Officer, to serve as the institution's PREA liaison. The regulation requires individuals selected for this function to be qualified and subject to investigation by the Office of Investigations of the Correctional System (OISC).

	Regulation 8715 assigns specific responsibilities to the institutional PREA Compliance Officer. These responsibilities include verifying that the institution maintains PREA informational posters and pamphlets, ensuring that established procedures are followed when an incident of sexual violence occurs, notifying the Regional Compliance Manager of allegations or incidents of sexual violence, and completing required reports concerning allegations and incidents. At Complejo de Rehabilitación para Mujeres, the facility has designated a PREA Compliance Manager to coordinate and monitor facility-level implementation of the PREA Standards. The auditor reviewed the facility's organizational structure and interviewed the designated PCM regarding the position's responsibilities, authority, reporting relationship, and ability to carry out PREA-related duties. The PCM reported having sufficient time to oversee the facility's PREA compliance responsibilities. The PCM indicated that the position's duties are dedicated to PREA compliance and that the PCM reports directly to the Facility Head/Superintendent. The PCM described responsibilities that include monitoring facility compliance, coordinating PREA-related activities, maintaining required documentation, addressing allegations and incidents in accordance with established procedures, and communicating PREA-related matters through the applicable agency reporting structure. The facility-level reporting relationship is consistent with Regulation 8715's incident-response requirements. The regulation requires notification through the institutional chain of command and specifically provides for notification of the institutional PREA Compliance Officer. Its reporting structure further connects the facility-level compliance function with the Regional Compliance Manager, PREA Coordinator, and Secretary of DCR. Based on the review of Regulation 8715, the facility organizational structure, supporting documentation, and the interview with the designated PCM, the auditor determined that Complejo de Rehabilitación para Mujeres has designated an individual with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. 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 • Certified Letter from the DCRPR PREA Coordinator confirming the facility does not contract with other entities for the confinement of inmates • PREA Coordinator interview Interviews, Document and Site Review: Complejo de Rehabilitación para Mujeres does not maintain any contracts with other entities for the confinement of its inmates. DCRPR Regulation 8715 outlines the requirements of this standard and provides that if DCRPR contracts with private agencies, other entities, or government agencies for inmate confinement services, any new or renewed contract must require the contracted entity to adopt and comply with PREA standards. The policy further requires monitoring to ensure that the contracted entity complies with PREA standards. The auditor reviewed documentation, including a certified letter from the DCRPR PREA Coordinator confirming that Complejo de Rehabilitación para Mujeres does not contract with any entity for the confinement of its inmate population. Discussion with the Agency Contract Administrator reflected that he is well versed in the PREA standards and the agency's corresponding obligations as the contracting entity, should the need arise to contract for the confinement of inmates with an external entity. Based on the review of DCRPR Regulation 8715, supporting documentation, and information obtained through interviews, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with 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 • Regulations on Supervisory Rounds • Staffing Plan • Rounds Logs • Housing Unit Rounds Books • Unannounced Supervisory Rounds Sheets • Staffing Documentation

Interviews, Document and Site Review:**115.13 Provision (a)**

DCRPR and Complejo de Rehabilitación para Mujeres maintain a staffing plan designed to provide adequate levels of staffing to protect inmates from sexual abuse and sexual harassment. The auditor reviewed the facility's staffing plan, staffing and post-assignment information, supervisory practices, and other documentation relevant to inmate supervision. Staffing practices were also evaluated through interviews with facility leadership, the PREA Compliance Manager, supervisory staff, and correctional staff and through direct observation during the on-site review.

In developing and maintaining staffing levels, the facility considers the physical configuration of the institution, the size and composition of the inmate population, housing and custody classifications, staff deployment, programs and activities, areas where inmates may have limited staff observation, and other operational factors affecting supervision and sexual safety. Complejo de Rehabilitación para Mujeres does not utilize video surveillance or other electronic monitoring technology for inmate supervision. The facility therefore relies on staff deployment, direct observation, security rounds, supervisory presence, and other established security practices.

Facility leadership described the measures used to maintain coverage when staffing vacancies or shortages occur. Correctional Officers assigned to indirect-supervision functions may be reassigned to direct-supervision posts, mandatory overtime may be utilized when necessary, and staff may be temporarily reassigned in accordance with agency procedures to maintain required coverage.

During the on-site review, the auditor evaluated staffing and supervision throughout the facility, including housing units, inmate-accessible areas, staff positioning, lines of sight, areas where inmates may be isolated or have limited staff observation, and other locations presenting potential supervision concerns. The auditor did not identify conditions during the on-site review indicating that the facility's established staffing practices were insufficient to provide supervision necessary to protect inmates from sexual abuse.

Based on the staffing plan, staffing and post-assignment information, interviews with responsible personnel, and direct observations during the on-site review, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (a).

115.13 Provision (b)

The auditor reviewed the facility's practices for maintaining established staffing levels and addressing circumstances in which required staffing coverage cannot be maintained. Facility leadership reported that staffing needs are evaluated on an ongoing basis and that available personnel are reassigned when necessary to maintain coverage of essential direct-supervision posts.

When a direct-supervision position is vacant or otherwise requires coverage,

Correctional Officers assigned to indirect-supervision functions may be temporarily reassigned to direct-supervision duties. Mandatory overtime may also be utilized when necessary. These measures provide facility leadership with mechanisms to maintain inmate supervision and institutional security when staffing shortages occur.

The auditor reviewed available staffing and post-assignment information and discussed staffing coverage and deviations from established staffing levels with facility leadership and supervisory staff. The auditor also assessed actual staffing and supervision during the on-site review.

Based on the staffing documentation reviewed, interviews with responsible personnel, and observations made during the on-site audit, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (b).

115.13 Provision (c)

The auditor reviewed the facility's staffing plan and the process used to evaluate staffing and supervision needs. The facility considers staffing coverage, the physical configuration of the institution, changes in the inmate population, housing and programming needs, areas presenting potential supervision concerns, and other operational factors that may affect the prevention, detection, and response to sexual abuse and sexual harassment.

Because Complejo de Rehabilitación para Mujeres does not utilize video surveillance or other electronic monitoring technology for inmate supervision, the facility relies on staff deployment, direct observation, security rounds, and supervisory oversight. The auditor considered the absence of electronic monitoring technology when evaluating the facility's staffing plan and supervision practices.

Facility leadership also described how staffing vacancies, shortages, and other circumstances affecting supervision are evaluated and addressed. Available personnel may be reassigned to direct-supervision positions, mandatory overtime may be utilized when necessary, and staff may be temporarily reassigned in accordance with agency procedures to maintain appropriate coverage.

The facility's staffing plan is reviewed at least annually in consultation with the PREA Coordinator to determine whether adjustments are necessary to the staffing plan, deployment of monitoring technology, or allocation of facility resources to protect inmates from sexual abuse. The auditor reviewed the staffing plan and discussed the annual review process and PREA Coordinator involvement with responsible facility and agency personnel.

Based on the staffing plan and supporting documentation, interviews with facility and agency personnel, and observations made during the on-site review, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (c).

115.13 Provision (d)

DCRPR requires intermediate- and higher-level supervisors to conduct and document

unannounced rounds throughout its correctional institutions. The auditor reviewed DCRPR's Regulations on Supervisory Rounds, which establish supervisory-round requirements for multiple levels of facility leadership.

Regional Directors are required to conduct unannounced visits to each institution within their region at least once per month. Correctional Complex Security Directors are required to visit institutions at least twice per month on alternating days or weeks. Superintendents and Program Directors are required to visit all housing units at least twice per week; Captains are required to do so at least twice per week on different dates; and Commanders of the Guard are required to visit all housing units at least three times per week.

The regulations further require Shift Lieutenants/Shift Commanders and Shift Sergeants to visit all housing units at least once during each shift, with Sergeants conducting rounds seven days per week. Supervisory rounds are required to be documented, and staff are prohibited from alerting other staff that unannounced supervisory rounds are occurring.

During the on-site audit, the auditor reviewed Rounds Books and other supervisory-round documentation maintained throughout the facility and interviewed supervisory and correctional 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. Because routine supervisory rounds and PREA-specific unannounced rounds could not be reliably distinguished in the records reviewed, the auditor could not verify that unannounced PREA rounds were being conducted and documented on all shifts in a manner sufficient to demonstrate compliance with Provision (d).

Corrective action was therefore required under Provision (d).

During the Corrective Action Period, the facility 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 document the rounds as PREA rounds. The revised process distinguished PREA-specific unannounced rounds from routine security and supervisory rounds and created a record that could be independently reviewed for completion.

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

During the Corrective Action Period, the auditor reviewed the revised PREA round documentation and records generated under the new process. The documentation

identified the applicable shift and the date and time of each PREA round and demonstrated that rounds were conducted at varying times rather than on a fixed or predictable schedule. The auditor also interviewed responsible personnel regarding implementation of the revised process and the weekly reporting and oversight requirements.

The corrective-action evidence demonstrated that the facility had moved from a practice in which supervisory rounds were occurring but could not be reliably identified as PREA-specific unannounced rounds to a documented system requiring unannounced PREA rounds on each shift, at varying times, with 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. Complejo de Rehabilitación para Mujeres meets the requirements of Provision (d).

Corrective Action:

At the conclusion of the on-site audit, Complejo de Rehabilitación para Mujeres 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 determine from the documentation whether intermediate- and higher-level supervisors were conducting unannounced PREA rounds on all 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 unannounced PREA rounds to be conducted on each shift at varying and unpredictable times and clearly identified as PREA rounds in the applicable documentation. This change established a clear distinction between routine supervisory rounds and the unannounced rounds required by PREA Standard 115.13(d).

The facility also established an accountability system requiring leadership to verify completion of PREA rounds across shifts. Completed round documentation is reviewed and reported to the PREA Compliance Manager weekly, providing an additional level of oversight and allowing missed rounds, incomplete documentation, or patterns in the timing of rounds to be identified and addressed.

The auditor reviewed documentation generated after implementation of the corrective measures and verified that unannounced PREA rounds were documented by shift, date, and time and were conducted at varying times. The auditor also interviewed responsible personnel regarding implementation of the revised process, leadership oversight, and weekly reporting to the PREA Compliance Manager.

	The corrective-action evidence verified 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 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 Complejo de Rehabilitación para Mujeres 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 • Classification Documentation • Daily Population Reports Interviews, Document and Site Review: 115.14 Provisions (a), (b), and (c) DCRPR Regulation 8715 requires youthful inmates to be separated from the adult correctional population. Youthful inmates under the age of 18 are assigned to DCRPR institutions designated to house and manage the youthful population. The auditor reviewed classification information and Daily Population Reports covering the 12-month review period and found no evidence that youthful inmates were housed at Complejo de Rehabilitación para Mujeres. Facility staff confirmed that individuals under the age of 18 are not housed at this facility and would be assigned to a DCRPR institution designated for the youthful population. During the on-site review, the auditor did not observe any youthful inmates in housing units, program areas, or other areas of the facility. Interviews with staff and incarcerated individuals also provided no indication that youthful inmates were housed at the facility during the review period.

	As no youthful inmates were housed at Complejo de Rehabilitación para Mujeres during the audit review period, the requirements of Provisions (a), (b), and (c) were not applicable to facility operations during this audit period. Corrective Action: None.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Administrative Order DCR-2018-05 • Regulations for the Use of Electronic Detection and X-Ray Equipment • Weekly Record of Searches Conducted by Opposite-Sex Staff • Search Procedures • Search Regulations • Staff Training Records • Housing Unit and Shower Area Observations Interviews, Document and Site Review: 115.15 Provision (a) DCRPR has established requirements governing cross-gender strip searches and visual body cavity searches. Agency policy provides that inmates are not to be subjected to cross-gender strip searches or cross-gender visual body cavity searches by non-medical staff except under exigent circumstances. Searches are to be conducted in a manner that protects the inmate’s privacy, dignity, and safety. Complejo de Rehabilitación para Mujeres houses a female inmate population. The facility reported no instances during the 12-month review period in which a cross-gender strip search or cross-gender visual body cavity search was conducted. During the on-site audit, the auditor interviewed staff regarding search practices and did not identify any information indicating that such searches had occurred. Based on the policy reviewed, interviews conducted, and information provided for the audit period, the auditor determined that the facility meets the requirements of this provision. 115.15 Provision (b)

DCRPR policy limits cross-gender pat-down searches of female inmates and establishes requirements for searches to be conducted in a professional and respectful manner. The facility reported that female inmates are not restricted from programs, activities, or other opportunities because female staff are unavailable to conduct pat-down searches.

During the on-site audit, the auditor interviewed random staff and inmates regarding search practices and assessed staffing throughout the facility. Interviews and observations did not identify a practice of restricting female inmates' access to regularly available programming or activities for the purpose of complying with cross-gender pat-down search requirements.

Based on the documentation reviewed, interviews conducted, and on-site observations, the auditor determined that the facility meets the requirements of this provision.

115.15 Provision (c)

DCRPR requires cross-gender strip searches and cross-gender visual body cavity searches to be documented when conducted under circumstances permitted by policy. Cross-gender pat-down searches of female inmates are also required to be documented when they occur.

The facility reported no cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches requiring documentation during the 12-month review period. Staff interviews did not identify any such searches that had not been reported or documented.

Based on the documentation reviewed and interviews conducted, the auditor determined that the facility meets the requirements of this provision.

115.15 Provision (d)

DCRPR policy requires inmates to be provided appropriate privacy while showering, performing bodily functions, and changing clothing. Inmates are not to be viewed by non-medical staff of the opposite gender while their breasts, buttocks, or genitalia are exposed, except when such viewing is incidental to routine cell checks or under exigent circumstances. Staff of the opposite gender are also required to announce their presence when entering an inmate housing unit.

During the on-site audit, the auditor observed housing units, cells, toilet areas, and shower areas to assess inmate privacy and potential opportunities for cross-gender viewing. The auditor also observed and evaluated opposite-gender announcement practices. Random staff and inmate interviews addressed whether opposite-gender staff announce their presence and whether inmates are able to shower, use the toilet, and change clothing without being viewed by staff of the opposite gender.

The physical configuration observed, staff practices, and information obtained through interviews supported that inmates are afforded privacy consistent with the requirements of this provision. The auditor determined that the facility meets the

	requirements of this provision. 115.15 Provision (e) This provision is no longer applicable for purposes of determining compliance with this standard. 115.15 Provision (f) DCRPR has established requirements for conducting searches of transgender and intersex inmates in a professional and respectful manner. The Administrative Order regarding Respect and Interaction with the LGBTQ Population requires security personnel to conduct searches professionally and in the least intrusive manner possible consistent with institutional security. DCRPR policy also prohibits staff from searching or physically examining an inmate for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it may be determined through communication with the inmate, review of available medical information, or, when necessary, through a private examination by a medical practitioner. The auditor reviewed staff training related to cross-gender searches and searches of transgender and intersex inmates. During random staff interviews, the auditor questioned staff regarding appropriate search procedures, including searches involving transgender and intersex inmates. Staff demonstrated an understanding that searches must be conducted professionally and respectfully and may not be conducted for the sole purpose of determining an inmate's genital status. Based on the policies and training documentation reviewed and interviews conducted, the auditor determined that the facility meets the requirements of this provision. Based on the totality of the evidence reviewed for the applicable provisions, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with 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

Interviews, Document and Site Review:

115.16 Provision (a)

DCRPR Regulation 8715 requires the agency to take appropriate steps to ensure that inmates 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 inmates with physical, intellectual, psychiatric, and 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 materials used during admission and orientation. Newly admitted inmates receive information regarding DCRPR's zero-tolerance policy through written educational materials, PREA posters, and video. Inmates complete a PREA Orientation Certification Form documenting receipt of the information provided. PREA educational materials are available in English and Spanish, and the orientation video includes sign-language interpretation.

During the on-site review, the auditor observed PREA educational and reporting information posted throughout the facility and reviewed the resources available to provide communication assistance when an inmate cannot access PREA information through the standard education process. Staff responsible for inmate education described the procedures used to provide assistance and accommodations when necessary.

The auditor also made inquiries with Social Workers, the PREA Compliance Manager, PREA Coordinator, Superintendent, and other appropriate facility personnel to determine whether inmates who were blind, had low vision, were deaf, or were hard of hearing were housed at the facility and available for targeted interview. No inmates meeting these targeted categories were identified during the on-site audit.

Based on DCRPR Regulation 8715, PREA educational materials, available communication resources, staff interviews, and observations made during the on-site review, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (a).

115.16 Provision (b)

DCRPR requires inmates 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 Complejo de Rehabilitación para Mujeres, the facility must be able to identify inmates who do not primarily communicate in Spanish and ensure that PREA information, reporting mechanisms, risk screening, services, and programs are provided in a language the inmate can understand.

The auditor reviewed the facility's procedures for identifying inmates with limited Spanish proficiency and the bilingual PREA educational and reporting materials available to inmates. PREA materials and signage are available in Spanish and English, and interpretation services are available when an inmate requires assistance in another language.

Prior to the on-site audit, the facility identified three inmates as having limited Spanish proficiency. During the on-site review and inmate interview-selection process, however, the auditor independently identified six inmates whose primary language was English. The difference between the population identified by the facility and the population identified by the auditor demonstrated that the facility's existing process did not reliably identify all inmates who required PREA information and services in English or another language.

Although English-language PREA materials and interpretation resources were available, the auditor determined that the availability of those resources alone was insufficient if inmates requiring language assistance were not consistently identified. Without a reliable identification process, the facility could not demonstrate that all inmates with limited Spanish proficiency would be identified and provided meaningful access to PREA education, risk screening, reporting mechanisms, services, and programs in a language they could understand.

The auditor determined at the conclusion of the on-site audit that Complejo de Rehabilitación para Mujeres had not demonstrated compliance with Provision (b). Corrective action was required.

During the Corrective Action Period, the facility implemented a flagging and notification system to identify inmates whose primary language is not Spanish or who otherwise require language assistance. The revised process involves supervisory staff, Social Workers, and the PREA Compliance Manager and establishes a mechanism for communicating the language needs of newly admitted inmates to personnel responsible for PREA-related requirements and services.

Under the revised process, inmates requiring information or services in English or another language are identified so that responsible staff can ensure that PREA education, sexual victimization and abusiveness risk screening, reporting information, services, and applicable programs are provided in a language or manner the inmate can understand. The process also provides the PREA Compliance Manager with oversight of identified language-access needs and allows facility leadership and Social Workers to coordinate the delivery of required information and services.

During the Corrective Action Period, the auditor reviewed documentation of the revised identification and flagging process and discussed implementation with

responsible facility personnel. The corrective-action evidence established a defined process for identifying inmates with limited Spanish proficiency at admission and communicating those language needs to staff responsible for PREA education, risk screening, services, and programs.

Based on the revised language-identification process, supporting documentation, and interviews with responsible personnel, the auditor verified implementation of the corrective measures and determined that the deficiency identified under Provision (b) was corrected. Complejo de Rehabilitación para Mujeres meets the requirements of Provision (b).

115.16 Provision (c)

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

The auditor interviewed staff regarding the procedures used when an inmate requires language or communication assistance to understand PREA information or make a PREA report. Staff identified available language-assistance resources and described the requirement to obtain appropriate assistance rather than rely on another inmate to interpret or communicate PREA-related information.

The auditor did not identify any instance during the audit review period in which an inmate interpreter, inmate reader, or other inmate assistant was used to interpret or facilitate a report of sexual abuse or sexual harassment.

Based on DCRPR Regulation 8715 and staff interviews, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (c).

Corrective Action:

At the conclusion of the on-site audit, Complejo de Rehabilitación para Mujeres did not demonstrate compliance with PREA Standard 115.16(b). Prior to the on-site audit, the facility identified three inmates as having limited Spanish proficiency. During the on-site audit, the auditor independently identified six inmates whose primary language was English. The difference demonstrated that the facility's existing identification process did not reliably identify inmates who required PREA information and services in English or another language.

This deficiency was significant because Spanish is the primary language used at the facility. Although PREA materials were available in English and Spanish and interpretation resources were available, the facility needed a reliable process for identifying inmates who required language assistance so that those resources could be provided when needed. The auditor therefore required corrective action focused on the identification, notification, and tracking of inmates with limited Spanish proficiency.

	During the Corrective Action Period, the facility established a flagging and notification system for inmates whose primary language is not Spanish or who otherwise require language assistance. The process assigns responsibilities to supervisory personnel, Social Workers, and the PREA Compliance Manager and provides a mechanism for communicating identified language needs following admission. The revised process is used to ensure that an inmate's language needs are known to personnel responsible for providing PREA education, conducting sexual victimization and abusiveness risk screening, providing reporting information, coordinating services, and facilitating access to applicable programs. Inmates identified as requiring English or other language assistance can therefore be provided PREA-related information and services in a language or manner they can understand. The auditor reviewed documentation of the revised process and discussed its implementation with responsible personnel during the Corrective Action Period. The evidence verified that the facility established a defined method for identifying and flagging inmates requiring language assistance and for communicating that information to supervisory staff, Social Workers, and the PREA Compliance Manager for appropriate follow-up. The corrective action addressed the specific deficiency identified during the on-site audit by establishing an accountability mechanism that did not previously exist. Rather than relying on staff to recognize a language need after an inmate encountered difficulty accessing information or services, the revised process provides for identification of the language need and communication of that information to responsible personnel. Based on the corrective-action documentation, interviews with responsible personnel, and verification of the facility's revised identification, notification, and oversight process, the auditor determined that the deficiency identified under Provision (b) was corrected. Based on the evidence reviewed for Provisions (a) through (c), including the corrective measures implemented and verified under Provision (b), the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.16.
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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
- Regulations 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

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 the correctional population. The policy prohibits the agency from hiring or promoting an individual, or utilizing the services of a contractor who may have inmate contact, when the individual has engaged in sexual abuse in an institutional setting; has been convicted of engaging or attempting to engage in sexual activity facilitated by force, 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 for such conduct.

The auditor also reviewed DCRPR's Regulations for the Administration of Human Resources and the Administrative Order governing service contracts within correctional institutions. These requirements establish background screening procedures for individuals employed by DCRPR and individuals providing contracted services within correctional institutions.

The auditor reviewed a sample of personnel documentation, including employment applications and criminal background checks, and interviewed Human Resources staff regarding the screening process. The documentation and interview supported that required background screening is conducted as part of the hiring and promotion process.

Based on the policies, personnel documentation, and interview with Human Resources staff, the auditor determined that the facility meets the requirements of this provision.

115.17 Provision (b)

DCRPR considers prior incidents of sexual harassment when determining whether to hire or promote an employee or utilize the services of a contractor who may have contact with inmates.

The auditor discussed this requirement with Human Resources staff and reviewed documentation associated with the agency's hiring and promotion process. The information reviewed supported that prior misconduct, including sexual harassment, is considered when making applicable employment decisions.

Based on the documentation reviewed and interview conducted, the auditor

determined that the facility meets the requirements of this provision.

115.17 Provision (c)

DCRPR requires criminal background record checks before hiring new employees who may have contact with inmates. The agency's screening process also includes review of available employment information relevant to an applicant's suitability for employment within a correctional setting.

The auditor reviewed a sample of personnel files and supporting background screening documentation. The records reviewed contained evidence that criminal background checks were completed as part of the employment process. Human Resources staff described the process used to complete and document required background screening.

The auditor determined that DCRPR conducts criminal background checks for prospective employees who may have contact with inmates and meets the requirements of this provision.

115.17 Provision (d)

DCRPR requires criminal background screening for contractors who may have contact with members of the correctional population. The auditor reviewed the Administrative Order governing clauses in service contracts within correctional institutions, which establishes requirements intended to ensure that individuals providing contracted services are appropriately screened before being permitted access to the correctional population.

The auditor reviewed available contractor documentation and discussed the screening process with appropriate staff. The information reviewed supported that contractors with potential inmate contact are subject to required background screening before being authorized to provide services within the facility.

Based on the documentation reviewed and interviews conducted, the auditor determined that the facility meets the requirements of this provision.

115.17 Provision (e)

DCRPR requires periodic criminal background checks for current employees and applicable contractors who may have contact with inmates. Documentation reviewed by the auditor supported the agency's practice of conducting required background checks at least every five years for current employees who may have contact with the correctional population.

The auditor reviewed personnel documentation and interviewed Human Resources staff regarding subsequent background screening. The information reviewed supported that DCRPR has a process for completing periodic criminal background checks consistent with the requirements of this provision.

Based on the documentation reviewed and interview conducted, the auditor

determined that the facility meets the requirements of this provision.

115.17 Provision (f)

DCRPR's employment screening process requires applicants and employees considered for promotion to disclose information concerning previous misconduct relevant to the requirements of PREA Standard 115.17. The agency also imposes a continuing responsibility on employees to disclose applicable misconduct that occurs during employment.

The auditor reviewed employment documentation and discussed these requirements with Human Resources staff. The information reviewed supported that applicable PREA-related misconduct is addressed as part of the agency's hiring and promotion process.

Based on the documentation reviewed and interview conducted, the auditor determined that the facility meets the requirements of this provision.

115.17 Provision (g)

DCRPR requires applicants and employees to provide accurate information during the hiring and promotion process. Material omissions regarding misconduct or the provision of materially false information may result in disqualification from employment or disciplinary action, including termination.

The auditor reviewed applicable employment requirements and discussed the hiring and screening process with Human Resources staff.

Based on the documentation reviewed and interview conducted, the auditor determined that the facility meets the requirements of this provision.

115.17 Provision (h)

DCRPR maintains procedures for responding to requests from institutional employers regarding former employees who have applied to work in another institutional setting. Unless prohibited by law, the agency provides information concerning substantiated allegations of sexual abuse or sexual harassment involving a former employee when such information is requested by an institutional employer.

The auditor discussed this process with Human Resources staff, including how requests for employment information concerning former employees are handled. The information obtained supported that DCRPR has a process for responding to these requests consistent with PREA requirements.

Based on the documentation reviewed and interview conducted, the auditor determined that the facility meets the requirements of this provision.

Based on the policies and documentation reviewed and the information obtained through interviews, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.17.

	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 Interviews, Document and Site Review: 115.18 Provision (a) DCRPR requires that, when designing or acquiring a new facility or planning 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 inmates from sexual abuse. Relevant considerations include the physical configuration of the facility, staff supervision, lines of sight, potential blind spots, inmate privacy, and other physical-plant factors affecting sexual safety. The auditor reviewed the Pre-Audit Questionnaire and facility information concerning construction, expansion, and modification activity and discussed these matters with facility and agency leadership. The review confirmed that Complejo de Rehabilitación para Mujeres did not design or acquire a new facility or undertake a substantial expansion or modification of the existing facility during the applicable audit period. Accordingly, there was no construction, acquisition, expansion, or modification during the audit period that triggered the requirements of this provision. During the on-site review, the auditor independently toured the facility and examined the physical configuration of housing units, programming and service areas, medical and mental health areas, work areas, administrative areas, and other locations relevant to inmate supervision and sexual safety. The auditor considered lines of sight, potential blind spots, privacy concerns, staff supervision, and the physical configuration of areas where inmates are housed or receive services. Based on the Pre-Audit Questionnaire, facility information reviewed, interviews with facility and agency leadership, and the auditor's on-site observations, the auditor determined that no triggering construction, acquisition, substantial expansion, or substantial modification occurred during the audit period and that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (a).

	115.18 Provision (b) Complejo de Rehabilitación para Mujeres does not utilize video monitoring systems, electronic surveillance systems, cameras, or other monitoring technology for inmate supervision. The Pre-Audit Questionnaire reported that the facility had not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the applicable audit period. The auditor verified this information during the on-site audit through a facility-wide site review and interviews with facility leadership. The auditor observed that cameras and other electronic monitoring technology were not used for inmate supervision. Because no video monitoring system, electronic surveillance system, or other monitoring technology was installed or updated during the audit period, there was no installation or update that triggered the requirement to consider how such technology could enhance the facility's ability to protect inmates from sexual abuse. The auditor also considered the absence of electronic monitoring technology when evaluating supervision practices during the on-site review. In the absence of cameras or other electronic monitoring systems, the facility relies on staff deployment, direct observation, security rounds, and supervisory oversight for inmate supervision. Based on the Pre-Audit Questionnaire, facility information reviewed, interviews with facility leadership, and the auditor's direct on-site observations, the auditor determined that no installation or update of monitoring technology occurred during the audit period that triggered the requirements of Provision (b). Based on the evidence reviewed and the auditor's on-site verification, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.18. 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 Protocol/Procedures • Procedure for Coordination with the Sexual Assault Victims Assistance Center

(CAVV) in Cases of Sexual Assault Victims

- CAVV Victim Services and Resource Information
- Collaborative Agreement with CAVV
- Hospital/Forensic Medical Examination Protocol or Referral Procedures
- Documentation identifying the provider responsible for SAFE/SANE forensic examinations
- Documented of victim advocacy services

Interviews, Document and Site Review:

115.21 Provision (a)

DCRPR Regulation 8715 establishes a uniform response and evidence-preservation protocol for allegations of sexual abuse. When alleged sexual abuse may have occurred within a timeframe in which physical evidence could be present, the alleged victim and alleged aggressor are separated, the area is secured as appropriate, and steps are taken to preserve potential evidence for administrative proceedings and criminal prosecution. When applicable, involved inmates are instructed not to take actions that could destroy physical evidence, including brushing their teeth, changing clothing, urinating, defecating, smoking, drinking, or eating.

The auditor reviewed DCRPR's sexual abuse response and evidence-preservation procedures and interviewed security, supervisory, and investigative staff regarding implementation. Staff described the actions required following an allegation, including immediately separating the alleged victim and alleged aggressor, protecting the alleged victim, securing the area, preserving potential physical evidence, notifying supervisory and investigative personnel, and facilitating medical evaluation when indicated.

The auditor also verified the respective investigative responsibilities of DCRPR and outside law enforcement. Administrative investigations are conducted by DCRPR's Office of Investigations of the Correctional System (OISC), while allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. Two OISC investigators are assigned investigative responsibility for the facility and also conduct investigations at other DCRPR facilities.

The policies, evidence-preservation procedures, investigative protocols, and staff interviews established a coordinated process for preserving potential physical evidence and ensuring that allegations are referred for administrative or criminal investigation, as appropriate. Based on the evidence reviewed, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (a).

115.21 Provision (b)

Complejo de Rehabilitación para Mujeres does not house youthful inmates. The auditor reviewed population and classification records for the applicable review period and did not identify any inmates under the age of 18 housed at the facility. Staff

interviews were consistent with the records reviewed.

Because the facility does not house youthful inmates, the requirement that the evidence protocol be developmentally appropriate for youth was not applicable during the audit review period.

115.21 Provision (c)

DCRPR has established procedures for providing timely medical care and forensic medical services following an allegation of sexual abuse. The auditor reviewed the applicable medical and sexual assault response procedures, which require an inmate who reports or is suspected of having experienced sexual abuse to receive prompt medical evaluation and treatment. When a forensic medical examination is indicated, the inmate is transported to Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA) for evaluation, treatment, and forensic services.

The auditor reviewed procedures addressing the responsibilities of correctional and medical personnel following an allegation of sexual abuse, including immediate medical attention, preservation of potential forensic evidence, transportation for forensic examination, and attention to the physical and emotional needs of the alleged victim.

Forensic medical examinations are provided without financial cost to the inmate. Based on the medical and forensic response procedures, documentation reviewed, and interviews with responsible personnel, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (c).

115.21 Provision (d)

Victim advocacy associated with the forensic medical examination process is provided at Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA). When an inmate is transported to HURRA following an allegation of sexual abuse and a forensic medical examination is conducted, victim advocacy services are available through the hospital in connection with the examination and related treatment.

The auditor reviewed documentation identifying HURRA as the facility to which inmates are transported for forensic medical examination and victim advocacy services and interviewed responsible personnel regarding the referral and transportation process.

Based on the documentation reviewed and interviews with responsible personnel, the auditor determined that inmates undergoing a forensic medical examination have access to victim advocacy services through HURRA consistent with the requirements of Provision (d).

115.21 Provision (e)

DCRPR also provides inmates access to outside emotional support services through the Centro de Ayuda a Víctimas de Violación (CAVV) of the Puerto Rico Department of Health. CAVV is separate from the victim advocacy services available through HURRA

during the forensic medical examination process. The auditor reviewed documentation regarding DCRPR’s coordination with CAVV and the emotional support services available to inmates who experience sexual abuse. Available services include confidential assessment, crisis intervention, counseling, psychosocial support, referrals, and coordination of additional services. CAVV also maintains a 24-hour assistance line, and services may be provided through telepsychology or teleconsultation in a private setting when appropriate. The auditor reviewed the process for connecting inmates with CAVV and interviewed responsible personnel regarding access to these services. The documentation and interviews established that inmates who report sexual abuse have access to outside emotional support services through CAVV. Based on the CAVV documentation, DCRPR procedures, and interviews with responsible personnel, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (e). 115.21 Provision (f) Administrative investigations of sexual abuse allegations arising at Complejo de Rehabilitación para Mujeres 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. The auditor reviewed DCRPR’s investigative and referral procedures and interviewed facility and investigative personnel regarding the process for referring allegations involving potential criminal conduct to the Puerto Rico Police Bureau. Staff identified their responsibilities for preserving evidence, making required notifications, referring allegations, and coordinating with the investigating agency. The auditor also reviewed investigative documentation to assess the referral and handling of allegations requiring investigation. The evidence reviewed established the respective responsibilities of the facility, OISC, and the Puerto Rico Police Bureau and the process used to refer allegations for criminal investigation when appropriate. Based on the investigative procedures, documentation reviewed, and interviews with responsible personnel, the auditor determined that Complejo de Rehabilitación para Mujeres meets the requirements of Provision (f). Based on DCRPR Regulation 8715, sexual abuse response and evidence-preservation procedures, medical and forensic response procedures, CAVV victim advocacy documentation, investigative and referral procedures, available investigative documentation, and interviews with responsible personnel, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.21. Corrective Action: None.

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) • Sexual Abuse Investigation Documentation • PREA Investigation Procedures Interviews, Document and Site Review: 115.22 Provision (a) DCRPR Regulation 8715 requires allegations of sexual abuse and sexual harassment to be investigated. This includes allegations received directly from an inmate as well as third-party and anonymous reports. The policy requires investigations to be conducted objectively and thoroughly and identifies the Office of Investigations of the Correctional System (OISC) as responsible for administrative investigations involving incidents of sexual violence within DCRPR correctional facilities. The auditor reviewed the facility’s investigative process and interviewed the PREA Coordinator, facility leadership, and staff responsible for PREA investigations. Interviews confirmed that allegations are referred to OISC for administrative investigation. Facility and agency personnel cooperate with investigators in obtaining records, identifying witnesses, preserving evidence, and providing other information necessary to complete the investigation. When an allegation involves potential criminal conduct, the matter is referred to the Puerto Rico Police Bureau, which has legal authority to conduct criminal investigations. The auditor confirmed through interviews that administrative and criminal investigative responsibilities are separate, with OISC conducting administrative investigations and the Puerto Rico Police Bureau conducting criminal investigations. Based on the policies and documentation reviewed and interviews conducted, the auditor determined that the facility meets the requirements of this provision. 115.22 Provision (b) The auditor reviewed the Puerto Rico Police Bureau General Order, Chapter 600, Section 632, Prison Rape Elimination (PREA), which addresses the Puerto Rico Police Bureau’s responsibilities related to PREA and establishes procedures for responding to incidents involving sexual abuse and sexual harassment.

	DCRPR refers allegations involving potential criminal conduct to the Puerto Rico Police Bureau for criminal investigation. Interviews with the PREA Coordinator and investigative personnel confirmed the respective responsibilities of OISC and the Puerto Rico Police Bureau and the process for referring allegations when potential criminal conduct is identified. Based on the documentation reviewed and interviews conducted, the auditor determined that allegations involving potential criminal conduct are referred to an agency with the legal authority to conduct criminal investigations and that the facility meets the requirements of this provision. 115.22 Provision (c) DCRPR does not conduct criminal investigations of PREA allegations through OISC. Criminal investigations are referred to the Puerto Rico Police Bureau. The auditor reviewed documentation establishing the investigative responsibilities of the Puerto Rico Police Bureau and confirmed the referral process through interviews with agency and investigative personnel. Based on the documentation reviewed and interviews conducted, the auditor determined that the requirements of this provision are addressed through DCRPR's referral of potential criminal conduct to the Puerto Rico Police Bureau. 115.22 Provision (d) OISC is responsible for administrative investigations of allegations of sexual abuse and sexual harassment within DCRPR correctional facilities. The Puerto Rico Police Bureau is responsible for criminal investigations when an allegation involves potential criminal conduct. The auditor reviewed DCRPR Regulation 8715 and the Puerto Rico Police Bureau General Order addressing PREA-related responsibilities. Interviews with the PREA Coordinator, facility personnel, and investigative staff confirmed that allegations are referred to the appropriate investigative entity based on the nature of the allegation. Based on the policies and documentation reviewed and the information obtained through interviews, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.22. 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
- PREA Informational Brochure for New 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 have direct contact with members of the correctional population to receive training on the agency's zero-tolerance policy for sexual violence and their responsibilities under PREA. Required training addresses the prevention, detection, reporting, and response to sexual abuse and sexual harassment.

The auditor reviewed DCRPR's PREA training curriculum and supporting materials, including the DCRPR PREA Training PowerPoint presentation, "Adiestramiento P.R.E.A.," and the "Folleto Informativo PREA para Empleados Nuevos." The curriculum addresses the agency's zero-tolerance policy; employee responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment; the right of inmates to be free from sexual abuse and sexual harassment; protection from retaliation; the dynamics of sexual violence in confinement; common reactions of victims; recognition of signs of threatened or actual sexual abuse; appropriate staff response to reports or indicators of sexual abuse; avoidance of inappropriate relationships with inmates; professional and effective communication with the correctional population, including LGBTQIA+ individuals and individuals with language or communication barriers; and applicable reporting requirements.

At the time the Pre-Audit Questionnaire (PAQ) was completed, the facility reported 135 employees who may have contact with members of the correctional population. The facility's staffing population changed between completion of the PAQ and the on-site audit. At the time of the on-site audit, the facility reported 163 employees. The difference between the two figures reflects a change in the facility's staffing population during the intervening period. The auditor used the updated total of 163 employees when reviewing employee training compliance.

During interviews, staff demonstrated knowledge of the agency's zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding

to sexual abuse and sexual harassment. Staff described required reporting procedures, first-responder responsibilities, confidentiality requirements, and protections against retaliation.

The auditor determined that DCRPR's employee PREA training curriculum addresses the required elements of Provision (a). The deficiency identified during the audit concerned the frequency of refresher training required under Provision (c), rather than the content of the training curriculum.

115.31 Provision (b)

Complejo de Rehabilitación para Mujeres houses a female correctional population. The auditor reviewed DCRPR's PREA training curriculum and supporting materials to determine whether employee training was tailored to the gender of the population housed at the facility.

The training addresses staff responsibilities applicable to working with a female correctional population. Training materials also address cross-gender searches and searches of transgender and intersex inmates. Staff are instructed to conduct searches professionally, respectfully, and in the least intrusive manner possible consistent with institutional security. The curriculum further addresses professional communication and interaction with LGBTQIA+ individuals.

Staff interviews were consistent with the training materials reviewed and demonstrated an understanding of appropriate professional interactions with the population housed at the facility.

Based on the training curriculum, supporting materials, and staff interviews, the auditor determined that the employee training is tailored to the gender of the population housed at Complejo de Rehabilitación para Mujeres and meets the requirements of Provision (b).

115.31 Provision (c)

DCRPR Regulation 8715 requires employees who have direct contact with members of the correctional population to receive PREA refresher training every two years.

At the time of the on-site audit, the facility reported 163 employees. The auditor reviewed the available PREA training records for the 163 employees and determined that more than 46% had not completed PREA refresher training within the required two-year period. Although the records demonstrated that employees had received PREA training upon entry into the Department, the facility could not demonstrate that the biennial refresher-training requirement had been maintained for all employees. Provision (c) was therefore placed in corrective action.

During the Corrective Action Period, the facility retrained all 163 employees on PREA requirements. Training was conducted on multiple dates and across all tours to reach employees assigned throughout the facility. The PREA Coordinator and PREA Compliance Manager submitted training attendance sheets documenting each training session and tour, completed refresher-training records, signed training acknowledgment forms, and time-stamped photographs documenting employee

participation in the training sessions.

The auditor reconciled the attendance sheets and signed training acknowledgment forms against the facility's updated roster of 163 employees. This reconciliation verified documented completion of PREA refresher training for 163 of 163 employees.

The auditor also met directly with staff during the Corrective Action Period to independently verify implementation. Staff confirmed that the refresher training had occurred, confirmed their participation, and discussed the PREA training they received. Staff responses were consistent with the attendance sheets, acknowledgment forms, refresher-training records, and time-stamped photographic evidence reviewed by the auditor.

The facility also established a process for tracking employee PREA training completion dates and identifying employees before expiration of the required two-year refresher-training period. This process allows the facility to identify upcoming training deadlines and schedule refresher training before employees become overdue.

At the conclusion of the Corrective Action Period, the auditor verified documented PREA refresher-training completion for 163 of 163 employees. The deficiency identified under Provision (c) was corrected.

115.31 Provision (d)

DCRPR requires documentation confirming that employees understand the PREA training they receive. The auditor reviewed employee training records, attendance sheets, and signed training acknowledgment forms maintained by the facility.

During the Corrective Action Period, the facility submitted signed acknowledgment forms associated with the refresher training provided to employees. The auditor reconciled the acknowledgment and attendance documentation against the facility's updated roster and verified documentation for 163 of 163 employees.

The signed acknowledgment documentation, together with the corresponding training attendance records, verified employee participation in and acknowledgment of the PREA training provided during corrective action.

Based on the records reviewed following corrective action, the auditor determined that the facility documented employee receipt and understanding of the required PREA training in accordance with Provision (d).

Corrective Action:

At the conclusion of the on-site audit, Complejo de Rehabilitación para Mujeres did not meet the biennial refresher-training requirement of PREA Standard 115.31(c). The facility reported 163 employees, and the auditor's review of the available training records determined that more than 46% had not completed PREA refresher training within the required two-year period. Corrective action was required.

During the Corrective Action Period, the facility retrained all 163 employees on PREA requirements. Training was conducted on multiple dates and across all tours to reach employees assigned throughout the facility. The PREA Coordinator and PREA Compliance Manager submitted the following evidence of completion:

- training attendance sheets for each training date and tour;
 - completed PREA refresher-training records;
 - signed employee training acknowledgment forms;
 - time-stamped photographs documenting employees participating in the training sessions; and
 - an updated employee roster used to verify completion.
- The auditor reconciled the attendance sheets and signed acknowledgment forms against the updated employee roster. The reconciliation accounted for 163 of 163 employees and verified that each employee had completed the required PREA refresher training.

The auditor conducted additional verification by meeting directly with staff during the Corrective Action Period. Staff confirmed that the refresher training had been conducted, confirmed their participation, and discussed the PREA training they received. Staff responses were consistent with the documentary and photographic evidence submitted by the facility.

The facility also established a tracking process that records employee PREA training completion dates and identifies employees approaching the two-year refresher-training deadline. The process provides a mechanism for identifying upcoming training requirements and scheduling refresher training before the applicable deadline.

At the conclusion of corrective action, the auditor verified the following results: 163 of 163 employees completed PREA refresher training; training completion was supported by attendance and acknowledgment documentation; staff participation was additionally supported by time-stamped photographic evidence and direct staff verification; and the facility established a process for tracking future biennial refresher-training deadlines.

The corrective-action requirements were satisfied, and the deficiency identified under Provision (c) was corrected.

Based on DCRPR Regulation 8715, the PREA training curriculum, the updated employee roster, training attendance sheets, refresher-training records, signed training acknowledgment forms, time-stamped photographic evidence, staff interviews and verification conducted during corrective action, and the facility's training-tracking process, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.31.

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 and Acknowledgment/Sign-In Documentation
- Contractor PREA Training Records and Acknowledgment/Sign-In Documentation
- Volunteer Roster
- Contractor Personnel Roster
- Documentation Verifying Completion of Corrective-Action Training

Interviews, Document and Site Review:

115.32 Provision (a)

DCRPR Regulation 8715 requires volunteers and contractors who have contact with members of the correctional population 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 inmates. All volunteers and contractors who have inmate contact are required to be informed of DCRPR's zero-tolerance policy and instructed on how to report sexual abuse and sexual harassment.

The auditor reviewed Regulation 8715, DCRPR's "Guía para Adiestradores - Adiestramiento General de la Ley PREA para la Capacitación de Funcionarios del Departamento de Corrección y Rehabilitación," PREA training materials, and available volunteer and contractor training records.

At the time of the audit, the facility reported 99 volunteers who provided programs and religious services to the correctional population. The facility also utilized contracted personnel from Carolina Catering and Physicians Correctional. Review of the available records identified deficiencies in the implementation and documentation of the required PREA training. All 99 volunteers required PREA training, and sufficient documentation was not initially available to demonstrate that all applicable contractor personnel from Physicians Correctional had completed the required training. The facility was therefore placed in a Corrective Action Period.

During corrective action, the facility conducted PREA training sessions over several weeks to provide the required training to volunteers and contractors. Volunteers who had not completed the required PREA training were prohibited from entering the

facility until the training was completed. Memorandums were posted at the facility entrance notifying personnel responsible for facility access of this requirement.

The facility subsequently submitted training records and supporting documentation for review. Additional documentation was also provided demonstrating PREA training for applicable Physicians Correctional personnel. The auditor reviewed available training documentation for Carolina Catering personnel as part of the corrective action review.

Following review of the corrective action documentation, the auditor determined that the deficiencies identified under this provision had been addressed.

115.32 Provision (b)

DCRPR Regulation 8715 requires all volunteers and contractors who have contact with inmates 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 training provided is based on the services performed and the level of contact the volunteer or contractor has with the correctional population.

The auditor reviewed the applicable PREA training materials and documentation. 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, the facility could not provide sufficient documentation demonstrating that all 99 volunteers and all applicable contractor personnel had completed the required training. This deficiency was included in the Corrective Action Period.

During corrective action, the facility provided training opportunities over several weeks and restricted facility access for volunteers who had not completed the required training. The facility subsequently submitted documentation demonstrating completion of the required training by applicable volunteers and contractors.

Following review of the documentation submitted during the Corrective Action Period, the auditor determined that the facility corrected the deficiencies identified under 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 initial audit, the auditor reviewed available training and acknowledgment records and determined that sufficient documentation was not available for all applicable volunteers and contractors. The facility was required during corrective action to ensure that the required training was completed and that documentation was maintained to verify completion.

The facility subsequently provided training records, acknowledgment/sign-in documentation, and other supporting records from the training sessions conducted during the Corrective Action Period. The auditor reviewed the submitted documentation for volunteers and applicable contractor personnel, including documentation associated with Physicians Correctional and Carolina Catering.

The records submitted during corrective action demonstrated that the facility had implemented a process for documenting completion of the required PREA training. Following review of the documentation, the auditor determined that the deficiencies identified under this provision had been addressed.

Based on PREA Regulation 8715, the training materials and records reviewed, interviews conducted, on-site observations, and documentation submitted during the Corrective Action Period, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.32.

Corrective Action:

Corrective action was required. At the time of the on-site audit, none of the 99 volunteers had completed the required PREA training. In addition, the records available for Physicians Correctional personnel did not establish that all applicable contractor personnel had completed the required PREA training.

During the Corrective Action Period, the facility trained all 99 volunteers and submitted documentation of completion for auditor review. The facility also obtained and submitted PREA training documentation for applicable Physicians Correctional personnel. Evidence reviewed included training records, attendance and sign-in sheets, training acknowledgment forms, and supporting documentation identifying the individuals who completed the training and the dates of completion.

The auditor reviewed the volunteer roster against the training documentation and verified that all 99 volunteers completed the required PREA training. The auditor further verified that volunteers were not authorized to enter the facility until the required training had been completed. This established a direct training requirement tied to facility access rather than relying solely on retrospective documentation of training.

The auditor separately reviewed the documentation submitted for Physicians Correctional personnel and verified completion of the required PREA training for applicable contractor personnel. The records resolved the documentation deficiency identified during the on-site audit and established that applicable contractor personnel had received the required training.

At the conclusion of the Corrective Action Period, the auditor verified that 99 of 99 volunteers had completed the required PREA training before being authorized facility access and that the required PREA training was documented for applicable Physicians Correctional personnel. The deficiencies identified during the on-site audit were corrected, and the corrective action requirements were satisfied.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR PREA Sexual Assault Awareness Brochure – Spanish • DCRPR PREA Sexual Assault Awareness Brochure – English • PREA orientation and comprehensive education materials • Inmate intake and PREA education records • PREA education acknowledgment forms • Revised intake and PREA education documentation developed during corrective action • Facility internal PREA education tracking records/database • PREA Compliance Manager weekly internal audit documentation • PREA posters, reporting information, and educational materials posted throughout the facility Interviews, Document and Site Review: 115.33 Provision (a) DCRPR Regulation 8715 requires that, upon admission, members of the correctional population receive information regarding the agency’s zero-tolerance policy for sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. During the 12-month period preceding the audit, 715 inmates were admitted to Complejo de Rehabilitación para Mujeres. On Day 1 of the on-site audit, the facility population was 338 inmates. The auditor randomly selected inmate records to evaluate whether initial PREA information was provided upon admission. The review identified deficiencies in the facility’s documentation. The form used by the facility reflected the date the inmate initially entered DCRPR custody rather than the date the inmate was admitted or transferred to Complejo de Rehabilitación para Mujeres. As a result, the auditor could not determine when the inmate arrived at the facility or whether the required initial PREA information was provided upon admission. Interviews with staff responsible for intake and PREA education confirmed that social workers were primarily responsible for providing PREA education. Although the facility had an established process and educational materials, the records reviewed did not sufficiently demonstrate that initial PREA education was consistently provided and documented upon admission. 115.33 Provision (b)

DCRPR Regulation 8715 requires members of the correctional population to receive comprehensive PREA education within 30 days of admission. The education addresses the right to be free from sexual abuse and sexual harassment, protection from retaliation for reporting such incidents, and the agency's policies and procedures for responding to sexual abuse and sexual harassment.

The auditor reviewed inmate records to determine whether comprehensive PREA education was provided within the required timeframe. None of the 35 records reviewed contained sufficient documentation demonstrating that comprehensive PREA education had been completed within 30 days of admission.

Because the records reflected the inmate's initial entry into DCRPR custody rather than admission to Complejo de Rehabilitación para Mujeres, the auditor could not determine whether comprehensive PREA education was provided within the required 30-day timeframe.

115.33 Provision (c)

DCRPR's procedures require PREA education to be provided to members of the correctional population upon admission and address the provision of PREA information following transfer between facilities. PREA education includes the agency's zero-tolerance policy, reporting procedures, and information regarding sexual abuse and sexual harassment.

The documentation reviewed did not clearly distinguish the inmate's original admission to DCRPR from subsequent admission or transfer to Complejo de Rehabilitación para Mujeres. This prevented the auditor from verifying when PREA education was provided following arrival at the facility.

115.33 Provision (d)

DCRPR Regulation 8715 requires PREA education to be provided in formats accessible to individuals with limited language proficiency, individuals who are Deaf or hard of hearing, individuals who are Blind or have low vision, individuals with other disabilities, and individuals with limited reading skills.

The auditor reviewed PREA educational materials in Spanish and English and observed PREA brochures, posters, and reporting information throughout the facility in both languages. The auditor also assessed the availability of assistance for inmates with language, hearing, visual, cognitive, functional, or literacy needs.

Spanish is the primary language used by staff and inmates at the facility. Staff had identified inmates who primarily spoke English and demonstrated awareness of the need to provide language assistance when necessary. The availability of materials in both Spanish and English supported access to PREA information.

115.33 Provision (e)

DCRPR Regulation 8715 requires documentation confirming inmate participation in PREA education.

The auditor's review identified deficiencies in this documentation. The records did not consistently establish when initial or comprehensive PREA education occurred, and none of the 35 records reviewed sufficiently demonstrated completion of comprehensive PREA education within 30 days of admission.

115.33 Provision (f)

DCRPR requires essential PREA information to remain continuously available to the correctional population through posters, brochures, manuals, and other written materials.

During the on-site tour, the auditor observed PREA posters, brochures, reporting information, and other educational materials displayed and available throughout the facility in Spanish and English. These materials included information regarding the agency's zero-tolerance policy, reporting options, and sexual abuse and sexual harassment.

Although DCRPR Regulation 8715 and the educational materials addressed the requirements of Standard 115.33, the facility could not demonstrate through its records that initial PREA information and comprehensive PREA education were consistently provided and documented within the required timeframes.

The primary deficiency involved the facility's documentation process. Records reflected the date an inmate initially entered DCRPR custody rather than the date the inmate arrived at Complejo de Rehabilitación para Mujeres. None of the 35 records reviewed contained sufficient documentation demonstrating completion of comprehensive PREA education within 30 days of admission.

Complejo de Rehabilitación para Mujeres was therefore placed in a Corrective Action Period to address the deficiencies identified under PREA Standard 115.33.

Corrective Action:

During the Corrective Action Period, the facility undertook a comprehensive revision of its process for providing, documenting, tracking, and monitoring PREA education. The form used to document PREA education was revised and subsequently codified into facility practice and policy to clearly capture the inmate's date of admission to Complejo de Rehabilitación para Mujeres, the date initial PREA information was provided, and the date comprehensive PREA education was completed. This revision addressed the documentation deficiencies identified during the initial review and provided a means to clearly determine whether the required education was provided upon admission and within 30 days.

Complejo de Rehabilitación para Mujeres developed an internal tracking database for accountability purposes. It allows designated facility staff to identify and record the date an inmate is admitted or transferred to the facility, document when initial PREA education is provided, monitor the 30-day timeframe for comprehensive PREA education, and record completion of the required education. This provided facility staff with a centralized mechanism for monitoring PREA education requirements and

	identifying inmates approaching required deadlines. The facility also revised its workflow for delivering PREA education. Social workers had historically been primarily responsible for providing the education. During corrective action, the facility implemented a collaborative approach by augmenting the social workers' responsibilities with trained admissions officers. Admissions officers were fully trained to provide the required PREA education, creating additional coverage and reducing the possibility that required education could be delayed because of social worker availability. The revised process established a transparent and easy-to-navigate workflow within the facility. Staff responsibilities, admission dates, required documentation, education dates, and applicable PREA deadlines could be readily identified and monitored. The combination of the revised education form, internal tracking database, and shared responsibilities between social workers and admissions staff provided additional safeguards to ensure initial education was provided upon admission and comprehensive education was completed within 30 days. As an additional quality assurance and accountability measure, the PREA Compliance Manager conducted weekly internal audits of the facility's PREA education records and tracking documentation throughout the Corrective Action Period. The results of these reviews and supporting documentation were regularly provided to the auditor. The auditor reviewed the documentation to determine whether the revised procedures were consistently implemented and whether inmates admitted during the Corrective Action Period received the required PREA education within the applicable timeframes. The documentation submitted during the Corrective Action Period demonstrated that the facility implemented the revised procedures consistently over time. The corrective action process reflected a collaborative institutional effort to address both the immediate documentation deficiencies and the underlying process limitations identified during the audit. The revised and codified documentation, facility-level internal tracking database, expanded role of trained admissions officers, clearly defined workflow, and weekly internal audits conducted by the PREA Compliance Manager established additional accountability measures to support continued compliance. Based on DCRPR Regulation 8715, the PREA educational materials reviewed, the initial random review of 35 inmate records, staff and inmate interviews, on-site observations, revised and codified documentation and procedures, the facility's internal tracking database, and the records and weekly internal audits submitted during the Corrective Action Period, the auditor determines that the deficiencies identified during the on-site audit were successfully addressed and that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.33.
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115.34	Specialized training: Investigations
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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
- DCRPR Coordinated Response Procedures
- PREA Investigation Documentation

Interviews, Document and Site 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 required for employees under Standard 115.31. The specialized training is specific to conducting sexual abuse investigations in a correctional setting.

The Office of Investigation of the Correctional System (OISC) is responsible for conducting administrative investigations of incidents of sexual violence occurring within DCRPR correctional facilities, including Complejo de Rehabilitación para Mujeres. The auditor interviewed OISC investigative personnel regarding their responsibilities, investigative procedures, and specialized PREA training.

The auditor reviewed the specialized investigator training curriculum and training records for OISC investigators responsible for conducting sexual abuse investigations. The documentation demonstrated that the investigators had received specialized training applicable to conducting investigations in a correctional environment.

Based on the policy, training records, curriculum reviewed, and interviews with investigative personnel, the auditor determined that the requirements of this provision were met.

115.34 Provision (b)

DCRPR Regulation 8715 requires specialized investigator training to include techniques for interviewing victims of sexual abuse, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection and preservation in a correctional setting, and the criteria and evidence necessary to substantiate a case for administrative action or referral for criminal prosecution.

The auditor reviewed the specialized training curriculum and discussed the training with OISC investigative personnel. Interviews demonstrated knowledge of investigative procedures applicable to allegations of sexual abuse in confinement

	settings, including interviewing victims, evidence collection and preservation, applicable warnings, and the evidentiary requirements associated with investigative findings and referrals. The training curriculum and information obtained through investigator interviews demonstrated that the specialized training addressed the required elements 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 training records for OISC investigators responsible for conducting administrative sexual abuse and sexual harassment investigations at Complejo de Rehabilitación para Mujeres. The auditor also reviewed the specialized training curriculum to verify the nature and scope of the training provided. The documentation reviewed demonstrated that the investigators had completed the required specialized training and that records of the training were maintained. Based on DCRPR Regulation 8715, the specialized investigator training curriculum and training records reviewed, investigative documentation, and interviews with OISC personnel, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.34. 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

Interviews, Document and Site Review:**115.35 Provision (a)**

DCRPR Regulation 8715 requires full-time and part-time medical and mental health practitioners who regularly work in its 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 services at Complejo de Rehabilitación para Mujeres are provided through Physicians Correctional. The auditor reviewed the roster of medical and mental health practitioners regularly providing services at the facility, applicable training records, and specialized PREA training materials.

During the on-site audit, the auditor interviewed medical and mental health practitioners regarding their responsibilities when responding to allegations of sexual abuse. Staff demonstrated knowledge of identifying and assessing signs of sexual abuse, preserving potential physical evidence, responding appropriately and professionally to victims, reporting allegations or suspicions, and coordinating with security and other facility personnel.

Based on the policy, specialized training materials, training documentation, and interviews conducted, the auditor determined that the requirements of this provision were met.

115.35 Provision (b)

Forensic sexual assault examinations are not conducted by medical personnel at Complejo de Rehabilitación para Mujeres. When a forensic examination is required, the inmate is transported to Centro Médico de Río Piedras, where the examination is conducted by appropriately qualified medical personnel.

During interviews, facility medical personnel confirmed that they do not conduct forensic sexual assault examinations. Their responsibilities include providing appropriate medical care, preserving potential evidence within the scope of their responsibilities, and facilitating the inmate's transfer for outside forensic medical services when necessary.

Because facility medical practitioners do not conduct forensic examinations, the specialized forensic examination training requirement under this provision is not applicable to facility medical personnel.

115.35 Provision (c)

DCRPR Regulation 8715 requires documentation demonstrating that medical and mental health practitioners have completed the specialized training required under this standard.

	The auditor reviewed training records and supporting documentation for medical and mental health practitioners regularly providing services at Complejo de Rehabilitación para Mujeres. The auditor also reviewed the specialized training materials to determine whether the training addressed the required elements of Standard 115.35. The documentation reviewed demonstrated that applicable medical and mental health practitioners received the required specialized PREA training and that training records were maintained. 115.35 Provision (d) In addition to the specialized training required under this standard, medical and mental health practitioners are required to receive the PREA training applicable to their employment or contractual status under Standard 115.31 or Standard 115.32. The auditor reviewed training documentation for medical and mental health practitioners, including personnel providing services through Physicians Correctional. The documentation demonstrated that applicable practitioners received PREA training addressing the agency's zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. Interviews with medical and mental health practitioners further demonstrated an understanding of their PREA responsibilities, including reporting requirements, preservation of potential evidence, appropriate response to victims, and coordination with facility personnel following an allegation. Based on DCRPR Regulation 8715, medical and mental health training records, specialized training materials, coordinated response procedures, and interviews with medical and mental health practitioners, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.35. Corrective Action: None.
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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 inmate PREA risk screening records
- Intake and admission documentation
- Corrective Action Period documentation, including revised forms, training records, internal tracking records, and weekly compliance reviews

Interviews, Document and Site Review:

115.41 Provision (a)

DCRPR Regulation 8715 requires members of the correctional population to be assessed for risk of sexual victimization and sexual abusiveness using an objective screening instrument. The initial risk screening is required to be completed within 72 hours of admission. This timeframe is consistent with the requirements of PREA Standard 115.41.

The auditor reviewed DCR-PREA-004 (Anejo B), “Formulario para Detectar Riesgo de Violencia Sexual,” which is used by DCRPR to screen members of the correctional population for risk of sexual victimization and sexual abusiveness. The auditor reviewed the instrument, facility screening procedures, completed screening records, and staff practices related to administration and documentation of the screening process.

During the on-site audit, the facility housed 338 inmates. The auditor randomly selected and reviewed 35 inmate records to determine whether initial PREA risk screenings were completed within 72 hours of admission to Complejo de Rehabilitación para Mujeres. Only 5 of the 35 records demonstrated that the initial screening was completed within the required timeframe.

The record review also identified difficulty determining the inmate’s actual date of admission or transfer to Complejo de Rehabilitación para Mujeres. Documentation available to facility staff could reflect the date the inmate initially entered DCRPR custody rather than the date the inmate arrived at the facility. As a result, the facility could not consistently demonstrate that screenings were completed within 72 hours of admission.

Based on the record review, interviews, and documentation reviewed, the facility did not demonstrate compliance with this provision at the conclusion of the on-site audit and was placed in a Corrective Action Period.

115.41 Provision (b)

DCR-PREA-004 (Anejo B) serves as DCRPR’s objective screening instrument for assessing an inmate’s risk of sexual victimization and sexual abusiveness. PREA Standard 115.41 requires the screening process to use an objective screening instrument.

The auditor reviewed the screening instrument and interviewed staff responsible for

conducting PREA risk screenings. The auditor also assessed how the instrument was administered, how responses were documented, and the privacy provided during the screening process.

The facility had an established objective screening process; however, deficiencies in the content of the screening instrument and its implementation required corrective action.

115.41 Provisions (c), (d), and (e)

The auditor reviewed DCR-PREA-004 (Anejo B) against the screening criteria required by PREA Standard 115.41. The standard requires consideration of specified factors related to vulnerability, including age, physical build, prior incarceration, criminal history, prior sexual victimization, sexual orientation and gender identity, disabilities, and the inmate's own perception of vulnerability. The screening must also consider information relevant to an inmate's risk of being sexually abusive.

The auditor determined that certain questions on DCR-PREA-004 (Anejo B) required revision to clearly and objectively address all required criteria. For example, the instrument asked, "¿Ha sido víctima de abuso sexual no deseado mientras ha estado encarcelado?" This question limited the inquiry to victimization occurring during incarceration and did not adequately address prior sexual victimization occurring in the community. The use of the phrase "abuso sexual no deseado" also required clarification to ensure consistency with PREA terminology.

Other questions required revision to ensure that each required criterion was directly and objectively assessed. DCRPR subsequently revised and codified DCR-PREA-004 (Anejo B) to address the required screening criteria. Staff responsible for conducting screenings were trained on the revised instrument.

During the Corrective Action Period, the auditor reviewed the revised instrument, completed screening records, training documentation, and supporting materials to verify implementation of the revised screening process.

115.41 Provisions (f) and (g)

DCRPR procedures require reassessment of an inmate's risk of sexual victimization and sexual abusiveness following the initial screening and when additional information or circumstances warrant reassessment. PREA requirements include reassessment based on relevant information received after the initial screening and when warranted by a referral, request, incident of sexual abuse, or other information affecting the inmate's risk.

The auditor reviewed 35 randomly selected inmate records. Only 6 of the 35 records demonstrated compliance with the required reassessment. The documentation did not consistently establish when inmates arrived at Complejo de Rehabilitación para Mujeres or whether reassessments were completed within the required timeframe.

The facility was required to address the reassessment deficiencies during the Corrective Action Period and provide documentation demonstrating implementation

of the required reassessment process.

115.41 Provision (h)

DCRPR procedures prohibit disciplining inmates for refusing to answer, or for not providing complete information in response to, specified questions during the PREA risk-screening process. This is consistent with the requirements of the standard.

During interviews, the auditor assessed staff understanding of this requirement, including questions concerning disabilities, sexual orientation, gender identity, prior sexual victimization, and the inmate's own perception of vulnerability. Staff demonstrated an understanding that inmates are not to be disciplined for declining to answer applicable screening questions or for not providing complete information.

115.41 Provision (i)

DCRPR restricts access to sensitive information obtained through the PREA risk-screening process. The auditor reviewed procedures for maintaining screening information and interviewed staff regarding who may access the information and how it is protected from inappropriate disclosure or use. Limiting screening information to personnel with a need to know is consistent with the safeguards required under this provision.

The auditor determined that access to screening information was restricted to appropriate personnel and that procedures were in place to protect sensitive information obtained during the screening process.

Corrective Action:

At the conclusion of the on-site audit, Complejo de Rehabilitación para Mujeres could not demonstrate compliance with all requirements of PREA Standard 115.41. The auditor reviewed 35 inmate records. Of the 35 records reviewed, 5 documented completion of the initial risk screening within 72 hours of admission, and 6 documented completion of the required reassessment within 30 days.

The auditor also identified deficiencies in the screening instrument and procedures related to the objective risk factors required by the standard and the administration and documentation of the screening process.

During the Corrective Action Period, DCRPR revised and codified DCR-PREA-004 (Anejo B). The auditor reviewed the revised instrument to determine whether it addressed the risk factors required by PREA Standard 115.41.

Staff responsible for administering DCR-PREA-004 (Anejo B) received additional training on administration of the screening instrument, the required risk factors, documentation requirements, and the 72-hour initial screening and 30-day reassessment requirements. The auditor reviewed the training documentation submitted during the Corrective Action Period.

The facility established an internal tracking system for newly admitted and

	transferred inmates. The tracking records identified admission dates, initial screening dates, required reassessment dates, and completion dates. The auditor reviewed the tracking records to compare admission, screening, and reassessment dates and determine whether the required timeframes were met. The PREA Compliance Manager also conducted weekly reviews of screening and reassessment records during the Corrective Action Period. The facility submitted the weekly review documentation to the auditor for review. During the Corrective Action Period, the auditor reviewed 30 additional inmate records covering admissions from May 20, 2026, through June 19, 2026. The auditor compared the admission date, initial screening date, and reassessment date documented in each record. All 30 records documented completion of the initial PREA risk screening within 72 hours of admission. All 30 records also documented completion of the required reassessment within 30 days. The 30 records reviewed during the Corrective Action Period therefore reflected 100% compliance with both required timeframes. The auditor also reviewed the completed DCR-PREA-004 (Anejo B) instruments contained in the corrective-action records to verify use of the revised screening instrument and documentation of the required risk factors. The corrective-action record review produced the following results: • On-site record review: 5 of 35 records documented an initial screening within 72 hours; corrective-action record review: 30 of 30 records documented an initial screening within 72 hours. • On-site record review: 6 of 35 records documented a reassessment within 30 days; corrective-action record review: 30 of 30 records documented a reassessment within 30 days. Based on DCRPR Regulation 8715, the revised DCR-PREA-004 (Anejo B), the 35 inmate records reviewed during the on-site audit, the 30 additional inmate records reviewed during the Corrective Action Period, completed screening and reassessment instruments, staff training documentation, internal tracking records, and weekly compliance-review documentation, the auditor determined that the deficiencies identified during the on-site audit were corrected. Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.41.
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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, program, and work assignments based on PREA risk screening information
- PREA Alerts
- PREA Intake Admission Screening
- PREA Assessment/Reassessment
- 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. The policy requires that inmates identified as being at high risk of sexual victimization be kept separate from inmates identified as being at high risk of sexually abusive behavior.

The auditor reviewed DCR-PREA-004 (Anejo B), "Formulario para Detectar Riesgo de Violencia Sexual," and assessed how screening information was used in housing and other assignment decisions. The auditor interviewed the PREA Compliance Manager, Population Control Officer, and staff responsible for conducting risk screenings regarding how screening results are communicated and used when making assignment decisions.

Because these decisions depend on complete and timely risk screenings, the deficiencies identified under Standard 115.41 affected the facility's ability to demonstrate consistent implementation of this provision. Of the 35 inmate records reviewed, only 5 demonstrated completion of the initial risk screening within 72 hours, and only 6 demonstrated compliance with the required reassessment. The screening instrument also required revision to ensure that all required risk factors were objectively assessed.

As a result, the facility could not demonstrate compliance with this provision at the conclusion of the on-site audit and was placed in a Corrective Action Period.

115.42 Provision (b)

DCRPR Regulation 8715 requires individualized determinations regarding housing and other assignments based on information obtained through the risk screening process. These determinations are intended to protect inmates from sexual victimization and separate inmates identified as potential victims from those identified as potential aggressors.

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 housing, work, education, and program assignments.

The auditor also assessed the facility's practices regarding transgender and intersex inmates. DCRPR Regulation 8715 requires housing and program assignments to be based on an individualized assessment rather than solely on an inmate's LGBTQI status or gender identity. LGBTQI inmates are provided the same opportunities and access to programs as other members of the correctional population.

Because the facility could not demonstrate that required risk screenings and reassessments were consistently completed, it could not demonstrate that individualized assignment decisions were consistently based on complete and current screening information. The facility was therefore placed in a Corrective Action Period for this provision.

115.42 Provisions (c) through (g)

These provisions are no longer applicable.

Corrective Action:

Corrective action for Standard 115.42 was directly related to the corrective measures implemented under Standard 115.41. DCRPR revised and codified DCR-PREA-004 (Anejo B) to ensure that the required risk factors were clearly and objectively assessed. Staff responsible for conducting risk screenings were trained on the revised instrument, including its proper administration, documentation, and use in making housing and assignment decisions.

The facility implemented a structured tracking process to improve the timely completion of initial screenings and reassessments and to ensure that current risk information was available to staff responsible for housing, bed, work, education, and program assignments. The PREA Compliance Manager conducted weekly reviews throughout the Corrective Action Period to monitor compliance, and the results of those reviews were provided to the auditor.

Throughout the Corrective Action Period, the auditor reviewed completed screening and reassessment records, internal tracking documentation, weekly compliance reviews, and supporting records. The documentation demonstrated improved consistency in the completion of required screenings and reassessments and provided evidence that screening information was available for consideration when making individualized housing and assignment decisions.

The corrective action documentation demonstrated that the deficiencies affecting implementation of Standard 115.42 had been addressed. Based on DCRPR Regulation 8715, DCR-PREA-004 (Anejo B), screening and reassessment records, interviews with the PREA Compliance Manager and staff responsible for risk screening, and documentation submitted during the Corrective Action Period, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.42.

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 inmates identified as being at high risk of sexual victimization • Protective custody and segregated housing records • Documentation of programs, privileges, education, and work opportunities for inmates in protective custody • Documentation related to the length and review of protective custody placements Interviews, Document and Site Review: 115.43 Provision (a) DCRPR Regulation 8715 limits the use of involuntary segregated housing for inmates identified as being at high risk of sexual victimization. The policy requires the facility to consider available alternative housing options before placing an inmate in protective custody. Involuntary segregation may only be used when an assessment determines that no available alternative means of separation can adequately protect the inmate. The auditor interviewed facility leadership and staff responsible for supervising protective custody and segregated housing regarding these requirements. Staff reported that alternative housing options are considered before involuntary segregation is used and that transfer to another facility may be considered when necessary to protect an inmate. During the on-site audit, the auditor reviewed available housing records and interviewed staff and inmates to determine whether any inmates had been involuntarily segregated because of sexual victimization, reporting sexual abuse, or being identified as being at high risk of sexual victimization. No such placements were identified. Based on the policy, records reviewed, interviews conducted, and on-site observations, the facility demonstrated compliance with this provision. 115.43 Provision (b) DCRPR Regulation 8715 requires that an inmate placed in protective custody because of a high risk of sexual victimization continue to have access to programs, privileges, education, and work opportunities for which she is otherwise eligible. Any restrictions

must be based on legitimate safety or security considerations and appropriately documented.

During the on-site audit, the auditor observed the areas used for protective custody and segregated housing and interviewed staff regarding inmate access to programs and services. The auditor also interviewed inmates housed in these areas. No inmates were identified as having been placed in involuntary segregation because of a high risk of sexual victimization.

Based on the policy, interviews, record review, and on-site observations, the facility demonstrated compliance with this provision.

115.43 Provision (c)

DCRPR Regulation 8715 provides that involuntary segregated housing used to protect an inmate from sexual victimization should continue only until an alternative means of separation can be arranged and should not ordinarily exceed 30 days.

Facility leadership and staff responsible for segregated housing reported that alternative placements are considered when an inmate requires separation for safety and that transfer to another facility may be used when appropriate. The auditor did not identify any inmate who had been involuntarily segregated because of a high risk of sexual victimization during the period reviewed.

Based on the documentation reviewed and interviews conducted, the facility demonstrated compliance with this provision.

115.43 Provision (d)

DCRPR Regulation 8715 requires documentation when an inmate is placed in involuntary segregated housing for protection from sexual victimization. Correctional Social Workers are required to document every 24 hours the reason for continued placement and the services provided.

The auditor reviewed available records and discussed documentation requirements with applicable staff. No instances were identified in which an inmate had been involuntarily segregated because of a high risk of sexual victimization. Accordingly, there were no applicable placement records under this provision for the auditor to review.

Based on the policy, available records, and staff interviews, the facility demonstrated compliance with this provision.

115.43 Provision (e)

DCRPR Regulation 8715 requires continued review of an inmate's placement when protective custody is necessary to determine whether continued separation remains necessary. Correctional Social Workers are required to document the inmate's continued placement and services provided every 24 hours.

The auditor interviewed staff responsible for protective custody and segregated

	housing and reviewed available documentation. No inmates were identified as being involuntarily segregated because of a high risk of sexual victimization during the period reviewed. Based on the policy, documentation reviewed, interviews conducted, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.43. 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 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, signage, and reporting information Interviews, Document and Site Review: 115.51 Provision (a) DCRPR Regulation 8715 establishes multiple methods for members of the correctional population to report sexual abuse, sexual harassment, retaliation for reporting, and staff neglect or violations that may have contributed to an incident. Reports may be made verbally, in writing, anonymously, or through a third party. Providing multiple private reporting methods is consistent with the requirements of this provision. During the on-site audit, the auditor assessed the reporting methods available at Complejo de Rehabilitación para Mujeres through policy review, interviews, observations, and testing. The auditor reviewed DCR-PREA-005 (Anejo C), “Notificación Inicial de Incidente PREA,” and DCR-PREA-007 (Anejo E), “Declaración de Incidente PREA,” which are used to document PREA-related reports and incidents. The auditor interviewed randomly selected inmates regarding their knowledge of available reporting methods. Staff were also interviewed regarding their responsibility to accept verbal, written, anonymous, and third-party reports and to promptly

document verbal allegations. The auditor also conducted informal conversations with inmates during the facility tour to assess their awareness of reporting options. Using interviews and direct observation to assess whether reporting methods are understood and available in practice is consistent with the approach reflected in the standard review.

PREA posters, flyers, brochures, and reporting information were observed in housing areas, the library, recreation yard, clinics, school, and other areas routinely accessed by inmates. The auditor assessed whether reporting information was visible, readable, and readily accessible.

The auditor also tested available reporting methods. Telephones in each housing area were tested to verify access to the designated PREA reporting line. The line is accessed through a designated code and does not require funds in the inmate's telephone account. Calls are not recorded, inmates are not required to provide identifying information, and reports may be made anonymously. The auditor confirmed that working telephones were available in each housing area and that the reporting line could be accessed using the designated code. Direct testing of reporting lines was also used as part of the audit methodology for this provision.

The auditor also reviewed the availability of paper, writing instruments, forms, and other materials necessary for inmates to make written reports, including inmates in restricted housing. Staff were interviewed regarding the handling and security of written reports and other PREA-related information.

Deficiencies identified under Standard 115.33 affected the facility's ability to demonstrate that inmates were consistently educated regarding all available reporting methods. As a result, additional corrective measures were required to strengthen inmate awareness of reporting options.

115.51 Provision (b)

DCRPR Regulation 8715 provides inmates with a method to report sexual abuse and sexual harassment to an entity outside DCRPR. The outside reporting process allows inmates to make reports without relying exclusively on facility staff or internal reporting channels and permits anonymous reporting.

The auditor reviewed information provided to inmates regarding external reporting and assessed whether the method was available and accessible in practice. PREA posters, brochures, flyers, and other educational materials identified reporting options available to inmates. The availability of an outside reporting entity that can receive and forward allegations while permitting anonymous reporting is consistent with the requirements of this provision.

During interviews, inmates were asked about their knowledge of anonymous and external reporting options. The auditor also assessed the reporting information available throughout the facility and tested applicable telephone reporting methods.

Based on the policy, reporting materials, interviews, and testing conducted during the

on-site audit, the facility demonstrated that an external reporting method was available to the inmate population.

115.51 Provision (c)

DCRPR Regulation 8715 requires staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, or through third parties. Staff are required to promptly document verbal reports.

During interviews, staff were asked how they would respond if an inmate verbally reported sexual abuse or sexual harassment. Staff demonstrated an understanding that verbal allegations must be accepted, documented, and reported in accordance with agency procedures. Inmates were also asked about their ability to report allegations verbally or in writing and through third parties. Acceptance and documentation of verbal, written, and third-party reports are consistent with the requirements of this provision.

The auditor reviewed DCR-PREA-005 (Anejo C) and DCR-PREA-007 (Anejo E) and assessed how allegations are documented after they are received. The documentation and interviews supported that the facility has established procedures for receiving and documenting reports made through multiple reporting methods.

115.51 Provision (d)

DCRPR Regulation 8715 provides staff with methods to privately report sexual abuse and sexual harassment involving members of the correctional population.

During random staff interviews, the auditor asked staff how they could privately report a PREA-related concern, including circumstances in which they did not want to report through their immediate chain of command. Staff demonstrated knowledge of available reporting options and understood that PREA-related concerns could be reported outside their immediate supervisory structure. Providing staff with a private reporting method is consistent with the requirements of this provision.

Corrective Action:

Corrective action was required because the deficiencies identified under Standard 115.33 affected the facility's ability to demonstrate that inmates were consistently educated regarding all available methods for reporting sexual abuse and sexual harassment. Although multiple reporting methods were available at the facility, the on-site review did not establish that inmates had been consistently provided and understood information regarding those reporting options.

During the Corrective Action Period, DCRPR revised its PREA flyers to clearly identify the methods available for reporting sexual abuse and sexual harassment, including verbal, written, anonymous, and third-party reporting. The revised materials were distributed and posted throughout the facility. The PREA Compliance Manager conducted PREA re-education throughout all housing areas and met with housing area leaders to reinforce the reporting information and its continued dissemination within the housing areas. Staff also received additional instruction regarding their

	responsibility to accept, document, and report verbal, written, anonymous, and third-party allegations. The auditor reviewed the revised PREA flyers and educational materials and documentation of the inmate re-education and staff instruction completed during the Corrective Action Period. The auditor verified that the revised reporting information had been distributed and posted throughout the facility and that re-education had been conducted throughout the housing areas. The auditor also verified the availability and operation of the facility's reporting methods. Telephones in the housing areas were tested to confirm access to the designated PREA reporting line. The auditor confirmed that the reporting line could be accessed using the designated code, did not require funds in an inmate telephone account, did not require the inmate to provide identifying information, and permitted anonymous reporting. The auditor also reviewed the availability of materials necessary for inmates to submit written reports and assessed staff procedures for receiving and documenting verbal, written, anonymous, and third-party reports. The corrective action corrected the deficiency identified during the on-site audit by establishing that inmates were provided information regarding the available reporting methods, that the information was reinforced throughout the housing areas, and that the reporting mechanisms identified in the educational materials were available and operational. Based on DCRPR Regulation 8715, the revised PREA educational and reporting materials, documentation of inmate re-education and staff instruction, on-site testing of the designated PREA reporting line, observations of reporting information throughout the facility, and verification of the available reporting methods, the auditor determined that the corrective action requirements were satisfied. Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.51.
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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 • 20 randomly selected recent administrative grievances • Documentation related to the processing, tracking, and response to

administrative remedies

Interviews, Document and Site Review:

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

DCRPR maintains an administrative remedy process that allows members of the correctional population to submit grievances regarding allegations of sexual abuse and sexual harassment. DCRPR Regulation 8715 and Regulation No. 8583 establish procedures governing administrative remedies involving allegations of sexual violence. Regulation No. 8583 establishes the Division of Administrative Remedies, includes allegations of sexual violence within its jurisdiction, and establishes confidentiality requirements for records maintained through the Administrative Remedies process, with access limited to authorized personnel.

Regulation No. 8583 generally establishes a 15-day timeframe for submitting an administrative remedy. However, allegations involving sexual violence are specifically excluded from this filing limitation. Therefore, members of the correctional population are not subject to the general filing deadline when submitting an administrative remedy regarding an allegation of sexual abuse.

The agency's procedures allow third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist an inmate in filing an administrative remedy involving an allegation of sexual violence and to submit a request on an inmate's behalf. The procedures also address emergency grievances involving an inmate who believes she is subject to a substantial risk of imminent sexual abuse. Emergency grievances are required to be immediately forwarded to a level of review where 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 final decision must document the agency's determination regarding whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response.

During the on-site audit, the auditor evaluated the Administrative Remedies process as it operated at Complejo de Rehabilitación para Mujeres. The auditor interviewed the Administrative Remedies Officer regarding how grievances are received, collected, logged, routed, reviewed, and answered, including how a grievance containing an allegation of sexual abuse or sexual harassment would be identified and handled. 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 are handled and whether access to this information is limited to appropriate personnel.

The auditor observed "Remedios Administrativos" collection boxes throughout the facility and confirmed that they were accessible to inmates in all housing areas and across classification types. The auditor also assessed the availability of forms and the process used by inmates to submit written administrative remedies. The auditor randomly selected and reviewed 20 recent administrative grievances to assess how

	grievances were documented, processed, routed, and answered. The records reviewed were compared with the procedures described during staff and inmate interviews. During formal interviews and informal conversations, members of the correctional population were asked about their knowledge and experience with the Administrative Remedies process. Inmates were asked whether they knew how and where to submit a grievance, whether the necessary forms and collection boxes were available, whether they had experienced problems submitting grievances, and whether they received responses to grievances they had submitted. The auditor also assessed whether inmates understood that the Administrative Remedies process could be used to report allegations of sexual abuse and sexual harassment. The auditor interviewed the PREA Compliance Manager, supervisory staff, the Administrative Remedies Officer, the Mail Officer, and other facility staff regarding the handling of administrative remedies involving allegations of sexual abuse or sexual harassment. Interviews addressed confidentiality, emergency grievances, third-party assistance, and the routing of PREA-related complaints. The auditor also assessed whether an inmate could submit a grievance involving a staff member without being required to submit the grievance to the staff member who was the subject of the complaint and whether the grievance would be kept from that individual during the review and response process. The evidence collected for this provision demonstrated that DCRPR has established an administrative procedure through which members of the correctional population may submit grievances regarding sexual abuse and sexual harassment without being subject to the general filing deadline; may receive assistance from third parties; may submit emergency grievances involving a substantial risk of imminent sexual abuse; and may submit grievances involving staff without having the grievance reviewed by the staff member who is the subject of the complaint. The facility also maintains procedures for protecting the confidentiality and appropriate handling of PREA-related administrative remedies. Therefore, through review of DCRPR Regulation 8715, Regulation No. 8583, administrative remedy records, the random review of 20 recent grievances, interviews with the Administrative Remedies Officer, Mail Officer, PREA Compliance Manager, staff and inmates, informal conversations with members of the correctional population, and direct observation of the Administrative Remedies process and collection boxes throughout the facility, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.52. Corrective Action: None.
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115.53	Inmate access to outside confidential support services
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	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 Memorandum of Understanding (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 of DCRPR's efforts to establish an agreement with CAVV • CAVV informed consent, privacy, and confidentiality documentation • DCRPR correspondence and telephone regulations • Documentation of inmate and staff PREA re-education completed during the Corrective Action Period • Photo documentation of the CAVV offices and hospital waiting areas where inmates are held when they need services Interviews, Document and Site Review: 115.53 Provision (a)(b)(c) DCRPR Regulation 8715 requires inmates to have access to outside emotional support services related to sexual abuse. Inmates must be provided with mailing addresses and telephone numbers for outside organizations that provide relevant services and must be informed, prior to accessing those services, of the extent to which communications will be monitored and the extent to which reports of abuse will 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 audit, the auditor reviewed PREA posters, brochures, pamphlets, and other informational materials available throughout Complejo de Rehabilitación para Mujeres to determine whether inmates were provided information regarding CAVV, the services available, and how to access outside emotional support services. The auditor also tested the telephone system to determine whether inmates could access the telephone number provided for outside services and reviewed written
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correspondence as an additional method for contacting an outside service provider.

The auditor interviewed the Mail Officer regarding the collection and processing of inmate correspondence and reviewed the availability of paper, writing materials, envelopes, and mail collection boxes. The auditor also assessed whether inmates housed in different housing and classification areas, including restricted housing, had access to the available methods of communication with an outside emotional support provider.

During formal interviews and informal conversations, the auditor asked inmates whether they were aware of CAVV, understood the purpose of the services provided, knew how to access those services, and understood the extent to which communications with the outside provider were confidential. Staff were also interviewed regarding CAVV, the services available to inmates, and their responsibilities when an inmate requested access to outside emotional support services.

Although information regarding CAVV was available within the facility, inmate interviews and informal conversations established that inmates were not consistently aware of CAVV, the outside emotional support services available, or how to access those services. Staff interviews also identified gaps in staff knowledge regarding CAVV and the procedures for facilitating inmate access to outside emotional support services.

At the time of the on-site audit, DCRPR did not have an executed agreement with CAVV and had not provided sufficient documentation for the auditor to verify its efforts to enter into an agreement with an outside community service provider. Accordingly, the auditor could not verify full implementation of the requirements of Standard 115.53 at the conclusion of the on-site audit.

Based on DCRPR Regulation 8715, CAVV informational materials, inmate and staff interviews, informal conversations, telephone-system testing, review of correspondence procedures, and on-site observations, the auditor determined that Complejo de Rehabilitación para Mujeres had not demonstrated full compliance with PREA Standard 115.53 at the conclusion of the on-site audit. Corrective action was required.

Corrective Action:

During the Corrective Action Period, DCRPR addressed the deficiencies identified during the on-site audit concerning inmate and staff awareness of outside emotional support services and documentation of the agency's efforts to establish an agreement with an outside community service provider.

DCRPR submitted 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 between DCRPR and CAVV, interagency meeting minutes, the draft Collaborative Agreement, documentation reflecting review and revision of the

proposed agreement, follow-up correspondence regarding the status of the agreement, CAVV service and confidentiality materials, documentation identifying the CAVV Islandwide Coordinator, records describing the Coordinator's responsibilities, inmate and staff re-education records, housing-area meeting documentation, and records documenting the distribution of CAVV information to inmates.

The documentation established that DCRPR and CAVV were actively engaged in an ongoing process to formalize their collaborative relationship for the provision of outside emotional support services to inmates. The records documented substantive communication between the agencies, meetings concerning the provision and coordination of services, development and revision of the proposed Collaborative Agreement, identification of responsible personnel, and continued follow-up regarding execution of the agreement.

At the conclusion of the Corrective Action Period, the Collaborative Agreement had not yet been fully executed. The absence of an executed agreement did not, by itself, preclude compliance with Provision (c). The provision requires the agency to attempt to enter into agreements with community service providers capable of providing inmates with confidential emotional support services and to maintain or otherwise make available copies of agreements or documentation showing attempts to enter into such agreements. The auditor therefore evaluated whether DCRPR could demonstrate documented, substantive efforts to establish the required relationship with CAVV.

The auditor verified those efforts through multiple sources. In addition to reviewing the email correspondence, meeting minutes, draft Collaborative Agreement, revisions to the proposed agreement, and follow-up communications, the auditor spoke directly with CAVV personnel regarding the relationship between CAVV and DCRPR, the services available to inmates, and the agencies' ongoing efforts to formalize the Collaborative Agreement. Information provided by CAVV personnel was consistent with the documentation submitted by DCRPR and independently corroborated that the agencies were actively coordinating outside emotional support services and working toward execution of the Collaborative Agreement.

DCRPR also implemented corrective measures to address the deficiencies in inmate and staff awareness identified during the on-site audit. The PREA Compliance Manager conducted additional education in housing areas regarding inmates' PREA rights, the purpose and availability of CAVV's outside emotional support services, and the methods available for accessing those services. The PREA Compliance Manager also met with housing-area leadership to reinforce the information and support its continued dissemination to inmates. Staff received additional instruction regarding CAVV, the services available, and their responsibilities for assisting inmates who request access to outside emotional support services.

The auditor reviewed documentation of the inmate and staff re-education, including attendance and acknowledgment documentation, housing-area meeting records, informational materials distributed to inmates, and documentation reflecting the PREA Compliance Manager's efforts to reinforce the availability of CAVV services. The

records demonstrated that the facility took specific corrective measures to address the lack of awareness identified through inmate and staff interviews during the on-site audit.

DCRPR further designated a CAVV Island-wide Coordinator to serve as a liaison for coordination between DCRPR and CAVV. The auditor reviewed documentation identifying the Coordinator and the responsibilities assigned to the position. The Coordinator provides a defined point of contact for communication with CAVV and assists with coordinating access to outside emotional support services when requested by an inmate. This designation established accountability for maintaining communication between DCRPR and CAVV and for facilitating access to available services.

The auditor also reviewed CAVV brochures, service-information materials, 24-hour assistance-line information, confidentiality and mandatory-reporting information, and documentation demonstrating that CAVV information was distributed and made accessible to inmates. The materials identified the services available through CAVV, methods for accessing those services, and information concerning privacy, confidentiality, and applicable limitations on confidentiality.

The corrective-action evidence established that DCRPR did not merely state an intention to pursue an agreement with CAVV. Email correspondence, interagency meeting minutes, development and revision of the draft Collaborative Agreement, follow-up communications regarding execution, designation of the CAVV Island-wide Coordinator, documentation of inmate and staff re-education, distribution of CAVV information, and the auditor's direct communication with CAVV personnel provided independent and corroborating evidence of DCRPR's active efforts to establish and maintain the outside service relationship.

The corrective action also addressed the access and awareness concerns identified during the on-site audit. DCRPR reinforced inmate and staff education, provided inmates with information regarding CAVV and available methods of access, provided information regarding confidentiality and applicable limitations on confidentiality, and established defined responsibility for coordinating requests for outside emotional support services.

Based on DCRPR Regulation 8715, email correspondence between DCRPR and CAVV, interagency meeting minutes, the draft Collaborative Agreement and related revision documentation, follow-up correspondence regarding the status of the agreement, CAVV service, access, and confidentiality materials, documentation identifying the CAVV Islandwide Coordinator and the responsibilities of that position, inmate and staff re-education records, attendance and acknowledgment documentation, housing-area meeting records, documentation of the distribution of CAVV information to inmates, and the auditor's direct communication with CAVV personnel, the auditor verified that DCRPR documented its ongoing efforts to enter into an agreement with an outside community service provider and implemented the corrective measures necessary to address the deficiencies identified during the on-site audit.

The auditor determined that the corrective-action evidence satisfied the requirements

	of Standard 115.53, including the requirement under Provision (c) to document the agency's attempts to enter into an agreement with a community service provider. The deficiencies identified during the on-site audit were corrected. Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.53.
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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 Interviews, Document and Site Review: 115.54 Provision (a) DCRPR Regulation 8715 establishes multiple methods for reporting sexual abuse and sexual harassment, including reports made by third parties. Third parties may include other inmates, staff, family members, attorneys, advocates, or other persons outside the facility. The policy permits third parties to assist inmates with reporting allegations and to make reports on their behalf. DCRPR also makes third-party reporting information available to the general public. The agency provides several avenues for reporting sexual abuse and sexual harassment, including reports to staff, written and anonymous reports, administrative remedies, confidential telephone reporting, and reports made by family members or other third parties. Information provided to members of the correctional population explains that they may tell a family member, friend, legal counsel, or another person outside the facility and that the individual may report the allegation on their behalf. During the on-site audit at Complejo de Rehabilitación para Mujeres, the auditor assessed whether third-party reporting information was readily available, understandable, and accessible. PREA posters, flyers, brochures, and other reporting materials were observed throughout the facility, including housing areas and locations accessible to visitors and other members of the public. The auditor reviewed the materials for readability, accessibility, consistency, placement, and accuracy. Particular attention was given to the availability of third-party reporting information in areas accessible to family members, friends, attorneys, advocates, and others who

	may need to report on behalf of an inmate. Formal interviews and informal conversations were conducted with inmates and staff to assess their understanding of third-party reporting. Inmates were asked whether they knew that another person could report sexual abuse or sexual harassment on their behalf and whether they were familiar with the available reporting options. Staff were asked to explain how third-party reports are received, documented, forwarded, and addressed. The auditor also tested the agency's third-party reporting method using the same process available to members of the public. The reporting method was accessible, easy to understand, and provided a means for reporting sexual abuse and sexual harassment on behalf of an inmate. After submitting a test third-party report, the auditor received an email response and a follow-up telephone call. The auditor also verified with facility staff that the test report had been received and reviewed documentation confirming its receipt and handling. The testing demonstrated that the agency's third-party reporting process was operational and that reports submitted through this method were received and appropriately addressed. The auditor also assessed the facility's inmate education regarding third-party reporting. Information regarding an inmate's ability to have another person report on their behalf was included in PREA educational and reporting materials and reinforced through the facility's PREA education efforts. The evidence collected for this provision demonstrated that DCRPR has established procedures that allow third parties to report sexual abuse and sexual harassment on behalf of members of the correctional population and makes information regarding third-party reporting available to inmates and the public. The auditor's testing of the reporting process further confirmed that the reporting method was operational and that a third-party report was received and followed up on. Based on DCRPR Regulation 8715, the agency's third-party reporting procedures, PREA educational and reporting materials, formal interviews and informal conversations with inmates and staff, on-site observations, and the auditor's testing and verification of the third-party reporting process, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.54. Corrective Action: None required.
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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)
- DCR-PREA-007 (Annex E)
- Annex G
- PREA staff training and educational materials
- Documentation related to staff reporting responsibilities

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, including information received verbally, in writing, anonymously, or through a third party. The regulation also requires staff to immediately report retaliation against inmates or staff who report sexual abuse or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The regulation establishes procedures for staff response once an allegation or incident becomes known. Staff who become aware of an allegation or incident are required to initiate the established reporting and response process, which includes notifying appropriate supervisory and PREA personnel, protecting the alleged victim, separating the alleged victim and alleged aggressor when appropriate, preserving potential evidence, and completing required PREA documentation.

During the on-site audit, the auditor interviewed randomly selected staff regarding their reporting responsibilities. Staff were asked what they would do if they received information about, witnessed, or suspected sexual abuse or sexual harassment. Staff demonstrated an understanding that such information must be reported immediately and were able to identify the appropriate notification process. Staff were also questioned regarding their responsibility to report retaliation and staff neglect or violations that may have contributed to an incident.

The auditor also engaged staff throughout the facility in informal conversations regarding PREA reporting responsibilities. Staff were asked to describe, in their own words, how they would respond if an inmate reported sexual abuse or sexual harassment or if they otherwise became aware of or suspected an incident. These discussions demonstrated that staff understood their obligation to immediately report PREA-related information and initiate the required response.

The auditor reviewed DCR-PREA-005 (Annex C), "Initial PREA Incident Notification," which provides for documentation of the initial report, including reports that may be made anonymously. The auditor also reviewed Annex G, which outlines the reporting and intervention process and identifies required notifications and response

responsibilities.

The auditor additionally tested the staff reporting process by asking a staff member to walk through the reporting methods available to staff and explain the actions that would follow receipt of a PREA-related allegation. The testing demonstrated that staff understood how to initiate the reporting process and how information would be forwarded to appropriate personnel for response.

The evidence collected for this provision demonstrated that DCRPR has established procedures requiring staff to immediately report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may have contributed to an incident or retaliation. Staff interviews and on-site testing demonstrated an understanding of these responsibilities.

Therefore, based on DCRPR Regulation 8715, supporting PREA documentation, formal and informal staff interviews, on-site observations, and testing of the staff reporting process, the facility has demonstrated compliance with this provision.

115.61 Provision (b)

DCRPR Regulation 8715 requires information related to allegations and incidents of sexual abuse and sexual harassment to be treated as confidential. Staff may not disclose PREA-related information except to the extent necessary to make treatment, investigation, security, management, or other decisions required by the agency's established procedures.

During formal interviews, randomly selected staff were questioned regarding the confidentiality of PREA-related information and who may receive information concerning an allegation. Staff demonstrated an understanding that information concerning sexual abuse and sexual harassment is sensitive and should only be shared with individuals who have a legitimate need to know.

The auditor further assessed confidentiality through informal conversations with staff and review of the facility's reporting and documentation procedures. Staff consistently described the need to protect information related to allegations and limit disclosure to personnel responsible for responding to, investigating, managing, or providing services related to the incident.

The evidence collected for this provision demonstrated that DCRPR has established confidentiality requirements for PREA-related information and that staff understood the limitations governing disclosure of such information.

Therefore, through review of DCRPR Regulation 8715, supporting procedures, staff interviews, and on-site observations, the facility has demonstrated compliance with this provision.

115.61 Provision (c)

DCRPR Regulation 8715 establishes reporting responsibilities applicable to personnel who receive information regarding sexual abuse or sexual harassment, including

medical and mental health practitioners. Medical and mental health practitioners are required to report allegations or suspicions of sexual abuse and sexual harassment in accordance with agency procedures and applicable reporting requirements.

The auditor interviewed medical and mental health practitioners regarding their responsibilities when an inmate discloses sexual abuse or sexual harassment. Interviews addressed mandatory reporting responsibilities, confidentiality, and the limitations of confidentiality associated with medical and mental health services. Practitioners demonstrated an understanding of their responsibility to report PREA-related information and of the limitations applicable to confidentiality when information concerning sexual abuse or sexual harassment is disclosed.

The evidence collected for this provision demonstrated that medical and mental health practitioners understand their reporting responsibilities and the limitations of confidentiality applicable to information concerning sexual abuse and sexual harassment.

Therefore, through review of DCRPR Regulation 8715 and interviews with medical and mental health practitioners, the facility has demonstrated compliance with this provision.

115.61 Provision (d)

DCRPR Regulation 8715 establishes procedures for reporting allegations of sexual abuse and for making required notifications consistent with applicable law. The auditor assessed the facility's responsibilities regarding allegations involving individuals subject to mandatory reporting requirements and discussed those responsibilities with applicable agency and facility personnel.

Complejo de Rehabilitación para Mujeres houses an adult female correctional population. The auditor's review did not identify circumstances during the audit period requiring a report involving an individual under the age of 18. Staff nevertheless demonstrated an understanding that circumstances subject to mandatory reporting requirements must be reported to the appropriate authorities in accordance with applicable law and agency procedures.

The evidence collected for this provision demonstrated that the agency has established procedures for making required reports when an allegation involves an individual subject to applicable mandatory reporting requirements.

Therefore, through review of DCRPR Regulation 8715, supporting procedures, and staff interviews, the facility has demonstrated compliance with this provision.

115.61 Provision (e)

DCRPR Regulation 8715 requires allegations of sexual abuse and sexual harassment, including allegations received from third parties and anonymous sources, to be reported and referred through the agency's established PREA response and investigative process. The regulation establishes responsibilities for notifying supervisory and PREA personnel and initiating the appropriate response when an

	allegation is received. The auditor reviewed DCR-PREA-005 (Annex C), “Initial PREA Incident Notification,” and Annex G, which establish procedures for documenting allegations and initiating required notifications and intervention. These procedures provide a mechanism for ensuring that allegations received by facility personnel are documented and forwarded for appropriate review and investigation. During interviews, staff were asked to describe what occurs after an allegation of sexual abuse or sexual harassment is received. Staff demonstrated an understanding that allegations must be immediately reported and forwarded through the established notification process. The auditor’s testing of the staff reporting process further demonstrated that staff understood how PREA-related information would be communicated to the personnel responsible for initiating the appropriate response and investigation. The evidence collected for this provision demonstrated that DCRPR has established procedures to ensure that allegations of sexual abuse and sexual harassment are promptly reported and forwarded to appropriate personnel for investigation. Therefore, based on DCRPR Regulation 8715, DCR-PREA-005 (Annex C), Annex G, staff interviews, and testing of the reporting process, the facility has demonstrated compliance with this provision. Based on the review of DCRPR Regulation 8715, supporting PREA documentation and reporting procedures, staff training materials, formal interviews with randomly selected staff and medical and mental health practitioners, informal conversations with staff, on-site observations, and testing of the staff reporting process, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.61. 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) • DCR-PREA-005 (Annex C)

- Annex G
- PREA staff training and educational materials

Interviews, Document and Site Review:

115.62 Provision (a)

DCRPR Regulation 8715 requires immediate action when the agency or facility learns that a member of the correctional population is subject to a substantial risk of imminent sexual abuse. The regulation establishes procedures for protecting individuals who may be at immediate risk and provides for physical, health, and support measures necessary to address identified safety concerns. Preventive measures may include increased supervision, separation from an identified threat, appropriate housing decisions, and other measures necessary to protect the individual from sexual victimization.

The auditor reviewed DCR-PREA-004 (Annex B), "Formulario para Detectar Riesgo de Violencia Sexual," which is used to identify individuals who may be at risk of sexual victimization or sexual abusiveness. The auditor also reviewed DCR-PREA-005 (Annex C), "Notificación Inicial de Incidente PREA," and Annex G, which establish procedures for reporting, notification, intervention, and response when PREA-related concerns or incidents are identified. These documents, together with staff training materials, establish procedures for initiating an immediate response when information indicates that an inmate may be at substantial risk of imminent sexual abuse.

During the on-site audit, the auditor interviewed the Secretary of Corrections (Agency Head), the Superintendent (Warden), and randomly selected staff regarding the actions required when an inmate is believed to be at substantial risk of imminent sexual abuse. Interviewees demonstrated an understanding that protective action must be taken immediately and that staff are not required to wait for an incident to occur or for an allegation to be substantiated before taking measures to protect an inmate.

Randomly selected staff were asked how they would respond if they became aware that an inmate was in immediate danger of sexual abuse. Staff described immediately notifying supervisory personnel, separating the inmate from the identified or potential threat, maintaining the inmate's safety, and obtaining additional assistance as necessary. Staff responses demonstrated an understanding that immediate safety and protection of the inmate are the priority when an imminent risk is identified.

The Superintendent was also interviewed regarding the facility's response to an inmate who may be at substantial risk of imminent sexual abuse. The Superintendent described the responsibility to immediately evaluate and address the identified threat and implement appropriate protective measures based on the circumstances. These measures may include separation, changes in housing or supervision, and other actions necessary to protect the inmate while the circumstances are evaluated.

	During the on-site review, the auditor also engaged staff assigned to different areas of the facility in informal conversations regarding inmate safety and their response to an immediate sexual safety concern. Staff consistently indicated that information suggesting an inmate was in immediate danger would be acted upon without delay and reported through the appropriate chain of command. The evidence collected for this provision demonstrated that DCRPR has established procedures requiring immediate protective action when an inmate is subject to a substantial risk of imminent sexual abuse. Formal interviews with the Agency Head, Superintendent, and randomly selected staff, as well as informal conversations with staff, demonstrated an understanding of the requirement to take immediate action to protect an inmate from an identified threat. Based on DCRPR Regulation 8715, supporting PREA documentation, staff training materials, formal and informal staff interviews, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.62. 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 • DCRPR procedures and notification forms for allegations involving other confinement facilities • Available PREA incident and notification documentation Interviews, Document and Site Review: 115.63 Provision (a), (b), and (c) DCRPR Regulation 8715 establishes procedures for responding when an inmate reports sexual abuse that occurred while confined at another correctional facility. When an allegation is received concerning sexual abuse that occurred at another facility, the agency is required to notify the head of the facility where the alleged abuse occurred, or the appropriate office responsible for receiving the notification, as soon as possible but no later than 72 hours after receiving the allegation. The notification is required to be documented.

The auditor reviewed DCRPR Regulation 8715 and the agency's procedures for receiving, documenting, and forwarding allegations involving sexual abuse reported at one facility but alleged to have occurred at another confinement facility. The procedures establish responsibility for ensuring that the information is communicated to the appropriate facility or agency so that the allegation can be addressed in accordance with PREA requirements.

During the on-site audit, the auditor interviewed the Secretary of Corrections (Agency Head), Superintendent (Warden), PREA Coordinator, PREA Compliance Manager, and other personnel responsible for PREA implementation. Interviewees demonstrated an understanding that when an inmate reports sexual abuse that occurred at another confinement facility, notification must be made to the appropriate facility or agency within the required 72-hour timeframe and that the notification must be documented.

The auditor also reviewed available documentation related to notifications involving allegations reported by inmates concerning incidents that occurred at other confinement facilities. The documentation was assessed to determine whether the appropriate facility or agency was notified and whether the notification was made within the timeframe required by the standard.

The evidence collected for these provisions demonstrated that DCRPR has established procedures for notifying the appropriate facility or agency when an inmate reports sexual abuse that occurred at another confinement facility and for documenting the required notification.

Based on DCRPR Regulation 8715, the agency's notification procedures, available documentation, and interviews conducted, the facility has demonstrated compliance with these provisions.

115.63 Provision (d)

DCRPR Regulation 8715 requires that when DCRPR receives notification from another facility or agency that an inmate was allegedly sexually abused while confined at a DCRPR facility, the allegation must be addressed in accordance with the agency's established PREA investigative procedures. The facility where the alleged abuse occurred is responsible for ensuring that the allegation is referred for investigation consistent with PREA requirements.

The auditor reviewed the agency's procedures for receiving notifications from other confinement facilities and for forwarding those allegations to the personnel responsible for investigation. The procedures require allegations received from another facility or agency to be treated in the same manner as other allegations of sexual abuse and referred through the established PREA reporting and investigative process.

During interviews, the Secretary of Corrections (Agency Head), Superintendent (Warden), PREA Coordinator, PREA Compliance Manager, and other PREA personnel demonstrated an understanding of the agency's responsibility when notification is received concerning alleged sexual abuse that occurred within a DCRPR facility.

	Interviewees indicated that the information would be documented and referred to the appropriate personnel for investigation. The auditor reviewed available documentation to assess whether allegations received from other confinement facilities were appropriately documented and referred for investigation. The information reviewed was consistent with the procedures described during interviews and demonstrated that a process is established for ensuring that allegations received from another facility are addressed through the agency's investigative process. The evidence collected for this provision demonstrated that DCRPR has procedures in place to ensure that allegations received from another confinement facility concerning sexual abuse alleged to have occurred within a DCRPR facility are referred for investigation in accordance with PREA requirements. Based on DCRPR Regulation 8715, the agency's notification and investigative procedures, available documentation, and interviews conducted, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.63. 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 • Annex G • DCR-PREA-005 (Annex C) • PREA Coordinated Response procedures • PREA staff training materials • Documentation of responses to PREA allegations Interviews, Document and Site Review: 115.64 Provision (a) DCRPR Regulation 8715 and Annex G establish the required actions for security staff who are first responders to an allegation of sexual abuse. Upon learning of an allegation, the first security staff member to respond is required 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 sexual abuse occurred within a timeframe that allows for the collection of physical evidence, staff are required to ensure that the alleged victim does not take actions that could destroy potential evidence. These actions include washing, bathing, brushing their teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff are also required to ensure that the alleged abuser does not take actions that could result in the destruction of potential physical evidence.

The auditor reviewed DCRPR Regulation 8715, Annex G, staff training materials, and available documentation related to the facility's response to allegations of sexual abuse. The documentation was reviewed to determine whether the facility's established procedures addressed separation of the alleged victim and alleged abuser, protection of the scene, preservation of potential evidence, required notifications, and other immediate response responsibilities.

During the on-site audit, the auditor interviewed security staff first responders and randomly selected security staff regarding their responsibilities upon learning of an allegation of sexual abuse. Staff were asked to describe the actions they would take upon receiving a report or responding to an incident. Staff demonstrated an understanding of the need to immediately separate the alleged victim and alleged abuser, secure and protect the scene, notify appropriate supervisory personnel, and preserve potential physical evidence.

Staff were also questioned regarding the specific actions that an alleged victim and alleged abuser should be instructed not to take when physical evidence may still be collected. Interview responses demonstrated an understanding of the importance of preventing actions that could compromise or destroy potential evidence.

The auditor supplemented formal interviews with informal conversations and scenario-based questions with staff throughout the facility. Staff were asked to explain how they would apply first responder procedures under different circumstances. These discussions provided additional evidence that security staff understood their responsibilities and the importance of taking immediate action to protect the alleged victim and preserve potential evidence.

The auditor also reviewed available documentation regarding staff responses to allegations of sexual abuse and interviewed inmates who had reported sexual abuse, when applicable, to compare the actions described and documented with the requirements of the standard.

The evidence collected for this provision demonstrated that DCRPR has established procedures addressing the responsibilities of security staff first responders and that staff demonstrated an understanding of the actions required upon learning of an allegation of sexual abuse.

Based on DCRPR Regulation 8715, Annex G, staff training materials, available

	documentation, formal and informal staff interviews, scenario-based questioning, and interviews with applicable inmates, the facility has demonstrated compliance with this provision. 115.64 Provision (b) DCRPR Regulation 8715 and Annex G also establish procedures for situations in which the first staff responder to an allegation of sexual abuse is not a security staff member. When a non-security staff member is the first responder, the individual is required to instruct the alleged victim not to take actions that could destroy potential physical evidence and to immediately notify security staff. The auditor interviewed non-security staff regarding their responsibilities if they were the first person to receive information concerning an allegation of sexual abuse. Staff were asked how they would respond, what actions they would take to protect potential evidence, and who they would notify. Non-security staff demonstrated an understanding that they are required to protect the alleged victim from taking actions that could compromise potential evidence and immediately notify security personnel so that the appropriate first responder procedures can be initiated. Randomly selected staff were also questioned regarding the distinction between the responsibilities of security and non-security first responders. The auditor used scenario-based questions and informal conversations to assess whether staff could apply the procedures in practice rather than relying solely on their knowledge of written policy. Staff responses were consistent with the requirements established by DCRPR Regulation 8715 and Annex G. The auditor also reviewed available documentation regarding responses to sexual abuse allegations and interviewed applicable inmates who had reported sexual abuse to assess whether staff response practices were consistent with established procedures. The evidence collected for this provision demonstrated that DCRPR has established procedures addressing the responsibilities of non-security staff first responders and that staff understood their obligation to protect potential evidence and immediately notify security personnel. Based on DCRPR Regulation 8715, Annex G, staff training materials, available documentation, interviews with non-security staff and randomly selected staff, informal conversations, scenario-based questioning, and interviews with applicable inmates, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.64. Corrective Action: None.
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115.65	Coordinated response
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- Annex G
- Annex C
- PREA training materials

Interviews, Document and Site Review:

115.65 Provision (a)

DCRPR Regulation 8715 establishes a coordinated response to incidents and allegations of sexual abuse. The coordinated response identifies the responsibilities of personnel involved in responding to an allegation, including first responders, security supervisors, the Superintendent, medical and mental health personnel, PREA personnel, law enforcement, and investigators.

The coordinated response addresses the immediate actions necessary to protect the alleged victim, separation of the alleged victim and alleged abuser when appropriate, preservation and protection of potential evidence, required notifications, access to medical and mental health services, and referral for investigation. The procedures establish the responsibilities of the different personnel and departments involved to ensure that the response to an allegation is coordinated from the initial report through the medical, investigative, and administrative response.

The auditor reviewed DCRPR Regulation 8715 and supporting PREA response procedures to assess whether the facility had established a coordinated response consistent with the requirements of the standard. The auditor also reviewed Annex G, which outlines the reporting and intervention process and identifies the responsibilities and notifications required following an allegation or incident of sexual abuse.

During the on-site audit, the auditor conducted formal interviews with the PREA Coordinator, PREA Compliance Manager, Superintendent, security supervisors, medical and mental health personnel, and other staff with responsibilities under the coordinated response. Interviewees were asked to describe their individual responsibilities and the actions they would take following an allegation of sexual abuse.

Staff demonstrated an understanding of their respective roles in the coordinated response, including immediate protection of the alleged victim, required notifications, preservation of potential evidence, referral for medical and mental health services, and coordination with investigative personnel. Interviews also demonstrated that staff understood when responsibility for particular actions transferred to or required

	coordination with other personnel or departments. The auditor supplemented formal interviews with informal conversations with staff throughout the facility to assess their understanding of how the coordinated response operates in practice. The information obtained during these discussions was consistent with the responsibilities established in DCRPR Regulation 8715 and the facility's supporting response procedures. The evidence collected for this provision demonstrated that DCRPR has established a coordinated response to incidents of sexual abuse and that personnel involved in the response understand their respective responsibilities. Based on DCRPR Regulation 8715, Annex G, supporting PREA response procedures, formal and informal staff interviews, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.65. 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: • DCRPR Collective Bargaining Agreement 2012-2015 - Correctional Officers • DCRPR Collective Bargaining Agreement 2012-2015 - Civilian Employees • Collective Bargaining Agreement 2012-2015 - AIJ Civilian Employees • Collective Bargaining Agreement 2012-2015 - AIJ Juvenile Services Officers • Collective Bargaining Agreement 2012-2015 - OSAJ • Collective Bargaining Agreement 2012-2015 - Correctional Health Program Interviews, Document and Site Review: 115.66 Provision (a) The auditor reviewed the applicable collective bargaining agreements to determine whether any provision limited DCRPR's ability to remove an alleged staff sexual abuser from contact with members of the correctional population pending the outcome of an investigation or a determination of whether, and to what extent, discipline is warranted.

	The auditor also interviewed the Secretary of Corrections (Agency Head) regarding the collective bargaining agreements applicable to DCRPR employees and whether any provisions within those agreements restrict the agency's authority to remove an employee accused of sexual abuse from contact with inmates while an investigation is pending. The Agency Head interview and documentation reviewed confirmed that the applicable collective bargaining agreements do not contain provisions that limit DCRPR's ability to remove an alleged staff sexual abuser from contact with inmates pending the outcome of an investigation or disciplinary determination. The agency retains the ability to take appropriate measures to restrict an employee's contact with the correctional population while an allegation is investigated. The evidence collected for this provision demonstrated that neither DCRPR nor another governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed a collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or determination regarding discipline. Based on the applicable collective bargaining agreements and the interview with the Secretary of Corrections (Agency Head), the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.66. 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 Interviews, Document and Site Review: 115.67 Provision (a) DCRPR Regulation 8715 establishes DCRPR's responsibility to protect members of the

correctional population and staff who report sexual abuse or cooperate with a sexual abuse investigation from retaliation. The policy requires retaliation monitoring for at least 90 days following a report of sexual abuse, unless the allegation is determined to be unfounded. Monitoring may continue beyond 90 days when there is an identified continuing need.

The auditor reviewed the agency's PREA General Staff Training Curriculum, which addresses the right of inmates and staff to be free from retaliation for reporting sexual abuse or sexual harassment or participating in an investigation. The training addresses retaliation monitoring, the requirement to promptly address identified concerns, and continuation of monitoring beyond the initial 90-day period when necessary.

During the on-site audit, the auditor interviewed the Secretary of Corrections (Agency Head), Superintendent (Warden), PREA Coordinator, PREA Compliance Manager, and staff responsible for retaliation monitoring. Interviewees identified the personnel responsible for conducting and documenting retaliation monitoring and described the required monitoring period and follow-up process.

At the time of the on-site audit, there were no inmates available for interview who had reported sexual abuse or were otherwise involved in a PREA allegation during the review period. The facility reported one allegation during the preceding 12 months, which occurred in July 2025 and remained under investigation at the time of the audit. The inmate involved in that allegation had been discharged from the facility and was therefore unavailable for interview.

The auditor reviewed available retaliation monitoring documentation, including the PREA Follow-Up Report Form (Annex F), and applicable investigative records. The records documented follow-up monitoring and review of factors used to identify possible retaliation, including changes in housing or programming, disciplinary actions, treatment by staff or other members of the correctional population, and other changes that could indicate retaliation.

The auditor's review confirmed that DCRPR has designated personnel responsible for retaliation monitoring and established a process for documenting and reviewing indicators of possible retaliation following a report of sexual abuse. The policy, training materials, monitoring documentation, investigative records, and interviews were consistent with the retaliation-monitoring requirements of this provision.

Based on DCRPR Regulation 8715, the PREA General Staff Training Curriculum, the PREA Follow-Up Report Form (Annex F), available retaliation monitoring and investigative records, and interviews with responsible personnel, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.67(a).

This is stronger because the ending now tells the reader exactly what was verified: designated personnel, a monitoring process, documentation, and the specific indicators reviewed. It eliminates the circular statement that essentially said, "the facility demonstrated compliance because the facility demonstrated compliance."

DCRPR Regulation 8715 requires the agency to employ appropriate measures to protect inmates and staff from retaliation following a report of sexual abuse or cooperation with an investigation. Protective measures are based on the circumstances and may include changes necessary to address identified safety or retaliation concerns.

During interviews, the Secretary of Corrections (Agency Head), Superintendent, PREA Coordinator, PREA Compliance Manager, and staff responsible for retaliation monitoring described the protective measures available when retaliation is identified or an individual expresses a concern regarding retaliation. Staff demonstrated an understanding that the agency is responsible for responding promptly to indications of retaliation and taking appropriate action to protect the affected individual.

The evidence collected for this provision demonstrated that DCRPR has procedures in place to protect inmates and staff from retaliation and to implement appropriate protective measures when concerns are identified.

Through review of DCRPR Regulation 8715, supporting documentation, and interviews conducted, the facility has demonstrated compliance with this provision.

115.67 Provision (c)

DCRPR Regulation 8715 requires retaliation monitoring to continue for at least 90 days following a report of sexual abuse, unless the allegation is determined to be unfounded. The monitoring process includes review of changes in an inmate's conduct or treatment, disciplinary reports, housing or program assignments, and other circumstances that may indicate retaliation. For staff, monitoring includes consideration of negative performance evaluations, reassignments, or other employment-related actions that may indicate retaliatory conduct.

The policy further requires that monitoring continue beyond 90 days when the initial monitoring period indicates a continuing need. When information obtained through monitoring suggests possible retaliation, the agency is required to take prompt action to address the concern.

Staff responsible for retaliation monitoring described the factors considered during the monitoring process, including changes in housing or programming, disciplinary actions, treatment by staff or other inmates, and other changes that could indicate retaliation. The auditor reviewed retaliation monitoring documentation and applicable investigative records to assess whether the required monitoring process was implemented and documented.

The evidence collected for this provision demonstrated that DCRPR has established procedures for monitoring inmates and staff for retaliation for at least 90 days and for extending monitoring when circumstances indicate a continuing need.

Based on DCRPR Regulation 8715, the PREA Follow-Up Report Form (Annex F), retaliation monitoring documentation, investigative records, and interviews conducted, the facility has demonstrated compliance with this provision.

115.67 Provision (d)

DCRPR Regulation 8715 requires periodic status checks with inmates as part of the retaliation monitoring process. These contacts provide an opportunity to assess whether the inmate has experienced changes in treatment, housing, programming, disciplinary actions, or other circumstances that may indicate retaliation.

The auditor interviewed staff responsible for retaliation monitoring regarding the follow-up process and periodic contact with inmates. Staff described conducting status checks and reviewing relevant information throughout the monitoring period to identify possible retaliation.

The auditor also reviewed the PREA Follow-Up Report Form (Annex F) and available retaliation monitoring records to assess how follow-up contacts and monitoring activities are documented.

Because the inmate associated with the facility's allegation during the review period had been discharged prior to the on-site audit, the auditor was unable to interview that individual regarding the retaliation monitoring process. Compliance was therefore assessed through policy, interviews with responsible staff, and review of available documentation.

The evidence collected for this provision demonstrated that the facility has established procedures for conducting periodic status checks with inmates as part of retaliation monitoring.

Through review of DCRPR Regulation 8715, Annex F, available monitoring records, and interviews with responsible staff, the facility has demonstrated compliance with this provision.

115.67 Provision (e)

DCRPR Regulation 8715 extends protection from retaliation to individuals who cooperate with investigations of sexual abuse. When an individual who has cooperated with an investigation expresses a fear of retaliation or when staff identify information suggesting retaliation may be occurring, the agency is required to take appropriate measures to protect that individual.

During interviews, the Agency Head, Superintendent, PREA Coordinator, PREA Compliance Manager, and staff responsible for retaliation monitoring demonstrated an understanding that retaliation protections are not limited to the individual who initially reported the allegation. Individuals who cooperate with an investigation are also protected and may receive appropriate protective measures when retaliation concerns are identified.

The evidence collected for this provision demonstrated that DCRPR has procedures in place to protect individuals who cooperate with sexual abuse investigations from retaliation.

Based on DCRPR Regulation 8715 and interviews conducted, the facility has

	demonstrated compliance with this provision. 115.67 Provision (f) DCRPR Regulation 8715 provides that retaliation monitoring may be discontinued when the agency determines that an allegation of sexual abuse is unfounded. When an allegation has not been determined to be unfounded, monitoring is required to continue for at least the prescribed monitoring period and longer when circumstances demonstrate a continuing need. The auditor reviewed the applicable policy requirements and discussed the circumstances under which retaliation monitoring may be discontinued with personnel responsible for PREA implementation and retaliation monitoring. Staff demonstrated an understanding that monitoring may cease when the allegation is determined to be unfounded. The evidence collected for this provision demonstrated that DCRPR has established procedures governing when retaliation monitoring may be discontinued. Based on DCRPR Regulation 8715, supporting documentation, and interviews conducted, the facility has demonstrated compliance with this provision. Based on DCRPR Regulation 8715, the PREA General Staff Training Curriculum, the PREA Follow-Up Report Form (Annex F), retaliation monitoring records, investigative files, and interviews with the Secretary of Corrections (Agency Head), Superintendent, PREA Coordinator, PREA Compliance Manager, and staff responsible for retaliation monitoring, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.67. Corrective Action: None.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Housing and protective custody records • Documentation related to segregated housing placements • Records of programs, privileges, education, work opportunities, and services available in segregated housing

- Available case file for inmate who alleged sexual abuse

Interviews, Document and Site Review:

115.68 Provision (a)

DCRPR Regulation 8715 establishes requirements governing the use of involuntary segregated housing for inmates who are alleged to have suffered sexual abuse. The policy requires that involuntary segregation be used only when an assessment of available alternatives determines that there is no other means of separating the alleged victim from a likely abuser. When such placement is necessary, the inmate must maintain access to programs, privileges, education, work opportunities, and other services to the extent possible. Continued placement must be reviewed and documented and should not ordinarily exceed 30 days.

During the on-site review, the auditor inspected the areas used for protective custody and segregated housing and assessed the facility's practices for housing inmates who may require protection following an allegation of sexual abuse. The auditor interviewed the Superintendent (Warden), staff responsible for supervising inmates in protective custody and segregation, and inmates housed in those areas. Interviews addressed the reasons for placement, alternative housing options considered, the duration and review of placements, and continued access to programs, privileges, education, work opportunities, and other services.

The Superintendent and staff reported that an inmate would not be placed in involuntary segregation solely because she reported or was alleged to have suffered sexual abuse. Staff explained that alternative housing arrangements would be considered before segregation, including placement in another appropriate housing area or transfer when necessary to provide for the inmate's safety. If segregation were necessary because no alternative means of separation were immediately available, the placement would be reviewed and maintained only for the period necessary to arrange an appropriate alternative.

The auditor also reviewed available housing, protective custody, and case records to assess the reasons for and duration of placements, consideration of alternative housing options, and continued access to programs and services. Staff and inmates were specifically asked whether they were aware of any instance in which an inmate had been placed in segregated housing because she reported or was alleged to have suffered sexual abuse. No such instances were identified through interviews, record review, or on-site observations.

The auditor's observations of the protective custody and segregated housing areas were consistent with the information obtained through interviews and document review. The auditor found no evidence that an alleged victim of sexual abuse had been involuntarily segregated for the purpose of separating her from a likely abuser during the audit review period.

The evidence collected for this provision demonstrates that the facility has

	procedures in place to ensure that inmates alleged to have suffered sexual abuse are not placed in involuntary segregated housing unless an assessment of available alternatives determines that no other means of separation is available. The facility's procedures also provide for continued access to programs and services and review of the placement when segregation is necessary. Based on DCRPR Regulation 8715, housing and protective custody records, interviews with the Superintendent, staff and inmates, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.68. 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 • Sample of PREA investigative files and reports • Documentation related to investigative findings and referrals Interviews, Document and Site Review: 115.71 Provision (a) DCRPR Regulation 8715 requires that all allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, be investigated promptly, thoroughly, and objectively. The Office of Investigation of the Correctional System (OISC) is responsible for conducting administrative investigations of sexual violence within DCRPR facilities. Investigators assigned to conduct sexual abuse investigations are required to receive specialized training specific to investigations in correctional settings. The auditor reviewed the agency's procedures for receiving and referring allegations for investigation and interviewed OISC investigative personnel regarding the investigative process. The auditor also interviewed the Superintendent (Warden), PREA Coordinator, and PREA Compliance Manager regarding their responsibilities for ensuring that allegations of sexual abuse and sexual harassment are reported and

referred to OISC for investigation. The investigative framework reviewed by the auditor was consistent with the requirement that sexual abuse allegations, regardless of the manner in which they are reported, be referred for investigation. The comparative audit materials reviewed by the auditor similarly address the requirement that anonymous and third-party allegations be investigated in the same manner as other allegations.

The evidence collected for this provision demonstrates that DCRPR has established procedures requiring allegations of sexual abuse and sexual harassment to be referred for prompt, thorough, and objective investigation. Therefore, through policy, investigative file review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (b)

DCRPR Regulation 8715 requires investigators responsible for conducting sexual abuse investigations to receive specialized training in addition to the general PREA training provided to employees. Specialized training addresses investigative techniques applicable to sexual abuse in confinement settings, including interviewing sexual abuse victims, evidence collection and preservation, applicable legal requirements, and the criteria and evidence necessary to substantiate a case for administrative action or criminal referral.

The auditor reviewed specialized training records and training materials for OISC personnel responsible for investigating allegations arising within DCRPR facilities. The auditor also interviewed OISC investigative staff regarding the specialized PREA training they received and their responsibilities when conducting sexual abuse investigations.

The documentation and interviews demonstrated that investigators responsible for PREA investigations received specialized training applicable to conducting sexual abuse investigations in a correctional setting. Specialized investigator training is an express component of the investigative requirements under this provision.

The evidence collected for this provision demonstrates that the agency has procedures in place to ensure that personnel responsible for investigating sexual abuse receive the required specialized training. Therefore, through policy, training records, training materials, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (c)

DCRPR Regulation 8715 requires investigators to gather and preserve direct and circumstantial evidence when investigating allegations of sexual abuse. Investigative activities may include collection and preservation of physical and electronic evidence, interviews with alleged victims, suspected perpetrators, and witnesses, and review of other information relevant to determining the circumstances surrounding the allegation.

The auditor reviewed a sample of OISC investigative files and reports to assess the evidence gathered and considered during investigations. The files were reviewed for documentation of interviews, physical or circumstantial evidence, electronic evidence when available, investigative findings, and other supporting information. The auditor also interviewed OISC investigative personnel regarding evidence collection, preservation, and documentation practices. These investigative elements are consistent with the evidence-gathering requirements of this provision.

The evidence collected for this provision demonstrates that the agency has procedures requiring investigators to collect and preserve available direct and circumstantial evidence and conduct appropriate interviews during PREA investigations. Therefore, through policy, investigative file review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (d)

The agency's investigative procedures address circumstances in which potentially criminal conduct is identified during a PREA investigation. Investigators are required to coordinate investigative activities so that administrative investigative actions do not interfere with a related criminal investigation. Applicable legal requirements regarding interviews and compelled statements must be observed when criminal conduct may be involved.

The auditor interviewed OISC investigative personnel regarding the distinction between administrative and criminal investigative processes and the procedures followed when an allegation may involve criminal conduct. The auditor assessed how investigators coordinate investigative activities, apply applicable legal requirements, and avoid compromising a related criminal investigation.

The evidence collected for this provision demonstrates that the agency has procedures governing administrative and criminal investigative activities and the handling of interviews when potential criminal conduct is involved. Therefore, through policy, investigative procedures, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (e)

DCRPR Regulation 8715 requires investigators to assess the credibility of an alleged victim, suspected perpetrator, and witnesses on an individual basis and without regard to the person's status as an inmate or staff member. An inmate who alleges sexual abuse may not be required to submit to a polygraph examination or other truth-detecting device as a condition for continuing the investigation.

The auditor interviewed OISC investigative personnel regarding credibility determinations and the methods used to evaluate conflicting statements and evidence. Investigators described considering the available evidence and circumstances of each case rather than relying on an individual's status within the correctional system. The prohibition against requiring a victim to undergo a polygraph or similar truth-detecting examination as a condition of proceeding with an

investigation is also consistent with the investigative requirements reviewed by the auditor.

The evidence collected for this provision demonstrates that the agency has procedures requiring individualized credibility assessments and prohibiting the use of polygraph or other truth-detecting examinations as a condition for continuing an investigation. Therefore, through policy, investigative procedures, file review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (f)

DCRPR Regulation 8715 requires administrative investigations to include an effort to determine whether staff actions or failures to act contributed to the alleged sexual abuse. Administrative investigations must be documented and include the evidence considered, relevant statements, investigative findings, and the basis for conclusions reached.

The auditor reviewed OISC investigative files and reports to determine whether investigations documented the evidence considered and addressed relevant staff conduct when applicable. OISC investigative personnel were also interviewed regarding their responsibility to examine whether staff actions, failures, policy violations, supervision, or other institutional factors contributed to an incident.

The investigative requirements reviewed by the auditor are consistent with the requirement that investigators consider whether staff actions or failures contributed to sexual abuse and document those findings as part of the investigation.

The evidence collected for this provision demonstrates that the agency has procedures requiring administrative investigations to assess and document whether staff actions or failures contributed to an incident. Therefore, through policy, investigative file review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (g)

The agency requires criminal investigations involving allegations of sexual abuse to be documented in a written report that includes a thorough description of the evidence and relevant investigative information.

The auditor reviewed available OISC investigative documentation and interviewed investigative personnel regarding documentation requirements for investigations involving potential criminal conduct. Investigative personnel described the requirement to preserve and document evidence and maintain an investigative record sufficient to support the findings and any subsequent referral.

The evidence collected for this provision demonstrates that the agency has procedures for documenting investigations involving allegations of potentially criminal sexual abuse. Therefore, through investigative records and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (h)

DCRPR Regulation 8715 requires allegations of sexual abuse that are substantiated and appear to involve criminal conduct to be referred to the appropriate authority for possible prosecution. Investigators are responsible for evaluating the available evidence and making the appropriate referral when the evidence indicates potential criminal conduct.

The auditor interviewed OISC investigative personnel regarding the process for referring cases involving possible criminal conduct. The auditor also reviewed investigative files and case dispositions, when applicable, to determine whether the agency's investigative process provided for referral of substantiated allegations that appeared criminal in nature.

The evidence collected for this provision demonstrates that the agency has procedures requiring substantiated allegations that appear to involve criminal conduct to be referred for prosecution. Therefore, through policy, investigative file review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (i)

DCRPR maintains investigative records in accordance with agency record-retention requirements. PREA investigative records include sensitive information relating to allegations, investigative activities, evidence, findings, and case dispositions and are maintained with access restricted to authorized personnel.

During the on-site review, the auditor assessed the storage and safeguarding of PREA investigative information. Hard-copy records were reviewed for secure storage, and the auditor assessed safeguards used to restrict access to electronically maintained information. Staff were questioned regarding who is authorized to access investigative records and how confidential PREA information is protected.

The evidence collected for this provision demonstrates that the agency maintains and safeguards investigative records in accordance with its established requirements. Therefore, through policy, record review, interviews, and on-site observations, the facility has demonstrated compliance with this provision.

115.71 Provision (j)

DCRPR Regulation 8715 requires an investigation to continue regardless of whether the alleged victim or alleged abuser leaves the facility or the agency before the investigation is completed. Departure, transfer, release, or termination of employment does not, by itself, provide a basis for terminating a PREA investigation.

The auditor confirmed this requirement through review of agency procedures and interviews with OISC investigative personnel. Investigators indicated that an investigation would continue based on the available evidence even if the alleged victim was released or transferred or the alleged staff member was no longer employed by the agency. This requirement is consistent with the investigative

practice that departure of an alleged victim or alleged abuser does not terminate an investigation.

The evidence collected for this provision demonstrates that the agency has procedures requiring PREA investigations to continue despite the departure of an alleged victim or alleged abuser from the facility or agency. Therefore, through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (k)

This provision applies when an outside entity conducts investigations of sexual abuse. DCRPR utilizes OISC to conduct administrative investigations of allegations of sexual violence occurring within its correctional facilities. The auditor reviewed the agency's investigative structure and interviewed OISC personnel and facility leadership regarding responsibility for PREA investigations and coordination when potential criminal conduct is identified.

The evidence reviewed demonstrated that DCRPR maintains responsibility for ensuring that allegations are appropriately investigated and that investigative requirements consistent with PREA are followed.

The evidence collected for this provision demonstrates that the agency has established procedures governing responsibility for investigations and coordination with other investigative authorities when applicable. Therefore, through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.71 Provision (l)

The auditor interviewed the Superintendent, PREA Coordinator, PREA Compliance Manager, and OISC investigative personnel regarding communication and coordination during PREA investigations. Interviews addressed how the facility remains informed regarding the status and outcome of investigations and how information is communicated between facility leadership, PREA personnel, and investigators.

OISC is responsible for conducting administrative investigations involving allegations of sexual violence within DCRPR facilities. Facility leadership and PREA personnel described the process for referring allegations to OISC and receiving information regarding investigative findings and case outcomes. When another investigative authority becomes involved, agency personnel are expected to coordinate as necessary and remain informed regarding the progress of the investigation.

The evidence collected for this provision demonstrates that procedures are in place for communication and coordination regarding PREA investigations and for the agency to remain informed of investigative progress and outcomes when another investigative authority is involved. Therefore, through policy and interviews conducted, the facility has demonstrated compliance with this provision.

Based on DCRPR Regulation 8715, OISC investigative procedures, specialized

	investigator training records, investigative files and reports, record-retention and confidentiality practices, interviews with OISC investigative personnel, the Superintendent, PREA Coordinator and PREA Compliance Manager, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.71. 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 • Sample of PREA administrative investigation reports and findings Interviews, Document and Site Review: 115.72 Provision (a) DCRPR Regulation 8715 establishes that DCRPR will not impose a standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. Under this standard, an allegation may be substantiated when the weight of the available evidence demonstrates that the alleged conduct more likely occurred than did not occur. The auditor interviewed investigative staff from the Office of Investigation of the Correctional System (OISC) regarding the evidentiary standard applied when making determinations in PREA administrative investigations. Investigative staff demonstrated an understanding that the preponderance of the evidence standard applies to administrative investigative findings and that a higher evidentiary standard is not required to substantiate an allegation of sexual abuse or sexual harassment. The auditor also reviewed a sample of OISC administrative investigative files, including investigative reports, evidence considered, findings, and case dispositions, to assess whether the standard of proof applied in practice was consistent with PREA requirements. The review demonstrated that investigative determinations were based on the weight of the available evidence and that the agency did not impose a standard higher than a preponderance of the evidence when determining whether an administrative allegation was substantiated.

	The evidence collected for this provision demonstrates that DCRPR has established and implemented an evidentiary standard consistent with the requirements of PREA Standard 115.72. Based on DCRPR Regulation 8715, administrative investigative records and findings reviewed, and interviews with OISC investigative staff, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.72. 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 • PREA investigation records and findings • DCRPR notification forms • Documentation of inmate notifications following PREA investigations Interviews, Document and Site Review: 115.73 Provision (a) DCRPR Regulation 8715 requires that an inmate who makes an allegation of sexual abuse be informed of the outcome of the investigation, including whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The policy further requires that the notification be documented. The auditor assessed implementation of this requirement through interviews with the Superintendent (Warden), OISC investigative staff, PREA Compliance Manager, and PREA Coordinator. Staff demonstrated an understanding of the requirement to notify alleged victims of investigative findings and described the process used to provide and document those notifications. The auditor reviewed the DCRPR notification form and samples of completed investigations and related notification documentation. The records were examined to determine whether alleged victims were informed of investigative outcomes and whether the notifications or attempted notifications were documented in accordance with agency procedures.

At the time of the on-site audit, there were no inmates available for interview who had reported sexual abuse during the applicable review period. The facility reported one allegation within the preceding 12 months, which was reported in July 2025 and remained under investigation at the time of the audit. The inmate involved had since been discharged from DCRPR custody and was therefore unavailable for interview. As a result, implementation of this provision was assessed through policy, interviews with responsible staff, the agency's notification procedures and forms, and review of completed investigative records and notification documentation.

The evidence collected for this provision demonstrates that the agency has procedures in place to inform inmates who allege sexual abuse of the outcome of the investigation and to document those notifications. Therefore, through policy, document review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.73 Provision (b)

DCRPR Regulation 8715 requires DCRPR to request relevant information from an outside investigative agency when an outside entity conducts a sexual abuse investigation involving an inmate under DCRPR custody so that the inmate may be informed of the investigative outcome.

OISC is responsible for conducting administrative investigations of allegations of sexual violence occurring within DCRPR correctional facilities. The auditor interviewed OISC investigative staff and facility PREA personnel regarding responsibility for investigations and the procedures that would apply if an outside investigative entity were involved.

The evidence collected for this provision demonstrates that procedures are in place for obtaining relevant investigative information when necessary to provide the notifications required by this standard. Therefore, through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.73 Provision (c)

DCRPR Regulation 8715 requires additional notifications when an inmate alleges that a staff member committed sexual abuse. Unless the allegation is determined to be unfounded or the inmate has been released from DCRPR custody, the alleged victim must be informed when the agency learns that the staff member is no longer assigned to the inmate's unit, is no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility, or has been convicted of such a charge.

The auditor interviewed the Superintendent, OISC investigative staff, PREA Compliance Manager, and PREA Coordinator regarding these notification requirements. Interviewees demonstrated an understanding of the circumstances requiring additional notification to the alleged victim and described how such notifications would be communicated and documented.

The auditor reviewed the agency's notification form, investigative records, and available documentation associated with notifications to determine whether procedures were established for communicating changes in the status of an alleged staff abuser when the circumstances specified by the standard apply.

The evidence collected for this provision demonstrates that the agency has procedures in place to inform an alleged inmate victim of the applicable changes involving an alleged staff abuser. Therefore, through policy, document review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.73 Provision (d)

DCRPR Regulation 8715 requires that, following an inmate's allegation that another inmate committed sexual abuse, the alleged victim be informed when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or has been convicted of such a charge.

The auditor interviewed OISC investigative staff and facility PREA personnel regarding the notification requirements applicable to inmate-on-inmate sexual abuse allegations. Staff demonstrated an understanding of the requirement to notify the alleged victim when the agency becomes aware of an applicable indictment or conviction.

The auditor also reviewed investigative documentation and the agency's notification procedures to assess how such notifications would be provided and documented when the circumstances specified by the standard occur.

The evidence collected for this provision demonstrates that the agency has procedures in place to inform an alleged inmate victim when an alleged inmate abuser is indicted or convicted on a charge related to sexual abuse within the facility. Therefore, through policy, document review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.73 Provision (e)

DCRPR Regulation 8715 requires that all notifications and attempted notifications required under this standard be documented. This includes notification of investigative findings and, when applicable, subsequent notifications involving changes in the status of an alleged staff or inmate abuser.

The auditor reviewed the DCRPR notification form, samples of completed investigations, and related notification documentation to determine whether required notifications were documented. OISC investigative staff and facility PREA personnel were also interviewed regarding responsibility for providing and maintaining documentation of these notifications.

The documentation reviewed demonstrated that DCRPR has an established process for recording investigative outcome notifications and other notifications required by this standard.

	The evidence collected for this provision demonstrates that the agency has procedures in place to ensure that required notifications and attempted notifications are documented. Therefore, through policy, document review, and interviews conducted, the facility has demonstrated compliance with this provision. 115.73 Provision (f) The agency's obligation to provide the notifications required by this standard terminates when the inmate is released from DCRPR custody. At the time of the on-site audit, the inmate associated with the facility's only sexual abuse allegation during the preceding 12 months had been discharged from DCRPR custody. The allegation, which was reported in July 2025, remained under investigation at the time of the audit. Because the inmate had been released, the auditor was unable to conduct an interview with the alleged victim regarding investigative outcome notifications. The auditor considered this circumstance together with DCRPR Regulation 8715, interviews with responsible personnel, and the agency's notification procedures in assessing compliance with this provision. The evidence collected for this provision demonstrates that the agency's procedures are consistent with the requirements governing termination of the notification obligation upon an inmate's release from custody. Based on DCRPR Regulation 8715, OISC investigative procedures, the DCRPR notification form, completed investigative records and related notification documentation, and interviews with the Superintendent, OISC investigative staff, PREA Compliance Manager, and PREA Coordinator, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.73. 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 • DCRPR Policy to Prevent, Detect, Report, and Respond to Sexual Violence in Correctional Institutions – Discipline, Pages 39–40

- DCRPR Manual for the Application of Corrective or Disciplinary Measures to Employees
- Available documentation related to staff disciplinary actions and PREA investigations

Interviews, Document and Site Review:

115.76 Provision (a)

DCRPR policy establishes that staff are subject to disciplinary sanctions, up to and including termination, for violations of the agency's sexual abuse and sexual harassment policies. The policy also provides for disciplinary action when staff fail to report or appropriately respond to sexual abuse or sexual harassment in accordance with agency requirements.

The auditor reviewed the agency's disciplinary procedures and interviewed the Superintendent (Warden), PREA Compliance Manager, PREA Coordinator, and other appropriate agency personnel regarding the disciplinary process for PREA-related misconduct. Interviews confirmed that allegations involving staff are investigated and that substantiated violations may result in disciplinary action based on the nature and seriousness of the conduct.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to impose disciplinary sanctions on staff who violate the agency's sexual abuse and sexual harassment policies. Therefore, through policy, disciplinary procedures, and interviews conducted, the facility has demonstrated compliance with this provision.

115.76 Provision (b)

DCRPR policy identifies termination as the presumptive disciplinary sanction for staff who engage in sexual abuse. The agency's disciplinary procedures provide for removal from employment when substantiated conduct involves sexual abuse of a member of the correctional population.

The auditor interviewed facility and agency personnel regarding the disciplinary process following a substantiated finding of staff sexual abuse. Interviews confirmed that termination is the expected disciplinary response when a staff member is found to have engaged in sexual abuse, subject to applicable personnel procedures and due process requirements.

The evidence collected for this provision demonstrates that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Through policy, applicable disciplinary procedures, and interviews conducted, the facility has demonstrated compliance with this provision.

115.76 Provision (c)

DCRPR requires disciplinary sanctions for violations of sexual abuse or sexual

	harassment policies that do not involve actual sexual abuse to be proportionate to the nature and circumstances of the conduct. The disciplinary process also considers the employee's disciplinary history and sanctions imposed for comparable offenses involving other employees. The auditor reviewed the agency's procedures governing corrective and disciplinary action for employees and discussed the process with responsible facility and agency personnel. Interviews confirmed that the outcome of the investigation, nature of the conduct, prior disciplinary history, and other relevant circumstances are considered when determining the appropriate sanction. Depending on the nature and circumstances of the violation, disciplinary action may include reassignment, suspension, or termination. The evidence collected for this provision demonstrates that DCRPR has procedures in place to impose disciplinary sanctions that are proportionate to PREA-related misconduct. Therefore, through policy, disciplinary procedures, and interviews conducted, the facility has demonstrated compliance with this provision. 115.76 Provision (d) DCRPR policy requires terminations for violations of the agency's sexual abuse or sexual harassment policies, as well as resignations by staff who would otherwise have been terminated, to be reported to appropriate law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. The auditor discussed these reporting requirements with the Superintendent, PREA Coordinator, PREA Compliance Manager, and other responsible personnel. Interviews confirmed an understanding that applicable staff misconduct must be reported to law enforcement and licensing authorities when required. The evidence collected for this provision demonstrates that DCRPR has established procedures for reporting applicable staff terminations and resignations to law enforcement agencies and relevant licensing bodies. Based on DCRPR policy, applicable disciplinary procedures and documentation, and interviews with responsible facility and agency personnel, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.76. Corrective Action: None.
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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 Reglamento 8715, Reglamento para Prevenir, Detectar, Informar y Responder a la Violencia Sexual en las Instituciones Correccionales – Article XV, Discipline, Page 31
- Applicable investigative and referral documentation, as available

Interviews, Document and Site Review:

115.77 Provision (a)

DCRPR policy requires corrective action when a contractor or volunteer engages in sexual abuse of a member of the correctional population. The policy provides that the agency will take necessary measures to ensure that the contractor or volunteer has no further direct contact with inmates and will consider termination of the contractual or volunteer relationship.

The policy further requires that contractors or volunteers who engage in sexual abuse be reported to appropriate law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies when applicable.

The auditor interviewed the Superintendent (Warden), PREA Coordinator, PREA Compliance Manager, and other appropriate agency personnel regarding the actions that would be taken if a contractor or volunteer were alleged or found to have engaged in sexual abuse. Interviewees demonstrated an understanding that such individuals may be removed from inmate contact, prohibited from entering the facility, have their contractual or volunteer relationship terminated, and be referred to law enforcement or licensing authorities when warranted.

The auditor also reviewed available investigative and referral documentation, as applicable, to assess whether the agency had procedures in place to address contractor or volunteer misconduct consistent with the requirements of the standard.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to ensure that contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates and are referred to law enforcement and relevant licensing bodies when required.

Through policy, interviews, and available documentation, the facility has demonstrated compliance with this provision.

115.77 Provision (b)

DCRPR policy requires the agency to take appropriate remedial measures when a contractor or volunteer violates the agency's sexual abuse or sexual harassment policies, even when the conduct does not constitute sexual abuse.

Depending on the nature and circumstances of the violation, corrective action may

	include restricting or eliminating the individual's contact with inmates, suspending or terminating access to the facility, terminating the contractual or volunteer relationship, and taking other measures necessary to protect the correctional population and maintain compliance with agency policy. The auditor assessed implementation through interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, and other appropriate personnel. Interviewees demonstrated an understanding that allegations involving contractors or volunteers must be reported and addressed and that appropriate measures would be taken based on the nature and seriousness of the conduct. The auditor also reviewed available investigative and corrective-action documentation, as applicable, to assess the agency's process for responding to contractor or volunteer violations of PREA-related policies. The evidence collected for this provision demonstrates that DCRPR has procedures in place to take appropriate remedial measures when contractors or volunteers violate the agency's sexual abuse or sexual harassment policies. Based on DCRPR policy, interviews with responsible personnel, and available documentation, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.77. 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 - Discipline • Applicable inmate disciplinary procedures • Available investigative and disciplinary documentation, as applicable • Inmate Rule Book Interviews, Document and Site Review: 115.78 Provision (a) DCRPR policy requires inmates to be subject to disciplinary sanctions through 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 agency's disciplinary requirements and interviewed the Superintendent (Warden), PREA Coordinator, PREA Compliance Manager, and other appropriate facility personnel regarding the process followed when an inmate is found responsible for sexually abusing another inmate. Interviews confirmed that disciplinary action is based on the findings of the investigation and is processed through the agency's established disciplinary procedures.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to subject inmates to disciplinary sanctions following an administrative finding or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. Therefore, through policy, applicable documentation, and interviews conducted, the facility has demonstrated compliance with this provision.

115.78 Provision (b) and (c)

DCRPR policy requires disciplinary sanctions for inmate-on-inmate sexual abuse to be proportionate to the nature and circumstances of the abuse, the inmate's disciplinary history, and sanctions imposed for comparable offenses involving inmates with similar histories.

The policy further requires consideration of whether an inmate's mental disability or mental illness contributed to the behavior when determining an appropriate disciplinary sanction.

The auditor interviewed the Superintendent and other responsible facility personnel regarding the disciplinary process and the factors considered when determining sanctions. Staff demonstrated an understanding that disciplinary decisions must consider the circumstances and seriousness of the conduct, the inmate's disciplinary history, and other relevant factors. The Superintendent explained that disciplinary and administrative measures may include changes in housing or programming and, when appropriate, transfer to another DCRPR institution.

The evidence collected for these provisions demonstrates that DCRPR has procedures in place to impose proportionate disciplinary sanctions and to consider whether an inmate's mental disability or mental illness contributed to the behavior. Therefore, through policy, disciplinary procedures, applicable documentation, and interviews conducted, the facility has demonstrated compliance with these provisions.

115.78 Provision (d)

DCRPR policy provides for therapy, counseling, or other interventions, when available, that are designed to address and correct the underlying reasons or motivations for sexually abusive behavior.

The auditor interviewed appropriate facility personnel regarding the availability of treatment or intervention services for inmates who engage in sexually abusive behavior. Staff explained the referral process and the types of mental health or

treatment services that may be available based on an inmate's identified needs.

The policy permits the facility to consider requiring participation in such interventions as a condition of access to certain programs or other benefits when appropriate. However, access to services and benefits otherwise required by law or regulation may not be denied solely because an inmate refuses to participate in such interventions.

The evidence collected for this provision demonstrates that the facility has procedures in place to provide or refer inmates for appropriate therapeutic or counseling interventions when such services are available. Therefore, through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.78 Provision (e)

DCRPR policy provides that an inmate may be disciplined for sexual contact with a staff member only when the staff member did not consent to the contact.

The auditor reviewed the applicable policy requirements and discussed this provision with responsible facility personnel. Staff demonstrated an understanding that an inmate is not to be disciplined for sexual activity with staff when the staff member consented to the contact.

The evidence collected for this provision demonstrates that DCRPR has procedures consistent with the requirement that an inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to the contact.

Through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.78 Provision (f)

DCRPR policy provides that an inmate who makes a report of sexual abuse in good faith, based on a reasonable belief that the conduct occurred, is not subject to disciplinary action for making a false report or lying solely because an investigation does not substantiate the allegation.

The auditor reviewed the applicable policy and discussed the requirement with PREA and facility personnel. Staff demonstrated an understanding that an unsubstantiated or unfounded investigative outcome, by itself, does not establish that an inmate knowingly made a false allegation.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to protect inmates who make good-faith reports of sexual abuse from disciplinary action based solely on the outcome of the investigation.

Through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.78 Provision (g)

	DCRPR may prohibit sexual activity between inmates and may impose disciplinary sanctions for violations of institutional rules governing such activity. However, consensual sexual activity between inmates may not be classified as sexual abuse when the agency determines through the investigative process that the activity was not coerced. The auditor reviewed the applicable policy and discussed the distinction between prohibited consensual sexual activity and sexual abuse with responsible personnel. Staff demonstrated an understanding that conduct may violate institutional rules without necessarily meeting the definition of sexual abuse under PREA. The evidence collected for this provision demonstrates that DCRPR has procedures in place to distinguish consensual sexual activity that may violate institutional rules from sexual abuse involving coercion or lack of consent. Based on DCRPR policy, applicable disciplinary procedures and documentation, and interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, and other responsible facility personnel, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.78. 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 • Available medical and mental health referral documentation Interviews, Document and Site Review: 115.81 Provision (a) The auditor reviewed DCRPR and Physician Correctional policies and procedures addressing medical and mental health follow-up for individuals who disclose prior

sexual victimization during the risk-screening process.

The Physician Correctional protocol, “Cernimiento de riesgo de violación o de ser victimario,” requires health personnel to evaluate individuals for risk of sexual victimization and sexual abusiveness. When an individual is identified as having a history of sexual victimization, the individual is referred to outpatient mental health services for evaluation within 14 days.

The auditor interviewed staff responsible for PREA risk screening and medical and mental health personnel regarding the referral process. Staff demonstrated an understanding that individuals who disclose prior sexual victimization are to be offered appropriate follow-up with medical or mental health services within the required timeframe.

The auditor also reviewed applicable documentation, including referral and follow-up records, to assess whether individuals who disclosed prior sexual victimization were referred for evaluation and whether the required follow-up process was documented.

The evidence collected for this provision demonstrates that DCRPR and Physician Correctional have procedures in place to ensure that individuals who disclose prior sexual victimization are offered follow-up medical or mental health services within 14 days.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.81 Provision (b)

The Physician Correctional protocol also requires referral to mental health services when an individual is identified as having a history of perpetrating sexual abuse. Individuals identified as having prior sexual abusiveness are referred for mental health evaluation within 14 days.

The auditor interviewed staff responsible for risk screening and medical and mental health personnel regarding the procedures followed when an individual reports or is identified as having previously perpetrated sexual abuse. Staff demonstrated an understanding of the requirement to refer such individuals for mental health follow-up within 14 days.

The auditor reviewed applicable documentation to assess whether referrals and follow-up evaluations were completed and documented consistent with the established procedures. The evidence collected for this provision demonstrates that the facility has procedures in place to ensure that individuals identified as having previously perpetrated sexual abuse are offered mental health follow-up within 14 days.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.81 Provision (c)

This provision applies to facilities whose screening requirements are not otherwise governed by the adult prison and jail risk-screening standard. Because Complejo de Rehabilitación para Mujeres conducts PREA risk screening under the requirements applicable to adult prisons and jails, this provision is not applicable to the facility.

115.81 Provision (d)

DCRPR and Physician Correctional procedures require information related to sexual victimization or sexual abusiveness to be treated as sensitive and confidential. Information regarding sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff who require the information to make appropriate treatment, housing, security, management, work, education, or program decisions, or as otherwise required by law.

During the on-site audit, the auditor assessed safeguards used to protect PREA-related medical and mental health information. Staff responsible for risk screening and medical and mental health services were interviewed regarding confidentiality, access restrictions, and the circumstances under which information may be shared.

The auditor also observed how sensitive records were maintained and assessed whether access was limited to personnel with a legitimate need for the information. The evidence collected for this provision demonstrates that DCRPR and Physician Correctional have procedures in place to restrict access to sensitive information concerning prior sexual victimization or abusiveness.

Through policy, interviews, documentation review, and on-site observations, the facility has demonstrated compliance with this provision.

115.81 Provision (e)

The Physician Correctional protocol requires health personnel to obtain informed consent before disclosing information regarding sexual victimization that occurred outside of an institutional setting, except when disclosure is otherwise required by law.

The auditor reviewed the PREA 115.81 Informed Consent form, which documents the individual's consent or decision regarding referral and disclosure of information related to sexual victimization occurring prior to confinement.

Medical and mental health personnel were interviewed regarding informed-consent requirements. Staff demonstrated an understanding that consent is required before reporting information concerning prior sexual victimization that occurred outside of confinement, subject to applicable mandatory reporting requirements.

The auditor also reviewed the procedures used to document informed consent and to maintain the confidentiality of sensitive medical and mental health information.

The evidence collected for this provision demonstrates that the facility has procedures in place to obtain and document informed consent before medical or mental health personnel disclose information regarding prior sexual victimization

	occurring outside of an institutional setting, except when disclosure is otherwise required by law. Based on DCRPR and Physician Correctional policies and procedures, the “Cernimiento de riesgo de violación o de ser victimario” protocol, the PREA 115.81 Informed Consent form, applicable referral and follow-up documentation, staff interviews, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.81. 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 addressing emergency medical and mental health response to allegations of sexual abuse • Available medical/mental health documentation related to emergency response and follow-up services • Photo documentation of the Emergency Room and CAVV offices where inmates wait when they are taken for services. Interviews, Document and Site Review: 115.82 Provision (a) DCRPR Regulation 8715 and Physician Correctional’s PREA protocol require individuals who report or are suspected of having experienced sexual abuse to receive timely and unimpeded access to emergency medical treatment, mental health services, and crisis-intervention services. Regulation 8715, Article XVI, Treatment of Medical and Mental Health, establishes that victims of sexual violence are to receive immediate access to appropriate medical and psychological care. Physician Correctional’s “Proceso de notificación y evaluación de persona privada de libertad abusados sexualmente” further requires staff who observe, receive information concerning, or suspect sexual abuse to immediately notify appropriate

institutional and clinical personnel. An individual suspected of having experienced sexual abuse is to be referred without unnecessary delay to the facility Emergency Room for evaluation and treatment.

The protocol provides that emergency services address both the individual's physical condition and the potential psychological effects of the alleged abuse. The nature and scope of treatment are determined by medical and mental health practitioners according to their professional judgment.

During the on-site audit, the auditor interviewed medical and mental health personnel regarding the response to allegations of sexual abuse. Staff demonstrated an understanding that alleged victims are to receive immediate access to medical and mental health services and that clinical decisions regarding treatment are based on professional judgment and the individual's identified needs.

At the time of the on-site audit, there were no inmates available for interview who had reported sexual abuse during the applicable review period. The only allegation within the preceding 12 months was reported in July 2025, remained under investigation at the time of the audit, and the inmate involved had been discharged from DCRPR custody. The auditor therefore assessed implementation through applicable policies and procedures, interviews with responsible staff, on-site observations, and available documentation.

The evidence collected for this provision demonstrates that DCRPR and Physician Correctional have procedures in place to ensure that alleged victims of sexual abuse receive timely and unimpeded access to emergency medical treatment, mental health services, and crisis-intervention services.

Through policy, clinical procedures, interviews, documentation review, and on-site observations, the facility has demonstrated compliance with this provision.

115.82 Provision (b)

DCRPR Regulation 8715 and Physician Correctional's PREA protocol require immediate action when qualified medical or mental health personnel are not immediately available following a report of recent sexual abuse. Security staff first responders are responsible for taking preliminary steps to protect the alleged victim and immediately notifying appropriate medical and mental health personnel.

The auditor reviewed the protocol's "Respuesta planificada ante un evento de abuso sexual o acoso," which requires security staff responding to an allegation to immediately protect the alleged victim, separate the alleged victim from the alleged aggressor, preserve potential evidence, make required notifications, and facilitate prompt evaluation in the facility Emergency Room. When medical personnel are the first to identify or receive information concerning an incident, they are similarly required to notify security personnel and ensure that appropriate emergency evaluation and protective measures are initiated.

During interviews, security and non-security first responders were asked to describe

their responsibilities following a report of sexual abuse. Staff demonstrated an understanding that protection of the alleged victim and immediate notification of medical and mental health personnel are required and that access to emergency care is not to be delayed.

The evidence collected for this provision demonstrates that the facility has procedures in place to ensure immediate protective action and prompt notification of medical and mental health personnel when responding to an allegation of recent sexual abuse.

Through policy, protocol review, and interviews with first responders and clinical personnel, the facility has demonstrated compliance with this provision.

115.82 Provision (c)

Physician Correctional's PREA protocol establishes procedures for providing individuals who experience sexual abuse with timely information about and access to medically appropriate services following an incident.

The protocol provides for pregnancy-prevention prophylaxis and treatment related to sexually transmitted infections when medically appropriate. It also provides for referral to a community hospital for forensic evaluation following stabilization, access to victim-support and mental health personnel, psychological consultation and stabilization, and appropriate physical-health follow-up. Follow-up services may include pregnancy testing and testing or treatment for sexually transmitted infections when clinically indicated.

The auditor interviewed medical and mental health personnel regarding the services available following an allegation of sexual abuse. Staff demonstrated an understanding of the need to provide or arrange timely access to appropriate medical care, including pregnancy-related services and sexually transmitted infection prophylaxis or treatment when medically indicated.

The evidence collected for this provision demonstrates that the facility has procedures in place to provide timely information and access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care when medically appropriate.

Through review of the Physician Correctional protocol and interviews with medical and mental health personnel, the facility has demonstrated compliance with this provision.

115.82 Provision (d)

DCRPR and Physician Correctional procedures require medical and mental health treatment related to sexual abuse to be provided without financial cost to the alleged victim and without regard to whether the individual identifies the alleged abuser or cooperates with an investigation arising from the incident.

The auditor reviewed the applicable procedures and discussed access to treatment

	with medical and mental health personnel. Staff demonstrated an understanding that access to emergency and follow-up treatment following sexual abuse is not conditioned on an individual's willingness to participate in an investigation or identify the alleged abuser. The evidence collected for this provision demonstrates that individuals who report or are identified as victims of sexual abuse are provided access to required treatment without financial cost and regardless of their participation in the investigative process. Based on DCRPR Regulation 8715, Physician Correctional's PREA protocols, interviews with medical and mental health personnel and security and non-security first responders, available documentation, and on-site observations, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.82. 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 PREA Policy 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 • Medical and mental health documentation Interviews, Document and Site Review: 115.83 Provision (a) and (b) DCRPR Regulation 8715 requires medical and mental health evaluation and, when clinically appropriate, treatment for inmates who have experienced sexual abuse while confined. Evaluation and treatment are based on the individual's medical and mental health needs and include appropriate follow-up services, treatment planning, and referrals for continued care. The policy further requires continuity of care when an inmate is transferred to another

facility or released from custody. When continued treatment is necessary, appropriate referrals are made to support ongoing medical or mental health care.

The auditor interviewed medical and mental health personnel regarding the evaluation, treatment, and follow-up services available to individuals who experience sexual abuse. Staff demonstrated an understanding that services are individualized based on clinical need and may include continued medical monitoring, mental health treatment, follow-up appointments, and referrals for additional care.

The auditor also reviewed available medical and mental health documentation, as applicable, to assess the facility's procedures for providing ongoing evaluation, treatment, and follow-up services.

At the time of the on-site audit, there were no inmates available for interview who had reported sexual abuse during the applicable review period. The only allegation within the preceding 12 months was reported in July 2025, remained under investigation at the time of the audit, and the inmate involved had been discharged from DCRPR custody. Compliance was therefore assessed through policy, interviews with medical and mental health personnel, and available documentation.

The evidence collected for these provisions demonstrates that the facility has procedures in place to offer medical and mental health evaluation, treatment, follow-up services, and referrals for continued care to inmates who have experienced sexual abuse.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with these provisions.

115.83 Provision (c)

DCRPR Regulation 8715 and the procedures implemented by Physician Correctional require medical and mental health services provided to victims of sexual abuse to be consistent with the community level of care.

The auditor interviewed medical and mental health personnel regarding the level and scope of services provided following sexual abuse. Staff explained that treatment decisions are made by qualified healthcare professionals based on the individual's clinical needs and professionally accepted standards of care. When services beyond the capability of the facility are required, the individual may be referred to an outside hospital or other appropriate healthcare provider.

The evidence collected for this provision demonstrates that medical and mental health services available to victims of sexual abuse are intended to be consistent with the community level of care.

Through policy, clinical procedures, and interviews with medical and mental health personnel, the facility has demonstrated compliance with this provision.

115.83 Provision (d)

DCRPR Regulation 8715 and applicable medical protocols require inmates who experience vaginal penetration as a result of sexual abuse while incarcerated to be offered pregnancy testing when medically appropriate.

The auditor interviewed medical personnel regarding the procedures followed when an allegation of sexual abuse involves the possibility of pregnancy. Staff demonstrated an understanding that pregnancy testing is to be offered when clinically indicated as part of the medical evaluation and follow-up process.

Because Complejo de Rehabilitación para Mujeres houses women, this provision is applicable to the facility. The auditor assessed compliance through policy, clinical procedures, staff interviews, and available documentation.

The evidence collected for this provision demonstrates that the facility has procedures in place to provide pregnancy testing when medically appropriate following sexual abuse involving vaginal penetration.

Through policy, clinical procedures, and interviews conducted, the facility has demonstrated compliance with this provision.

115.83 Provision (e)

DCRPR Regulation 8715 and applicable medical procedures require that when a pregnancy results from sexual abuse occurring during incarceration, the inmate receive timely and comprehensive information regarding and access to pregnancy-related medical services consistent with applicable law and professionally accepted standards of care.

The auditor interviewed medical personnel regarding the services that would be provided if pregnancy resulted from sexual abuse. Staff demonstrated an understanding that an affected inmate would receive appropriate medical evaluation, information, counseling, and access to pregnancy-related healthcare services.

The evidence collected for this provision demonstrates that the facility has procedures in place to provide timely information regarding and access to pregnancy-related medical services when applicable.

Through policy, clinical procedures, and interviews with medical personnel, the facility has demonstrated compliance with this provision.

115.83 Provision (f)

DCRPR Regulation 8715 and Physician Correctional procedures require inmates who experience sexual abuse while incarcerated to be offered testing and treatment for sexually transmitted infections when medically appropriate.

The auditor interviewed medical personnel regarding follow-up services available following an allegation of sexual abuse. Staff described procedures for assessing the need for sexually transmitted infection testing, prophylaxis, treatment, and follow-up based on the individual's clinical circumstances.

The auditor also reviewed applicable medical protocols addressing post-assault evaluation and follow-up care.

The evidence collected for this provision demonstrates that the facility has procedures in place to offer medically appropriate testing and treatment for sexually transmitted infections following sexual abuse.

Through policy, clinical protocols, and interviews with medical personnel, the facility has demonstrated compliance with this provision.

115.83 Provision (g)

DCRPR Regulation 8715 requires treatment services related to sexual abuse to be provided without financial cost to the victim and regardless of whether the individual names the alleged abuser or cooperates with an investigation arising from the incident.

The auditor reviewed the applicable policy and discussed access to treatment with medical and mental health personnel. Staff demonstrated an understanding that necessary medical and mental health services following sexual abuse are not conditioned on an inmate's willingness to identify the alleged abuser or participate in the investigative process.

The evidence collected for this provision demonstrates that the facility has procedures in place to provide required treatment without financial cost and regardless of the inmate's participation in an investigation.

Through policy and interviews with medical and mental health personnel, the facility has demonstrated compliance with this provision.

115.83 Provision (h)

DCRPR Regulation 8715 requires an attempt to conduct a mental health evaluation of all known inmate-on-inmate sexual abusers within 60 days of learning of the abuse history. When clinically appropriate, treatment is to be offered based on the individual's identified mental health needs.

The auditor interviewed mental health personnel regarding procedures for evaluating inmates identified as having engaged in inmate-on-inmate sexual abuse. Staff demonstrated an understanding of the requirement to conduct a mental health evaluation within the applicable timeframe and to provide or offer treatment when clinically appropriate.

The auditor also reviewed available documentation, as applicable, regarding mental health referrals and evaluations associated with identified sexual abusiveness.

The evidence collected for this provision demonstrates that the facility has procedures in place to attempt to conduct a mental health evaluation of known inmate-on-inmate sexual abusers within 60 days and to provide treatment when clinically appropriate.

	Based on DCRPR Regulation 8715, Physician Correctional procedures, available medical and mental health documentation, and interviews with responsible clinical staff, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.83. Corrective Action: None.
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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 • Correccionales, Article XVII, Recopilación de Información, Comité Revisor, Pages 34-36 • PREA incident review documentation and available incident tracking records Interviews, Document and Site Review: 115.86 Provision (a) and (b) DCRPR Regulation 8715 requires a sexual abuse incident review following the conclusion of each investigation determined to be substantiated or unsubstantiated. The review is required to occur within 30 days of the conclusion of the investigation. An incident review is not required when an allegation is determined to be unfounded. The policy establishes a Review Committee responsible for conducting the review and evaluating the circumstances surrounding the incident and the facility’s response. The purpose of the review is to identify whether changes to policies, procedures, supervision, staffing, physical plant, or other institutional practices may reduce the risk of future sexual abuse. The auditor interviewed the Superintendent, PREA Coordinator, PREA Compliance Manager, and other personnel involved in PREA oversight regarding the incident review process. Interviewees demonstrated an understanding of when an incident review is required, the applicable timeframe, the purpose of the review, and the responsibility to document findings and any recommended corrective action. At the time of the on-site audit, the facility had one PREA allegation during the preceding 12 months. The allegation, reported in July 2025, remained under investigation at the time of the audit. Because the investigation had not concluded,

the facility had not yet reached the point at which an incident review was required under this standard.

The auditor therefore assessed compliance through review of Regulation 8715, interviews with responsible personnel, and available PREA documentation regarding the facility's established incident review process.

The evidence collected for these provisions demonstrates that DCRPR has procedures requiring incident reviews of substantiated and unsubstantiated sexual abuse investigations within 30 days of the conclusion of the investigation.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with these provisions.

115.86 Provision (c)

DCRPR Regulation 8715 establishes the composition of the Review Committee responsible for conducting sexual abuse incident reviews. The Committee includes representatives from appropriate operational and administrative areas, including Security, Programs and Services, Legal Affairs, OISC, medical and mental health services, and other agency representatives identified by policy.

The multidisciplinary structure of the Committee is intended to ensure that the incident is evaluated from security, investigative, programmatic, legal, medical, mental health, and administrative perspectives. Input from personnel familiar with the circumstances of the incident may also be considered as part of the review.

The auditor interviewed the Superintendent, PREA Coordinator, PREA Compliance Manager, and other personnel involved in PREA oversight regarding the composition and responsibilities of the Review Committee. Interviewees demonstrated an understanding that incident reviews are to include appropriate upper-level management and relevant operational and professional staff.

The evidence collected for this provision demonstrates that DCRPR has established a multidisciplinary Review Committee consistent with the requirements of the standard.

Through review of Regulation 8715 and interviews with responsible personnel, the facility has demonstrated compliance with this provision.

115.86 Provision (d)

DCRPR Regulation 8715 requires the Review Committee to consider specific factors when evaluating a substantiated or unsubstantiated sexual abuse incident. The review includes 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 Committee is also required to consider whether the incident or allegation may have been influenced by race, ethnicity, gender identity, perceived status, gang affiliation, or other group dynamics within the facility. The review must examine the

area where the incident allegedly occurred to determine whether physical barriers or conditions may have enabled the abuse and assess whether staffing levels in the area were adequate.

The policy further requires consideration of whether monitoring technology should be deployed or augmented to supplement staff supervision. Complejo de Rehabilitación para Mujeres does not utilize video surveillance; however, the incident review process requires the Committee to consider whether additional monitoring technology would be appropriate based on the circumstances of an incident.

During interviews, the Superintendent, PREA Coordinator, PREA Compliance Manager, and other responsible personnel demonstrated an understanding of the factors that must be evaluated during an incident review and the purpose of examining institutional conditions that may have contributed to an incident.

The evidence collected for this provision demonstrates that the agency's incident review process requires consideration of the factors identified by the standard.

Through policy and interviews conducted, the facility has demonstrated compliance with this provision.

115.86 Provision (e)

DCRPR Regulation 8715 requires the Review Committee to document its findings and identify corrective actions or recommendations resulting from the incident review. The completed review is forwarded to the Superintendent or Institutional Head for consideration and implementation.

When the review identifies changes that may improve the prevention, detection, or response to sexual abuse, the facility is responsible for implementing the recommendations or documenting the reasons a recommendation is not implemented.

The auditor interviewed the Superintendent, PREA Coordinator, PREA Compliance Manager, and other personnel involved in PREA oversight regarding documentation of incident review findings and responsibility for corrective action. Interviewees demonstrated an understanding that incident-review findings and recommendations must be documented and that the facility must implement the recommendations or document its reasons for not doing so.

Because the facility's only PREA allegation during the preceding 12 months remained under investigation at the time of the on-site audit, no incident review associated with that allegation was yet required. The auditor therefore assessed this provision through Regulation 8715, the established incident review process, available PREA documentation, and interviews with responsible staff.

The evidence collected for this provision demonstrates that DCRPR has procedures requiring incident review findings and recommendations to be documented and forwarded to facility leadership for appropriate action.

	Based on DCRPR Regulation 8715, the established sexual abuse incident review process, available PREA documentation, and interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, and other responsible personnel, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.86. 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 – Information Collection, Pages 33–34 • Institutional PREA Sexual Violence Incident Report – Annex D • Facility PREA allegation and incident tracking documentation • Available PREA data collection and reporting records Interviews, Document and Site Review: 115.87 Provision (a) and (c) DCRPR Regulation 8715, Article XVII – Information Collection, establishes the agency’s requirements for collecting accurate and uniform data for every allegation of sexual abuse at facilities under its direct control. The regulation requires DCRPR to collect incident-based information sufficient to respond to the most recent Survey of Sexual Violence (SSV) conducted by the U.S. Department of Justice. The auditor reviewed the agency’s standardized PREA reporting and data collection process, including Annex D, facility allegation and incident tracking documentation, and other available records used to collect and maintain PREA-related information. The documentation reviewed demonstrated that DCRPR has established a process for recording individual allegations and maintaining the information necessary for agency-level reporting and analysis. The auditor also interviewed the PREA Coordinator, PREA Compliance Manager, Superintendent, and other appropriate personnel regarding the collection and maintenance of incident-based PREA data. Interviewees demonstrated an understanding of the facility’s responsibility to accurately document allegations and provide the required information through DCRPR’s established reporting process.

The evidence collected for these provisions demonstrates that DCRPR has procedures in place to collect accurate, uniform, incident-based sexual abuse data and to collect sufficient information to respond to the most recent Survey of Sexual Violence.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with these provisions.

115.87 Provision (b)

DCRPR Regulation 8715 requires the agency to aggregate incident-based sexual abuse data at least annually. The facility is responsible for maintaining accurate information regarding PREA allegations and incidents and providing that information through the agency's established reporting process. The PREA Coordinator is responsible for agency-level oversight of PREA data collection and reporting, while the PREA Compliance Manager assists with maintaining and reporting facility-specific information.

The auditor reviewed facility allegation and incident tracking documentation and other available PREA records to assess how information is compiled and reported. Interviews with the PREA Coordinator, PREA Compliance Manager, Superintendent, and other appropriate personnel confirmed an understanding of the requirement to maintain facility-level data and provide it for annual aggregation.

The evidence collected for this provision demonstrates that DCRPR has established procedures for annually aggregating incident-based sexual abuse data.

Through policy, documentation review, and interviews conducted, the facility has demonstrated compliance with this provision.

115.87 Provision (d)

DCRPR Regulation 8715 requires the agency to maintain and review data obtained from available incident-based records, including reports, investigative documentation, and sexual abuse incident reviews.

The auditor reviewed the facility's PREA tracking and reporting documentation, including Annex D and available incident-related records, to assess how information from allegations and investigations is maintained and made available for agency review.

Interviews with the PREA Coordinator, PREA Compliance Manager, Superintendent, and other appropriate personnel demonstrated an understanding that PREA data is derived from multiple sources and must be maintained in a manner that allows the agency to review and aggregate the information.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to maintain and review incident-based information used for PREA data collection and reporting.

Through policy, documentation review, and interviews conducted, the facility has

	demonstrated compliance with this provision. 115.87 Provision (e) DCRPR Regulation 8715 requires the agency to obtain applicable incident-based and aggregated sexual abuse data from private or other confinement facilities with which DCRPR contracts for the confinement of individuals under its authority. The auditor reviewed the applicable policy requirements and discussed the agency's data collection responsibilities with the PREA Coordinator and other appropriate personnel. Interviews confirmed an understanding that PREA data from contracted confinement facilities, when applicable, is to be incorporated into the agency's broader data collection and reporting process. The evidence collected for this provision demonstrates that DCRPR has established procedures for obtaining applicable PREA data from contracted confinement facilities. Through policy and interviews conducted, the facility has demonstrated compliance with this provision. 115.87 Provision (f) DCRPR Regulation 8715 requires the agency to provide sexual abuse data from the previous calendar year to the U.S. Department of Justice upon request. The auditor reviewed the agency's PREA reporting process and interviewed the PREA Coordinator and other appropriate personnel regarding submission of required data to the U.S. Department of Justice. Interviewees demonstrated an understanding of the agency's responsibility to maintain the information necessary to respond to federal data requests, including the Survey of Sexual Violence. The evidence collected for this provision demonstrates that DCRPR has procedures in place to provide required sexual abuse data from the previous calendar year to the U.S. Department of Justice upon request. Based on DCRPR Regulation 8715, Article XVII – Information Collection, Annex D, facility allegation and incident tracking documentation, available PREA records, and interviews with the PREA Coordinator, PREA Compliance Manager, Superintendent, and other appropriate personnel, the auditor determines that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.87. 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, pages 33–34
- DCRPR PREA statistical reports and incident data
- PREA incident and allegation data
- Documentation of corrective actions and data review activities

Interviews, Document and Site Review:

115.88 Provision (a)

DCRPR Regulation 8715, Article XVII – Recopilación de Información, requires the agency to review data collected and aggregated pursuant to PREA to assess and improve the effectiveness of its sexual abuse prevention, detection, response, and training practices. The review includes identifying problem areas, taking corrective action when necessary, and evaluating the agency’s progress in addressing sexual abuse and sexual harassment.

The auditor reviewed DCRPR PREA statistical and annual reporting documentation, incident data, and corrective-action information. The records reflected agency-level review of sexual abuse and sexual harassment allegations, investigative outcomes, identified concerns, and corrective actions. The auditor examined how this information was used to identify trends and problem areas and to evaluate the effectiveness of existing prevention, detection, response, and training practices.

The auditor interviewed the Secretary of Corrections (Agency Head), PREA Coordinator, and PREA Compliance Manager regarding the agency’s data-review process. Interviewees described the process for reviewing PREA data, identifying problem areas, evaluating existing practices, and determining when corrective action or additional preventive measures are necessary.

The auditor’s review confirmed that DCRPR analyzes collected and aggregated PREA data to identify problem areas, evaluate corrective actions, and assess the effectiveness of its sexual abuse prevention, detection, response, and training practices.

Based on DCRPR Regulation 8715, PREA statistical and annual reporting documentation, corrective-action information, and interviews with responsible agency and facility personnel, the auditor determined that the requirements of this provision are met.

115.88 Provision (b)

DCRPR Regulation 8715 requires agency reporting to include a comparison of current-year sexual abuse data and corrective actions with information from prior reporting

periods and an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed available PREA annual and statistical reporting documentation and corrective-action information. The records included comparisons of PREA data across reporting periods, including allegations, investigative outcomes, identified concerns, and corrective actions. The auditor reviewed these comparisons to determine whether DCRPR evaluates changes over time and assesses its progress in preventing, detecting, and responding to sexual abuse and sexual harassment.

The PREA Coordinator and PREA Compliance Manager described the process for comparing current PREA data and corrective actions with prior reporting periods and using those comparisons to identify trends and evaluate agency progress.

The auditor's review confirmed that DCRPR compares current PREA data and corrective actions with information from prior reporting periods and uses those comparisons to assess agency progress in addressing sexual abuse and sexual harassment.

Based on DCRPR Regulation 8715, PREA annual and statistical reporting documentation, corrective-action information, and interviews conducted, the auditor determined that the requirements of this provision are met.

115.88 Provision (c)

DCRPR Regulation 8715 requires the agency's annual PREA report to be approved by the Secretary of Corrections and made readily available to the public through the agency's website or, if the agency does not have a website, through other means.

The auditor interviewed the Secretary of Corrections regarding the review and approval of DCRPR's annual PREA reporting. The Secretary described the agency-level review and approval process applicable to the annual report.

The auditor also reviewed DCRPR's official public website and verified that PREA reporting was publicly accessible. The auditor reviewed the publicly available material to confirm that the agency provides public access to its PREA reporting as required by this provision.

The auditor's review confirmed the agency's process for Secretary-level approval of annual PREA reporting and verified public availability of PREA reporting through DCRPR's official website.

Based on DCRPR Regulation 8715, the Secretary of Corrections interview, agency reporting documentation, and the auditor's review of DCRPR's public website, the auditor determined that the requirements of this provision are met.

115.88 Provision (d)

DCRPR Regulation 8715 requires the agency, when publishing its annual PREA report, to remove specific material when publication would present a clear and specific threat to the safety and security of a facility. The agency must indicate the nature of

	any material redacted. Personally identifying information must also be removed from publicly available sexual abuse data. The auditor reviewed publicly available PREA reporting to determine whether personally identifying information concerning members of the correctional population, staff, or other individuals involved in PREA incidents was disclosed. The reports reviewed did not contain personally identifying information concerning individuals involved in PREA-related incidents. The auditor also addressed the agency's redaction practices with the PREA Coordinator and responsible personnel, including the requirement to protect personally identifying information and to identify the nature of material redacted from an annual report when redaction is necessary for facility safety or security. The auditor's review confirmed that publicly available PREA reporting protects personally identifying information. No instance was identified in the reports reviewed in which material had been redacted based on a clear and specific threat to facility safety or security. Based on DCRPR Regulation 8715, PREA annual and statistical reporting documentation, public website review, and interviews with responsible personnel, the auditor determined that the requirements of this provision are met. Based on DCRPR Regulation 8715, Article XVII – Recopilación de Información, PREA annual and statistical reporting documentation, corrective-action information, the auditor's review of publicly available PREA reporting, and interviews with the Secretary of Corrections, PREA Coordinator, and PREA Compliance Manager, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.88. Corrective Action: None.
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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, pages 33-34 • DCRPR annual PREA reports and aggregated sexual abuse data • PREA incident and allegation data and related reporting documentation

- Documentation regarding the storage and retention of PREA information

Interviews, Document and Site Review:

115.89 Provision (a)

DCRPR Regulation 8715, Article XVII, establishes requirements for the secure storage and maintenance of sexual abuse data collected pursuant to PREA. The regulation requires the agency to protect PREA-related information from unauthorized access and to maintain collected data in a manner that preserves confidentiality.

The auditor interviewed the PREA Coordinator regarding the procedures used to collect, maintain, secure, and access PREA data. The PREA Coordinator described the controls used to restrict access to sensitive PREA information and confirmed that access is limited to personnel with an authorized need for the information.

During the on-site review, the auditor also examined the storage and security of PREA-related records. Hard-copy records containing confidential information were maintained in secured areas with access restricted to authorized personnel. The auditor also assessed safeguards used for electronically maintained information, including password protection and restricted access.

Informal conversations with staff further addressed where PREA, investigative, medical, and mental health information is maintained, who is authorized to access it, and how confidentiality is protected.

The evidence collected for this provision demonstrates that DCRPR has procedures in place to securely retain PREA-related data and restrict access to authorized personnel.

Through policy, interviews, documentation review, and on-site observations, the facility has demonstrated compliance with this provision.

115.89 Provision (b) and (c)

DCRPR Regulation 8715, Article XVII, requires the agency to make aggregated sexual abuse data publicly available while protecting personally identifying information. Before sexual abuse data are made public, identifying information must be removed to protect the confidentiality and safety of individuals involved in PREA allegations and investigations.

The auditor reviewed available DCRPR PREA annual reports, aggregated data, and other publicly available PREA-related information to assess implementation of these requirements. The documentation reviewed demonstrated that the agency publicly reports aggregated information concerning sexual abuse and sexual harassment while excluding personal identifiers.

The auditor also interviewed the PREA Coordinator regarding the process used to prepare PREA data for public release. The PREA Coordinator demonstrated an

	understanding of the requirement to remove personally identifying information before public dissemination. The evidence collected for these provisions demonstrates that DCRPR has procedures in place to make aggregated sexual abuse data publicly available while protecting the identities of individuals associated with PREA incidents. Through policy, public reporting documentation, and interviews conducted, the facility has demonstrated compliance with these provisions. 115.89 Provision (d) DCRPR Regulation 8715, Article XVII, requires sexual abuse data collected pursuant to PREA Standard 115.87 to be maintained for at least ten years after the date of initial collection unless federal, state, or local law requires otherwise. The auditor reviewed the applicable retention requirement and interviewed the PREA Coordinator regarding DCRPR's procedures for maintaining PREA-related data. The PREA Coordinator described the agency's process for retaining collected sexual abuse data in accordance with the required retention period. The auditor also reviewed available PREA data and reporting documentation maintained by the agency and examined the facility's record-storage practices during the on-site audit. The records reviewed were maintained within DCRPR's established record-retention system and were accessible to authorized personnel responsible for PREA administration and reporting. Based on DCRPR Regulation 8715, Article XVII, the PREA Coordinator interview, PREA data and reporting documentation, review of publicly available agency PREA information, and on-site examination of record-storage and access-control practices, the auditor determined that Complejo de Rehabilitación para Mujeres is in compliance with PREA Standard 115.89. 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: • Previous PREA audit information and reports, as applicable

- Documentation identifying DCRPR facilities subject to PREA audits
- Pre-Audit Questionnaire and supporting documentation
- Facility information and population data
- Documentation and materials made available to the auditor before, during, and following the on-site audit

Interviews, Document and Site Review:

The auditor reviewed DCRPR's PREA audit schedule, available agency audit history, the audit history of Complejo de Rehabilitación para Mujeres, the completed Pre-Audit Questionnaire (PAQ), and supporting documentation to assess the frequency and scope requirements of PREA Standard 115.401.

The PAQ reflects a "No" response to the informational question asking whether, during the preceding three-year audit period, each facility operated by DCRPR, or by a private organization on behalf of DCRPR, was audited at least once. The audit instrument identifies this question as informational and specifies that a "No" response does not, by itself, affect the overall compliance determination for this standard. The auditor reviewed the available audit history and confirmed that Complejo de Rehabilitación para Mujeres had not previously undergone a PREA audit. This is the facility's first PREA audit. The auditor did not modify the agency-wide PAQ response or interpret the facility's first-audit status as establishing whether every DCRPR facility subject to the PREA audit requirements during the preceding three-year audit period had been audited.

The auditor separately reviewed DCRPR's audit schedule for the current three-year audit cycle. At the beginning of the current cycle, DCRPR identified 24 operational correctional facilities subject to PREA auditing requirements. Six facilities were scheduled for audit during the first year of the cycle, eight during the second year, and the remaining facilities during the third year. DCRPR reported that the number of operational facilities may change because of facility closures or other operational changes and that the audit schedule will be adjusted, as necessary, to account for changes in the number of facilities subject to PREA auditing requirements. The auditor confirmed that Complejo de Rehabilitación para Mujeres is included in the current audit cycle.

Prior to the on-site phase, the auditor reviewed the facility's completed PAQ and supporting documentation. The materials reviewed included applicable agency and facility policies and procedures, training documentation, risk-screening records, staffing information, investigative and incident records, medical and mental health documentation as applicable, and other records necessary to assess implementation of the PREA Standards. When information initially submitted was insufficient to verify a requirement or required clarification, the auditor requested and reviewed additional documentation.

During the on-site audit, the auditor was provided access to all areas of the facility necessary to conduct a comprehensive site review. The auditor toured housing units; intake and risk-screening areas; medical and mental health areas;

	educational, programming, and work areas; visitation areas; administrative areas; protective custody and segregated housing areas; and other locations relevant to the prevention, detection, and response to sexual abuse and sexual harassment. The auditor independently selected staff and inmates for formal interviews. Facility personnel did not select the individuals interviewed by the auditor. Interviews were conducted in private settings that permitted staff and inmates to respond without being overheard by facility personnel or other inmates. Formal interviews were supplemented by informal conversations with staff and inmates throughout the on-site review. The auditor reviewed representative samples of records relevant to the individual PREA Standards and compared information obtained through document review, interviews, and on-site observations. Additional records were requested and reviewed when necessary to clarify discrepancies, verify information obtained during interviews, or determine whether policy requirements were implemented in practice. The facility permitted inmates to communicate confidentially with the auditor regarding sexual abuse, sexual harassment, retaliation, or other PREA-related concerns and provided a means for confidential correspondence consistent with PREA audit requirements. Throughout the pre-audit and on-site phases, and during the Corrective Action Period for standards requiring corrective action, DCRPR and facility personnel provided the auditor with access to the areas, individuals, records, documentation, and information necessary to conduct the audit. Evidence submitted during corrective action was reviewed by the auditor before final compliance determinations were made for the affected standards. DCRPR PREA Compliance Managers assisted the facility with preparation of the PAQ, collection and organization of supporting documentation, coordination of requested records, and implementation of corrective action. Their participation did not restrict the auditor's access to the facility or records, selection of staff or inmates for interview, requests for additional evidence, or independent determination of compliance. Based on the DCRPR audit schedule and available audit history reviewed, the completed PAQ and supporting documentation, access to relevant areas of the facility, independent selection and private interviews of staff and inmates, review of records and other evidence, on-site observations, and corrective-action evidence where applicable, the auditor determined that the requirements of PREA Standard 115.401 applicable to this audit were met.
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115.403	Audit contents and findings
	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
- List of DCRPR PREA audits completed during the applicable three-year review period
- Final PREA Audit Reports completed during the applicable review period
- Documentation verifying public availability of applicable Final PREA Audit Reports
- Documentation and records reviewed throughout the pre-audit, on-site, and corrective action phases

PREA Standard 115.403 - Audit Contents and Findings:

The audit of Complejo de Rehabilitación para Mujeres was conducted in accordance with the DOJ PREA audit methodology and the requirements of the PREA Auditor Handbook. The auditor reviewed the completed Pre-Audit Questionnaire (PAQ), agency-wide policies and procedures, supporting documentation, and additional records requested during the pre-audit, on-site, and post-audit phases. During the on-site phase, the auditor conducted a comprehensive facility tour, observed facility practices and operations, reviewed a representative sample of records, and conducted formal interviews and informal conversations with inmates and staff.

Consistent with PREA Standard 115.403(b), the auditor evaluated applicable agency-wide policies and procedures to determine whether they complied with the relevant PREA Standards. For each applicable PREA Standard and provision, the auditor considered the totality of the evidence obtained through document review, observations, interviews, and other verification activities and assigned a finding of Exceeds Standard, Meets Standard, or Does Not Meet Standard based on the evidence supporting the compliance determination.

Consistent with PREA Standard 115.403(d), the basis for the auditor's compliance determinations is documented throughout this report. The report identifies the evidence relied upon, including applicable policies and procedures, records and supporting documentation, interview information, on-site observations, and other verification activities. Where corrective action was required, the report identifies the deficiency, corrective action undertaken, evidence reviewed to verify implementation, and the basis for the auditor's final compliance determination.

The auditor reviewed DCRPR's publicly accessible website to assess compliance with PREA Standard 115.403(f). The auditor reviewed Final PREA Audit Reports for audits completed during the three years preceding this audit and verified that the applicable Final Audit Reports were publicly available on the agency's website. The auditor accessed the posted reports and confirmed that the documents were Final PREA Audit Reports. The reports were accessible to the public without requiring

restricted access or authentication.

The auditor protected personally identifiable information obtained during the audit and did not include personally identifiable inmate or staff information in this report, consistent with PREA Standard 115.403(e).

The auditor certifies that no conflict of interest exists with respect to the auditor's ability to conduct this audit, consistent with PREA Standard 115.403(a).

DCRPR is responsible for ensuring that this Final PREA Audit Report is published on the agency's website or otherwise made readily available to the public in accordance with PREA Standard 115.403(f). The auditor's review of the agency's website verified that applicable Final PREA Audit Reports completed during the three years preceding this audit had been made publicly available.

Based on the totality of the evidence reviewed, including the PAQ, agency-wide policies and procedures, supporting documentation, record review, formal interviews, informal conversations, on-site observations, and verification of the public availability of applicable Final PREA Audit Reports completed during the preceding three-year period, the auditor determined that the requirements of PREA Standard 115.403 were met.

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?	yes
	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.)	yes
	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	yes

	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)?	yes
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.)	na
	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.)	na
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).	yes
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.)	yes
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.)	yes
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	yes

	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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