PREA Facility Audit Report: Final

Name of Facility: Institución Correccional Bayamón 501
Facility Type: Prison / Jail
Date Interim Report Submitted: 10/28/2026
Date Final Report Submitted: 11/11/2026

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:** 11/11/2026

AUDITOR INFORMATION	
Auditor name:	Melendez, Barbie
Email:	barbiefay@aol.com
Start Date of On-Site Audit:	11/03/2025
End Date of On-Site Audit:	11/06/2025

FACILITY INFORMATION	
Facility name:	Institución Correccional Bayamón 501
Facility physical address:	50 Carr. #5 Unit 501 Urb. Industrial Luchetti, Bayamón, Puerto Rico - 00960
Facility mailing address:	

Primary Contact

Name:	Mariela Castillo Gonzalez
Email Address:	mcastillo@dcr.pr.gov
Telephone Number:	7873472772

Warden/Jail Administrator/Sheriff/Director	
Name:	Victor M Maldonado Vazquez
Email Address:	vmvazquez@dcr.pr.gov
Telephone Number:	9394143783

Facility PREA Compliance Manager	
Name:	Mariela Gonzalez Castillo
Email Address:	mcastillo@dcr.pr.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	516
Current population of facility:	474
Average daily population for the past 12 months:	480
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	21-80
Facility security levels/inmate custody levels:	3 custody, minimun, medium and maximun
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

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

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:	2025-11-03
2. End date of the onsite portion of the audit:	2025-11-06

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) and Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	516
15. Average daily population for the past 12 months:	480
16. Number of inmate/resident/detainee housing units:	14
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:	492
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:	2
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:	3

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Institución Correccional Bayamón 501 had 15 segregation cells. The facility does not place inmates in segregated housing solely because they are at risk of sexual victimization. This practice was further assessed under PREA Standard 115.43. At the time of the on-site, Institución Correccional Bayamón 501 reported that no transgender inmates were housed at the facility. DCRPR does not maintain an electronic tracking system that allows for the readily searchable identification of inmates belonging to specific populations or groups. To identify inmates for interviews, the auditor consulted with staff regularly assigned to the facility and housing units, including social work technicians responsible for individual inmate caseloads. These staff members assisted in identifying inmates who met the applicable interview criteria. During informal and formal interviews, incarcerated individuals familiar with other inmates assisted in locating individuals for interviews.

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:	207
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:	103
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:	27
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:	Institución Correccional Bayamón 501 operates four staff shifts: 6:00 a.m.–2:00 p.m., 8:00 a.m.–4:00 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 who regularly provide services at Bayamón 501 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:	28

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. During the audit of Institución Correccional Bayamón 501, the auditor made reasonable efforts to identify and interview inmates whose primary language was not Spanish to assess their access to PREA information, reporting mechanisms, and available services, including inmates with limited English proficiency or other language needs. In selecting inmates for interviews, the auditor considered a range of characteristics to obtain a representative cross-section of the facility's population, including: • Primary language • Whether the inmate was incarcerated for the first time • Length of time in confinement • Custody classification • Housing status, including general population, segregated housing, and protective custody • Whether the inmate worked in areas with restricted access or areas primarily controlled by correctional staff At the time of the onsite audit, Institución Correccional Bayamón 501 reported that no inmates identifying as transgender or intersex were housed at the facility. The auditor also considered inmates who had reported sexual abuse, disclosed prior sexual victimization during risk screening, or had been placed in segregated housing or isolation due to a risk of sexual victimization when identifying individuals for targeted interviews. Institución Correccional Bayamón 501 reported having 15 segregation cells. Inmates housed in segregated housing or protective custody were considered as part of the available population for interviews. At the time of the audit, no inmates were identified as being housed in protective custody or segregated housing solely due to a risk of sexual victimization, an allegation of sexual abuse, or a need for protection related to

	sexual victimization. This practice was further assessed under PREA Standard 115.43. The DCRPR does not maintain an electronic tracking system that allows for the readily searchable identification of inmates belonging to specific populations or groups. To assist with identifying inmates who met the targeted interview criteria, the auditor consulted with staff regularly assigned to the facility, including social work technicians responsible for individual inmate caseloads. These staff members assisted in identifying and locating inmates based on their knowledge of the population and individual case histories. Incarcerated individuals familiar with other inmates also assisted in locating individuals for interviews.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor reviewed updated inmate rosters organized alphabetically and by housing assignment and independently selected inmates for random interviews from housing units throughout Institución Correccional Bayamón 501. Selections were distributed across the facility to obtain representation from as many housing units and areas as possible. On the first day of the onsite audit, the auditor conducted a cell-to-cell walkthrough to observe the inmate population across the different housing areas and further assess the composition of the random interview sample. The auditor used these observations, together with the updated inmate rosters, to ensure that inmates from different housing locations and custody classifications were represented. All random interview selections were made independently by the auditor. Institución Correccional Bayamón 501 staff did not participate in determining which inmates would be selected for random interviews. Staff assistance was limited to locating selected inmates and coordinating their availability for interviews.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The onsite audit of Institución Correccional Bayamón 501 was conducted November 3–6, 2025, with inmate interviews beginning on November 3, 2025. The auditor independently selected inmates for random interviews from various housing units using updated alphabetical and housing assignment rosters to ensure representation throughout the facility. As the onsite review progressed, additional inmates were identified for targeted interviews based on observations, inmate interactions, and information obtained from staff. Targeted populations included inmates with limited English proficiency, cognitive or intellectual disabilities, limited literacy, and other communication or accessibility needs. The auditor oversampled as necessary to ensure appropriate representation of targeted populations and account for inmate availability. All interview selections were made independently by the auditor, with facility staff assisting only in locating inmates and coordinating interviews. A total of 33 inmates were interviewed, consisting of 28 random interviews and 5 targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5

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:	1
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:	1
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 inmates who were blind or had low vision at Institución Correccional Bayamón 501, the auditor made inquiries throughout the onsite audit during formal interviews and informal conversations with staff and inmates. Staff from various departments, including social work personnel familiar with individual inmate caseloads, were consulted to determine whether any inmates met this targeted interview category. The auditor also asked incarcerated individuals whether they were aware of anyone with visual impairments. These inquiries supplemented information provided by the facility and supported the auditor's independent efforts to identify eligible inmates. No inmates who were blind or had low vision were identified during the onsite audit; therefore, zero (0) targeted interviews were conducted for this category.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	To identify inmates who were Deaf or hard of hearing at Institución Correccional Bayamón 501, the auditor made inquiries throughout the onsite audit during formal interviews and informal conversations with staff and inmates. Staff from various departments, including social work personnel familiar with individual inmate caseloads, were consulted to determine whether any inmates met this targeted interview category. The auditor also asked incarcerated individuals whether they were aware of anyone who was Deaf or hard of hearing. These inquiries supplemented information provided by the facility and supported the auditor's independent efforts to identify eligible inmates. No inmates who were Deaf or hard of hearing were identified during the onsite audit; therefore, zero (0) targeted interviews were conducted for this category. Clarify the interview protocol languageUse the form’s exact category wording
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:	2
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:	1
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	To identify inmates who identified as transgender or intersex at Institución Correccional Bayamón 501, the auditor made inquiries throughout the onsite audit during formal interviews and informal conversations with staff and inmates. Staff from various departments, including social work personnel familiar with individual inmate caseloads, were consulted to determine whether any inmates met this targeted interview category. These inquiries supplemented information provided by the facility and supported the auditor's independent efforts to identify eligible inmates. No inmates who identified as transgender or intersex were identified during the onsite audit; therefore, zero (0) targeted interviews were conducted for this category.
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.

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.
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).	To identify inmates who were currently or had previously been placed in segregated housing or isolation due to a risk of sexual victimization at Institución Correccional Bayamón 501, the auditor made inquiries throughout the onsite audit during formal interviews and informal conversations with staff and inmates. DCRPR employees, including social work personnel familiar with individual inmate caseloads, were consulted to determine whether any inmates met this targeted interview category. These inquiries supplemented information provided by the facility and supported the auditor's independent efforts to identify eligible inmates. No inmates who were currently or had previously been placed in segregated housing or isolation due to a risk of sexual victimization were identified during the onsite audit; therefore, zero (0) targeted interviews were conducted for this category. Clarify the category and protocolUse the exact audit terminology

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The onsite audit of Institución Correccional Bayamón 501 was conducted November 3–6, 2025. The facility reported a population of 474 inmates on the first day of the onsite audit. In accordance with the PREA Auditor Handbook, Version 2.1 (December 2022), the auditor conducted a total of 33 inmate interviews, consisting of 28 random and 5 targeted interviews. Inmates were independently selected using the Pre-Audit Questionnaire (PAQ), updated facility rosters, documentation review, onsite observations, staff consultations, inmate interactions, and informal conversations. Random interviews were distributed across housing units to obtain representation throughout the facility. The auditor did not rely solely on inmates identified by facility staff and made additional efforts to identify individuals meeting targeted interview criteria, including inmates with disabilities, limited English proficiency, limited literacy, prior sexual victimization, and other applicable characteristics. A total of 10 inmates were identified as meeting targeted interview criteria. Of these, five (5) were interviewed, two (2) declined to participate, and three (3) were unavailable due to appointments, work assignments, or absence from the facility during the onsite audit. For targeted categories in which no eligible inmates were identified, the auditor reviewed available documentation and consulted staff and inmates to determine whether individuals meeting those criteria were housed at the facility. The auditor made reasonable efforts to interview eligible inmates and oversampled when appropriate to ensure representation across housing units and targeted populations. All interview selections were made independently by the auditor, participation was voluntary, and applicable DOJ PREA interview protocols were utilized. Interviews were conducted privately in locations where conversations could not be overheard by staff or other inmates.

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
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 Institución Correccional Bayamón 501, staff interviews were conducted in accordance with the PREA Auditor Handbook and applicable DOJ PREA audit methodology. Random staff interviewees were independently selected from the facility's staff roster, considering shift assignments, work locations, rank or position, length of service, and language spoken to ensure broad representation across the institution. Random staff selections included personnel from the facility's four shifts: 6:00 a.m.–2:00 p.m., 8:00 a.m.–4:00 p.m., 2:00 p.m.–10:00 p.m., and 10:00 p.m.–6:00 a.m. Although Spanish is the primary language spoken at the facility, efforts were also made to include English-speaking staff. Specialized staff interviews were conducted with personnel whose duties and responsibilities corresponded to the applicable DOJ PREA specialized staff interview protocols. All random and specialized staff interviews were conducted privately in settings where responses could not be overheard.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	Specialized staff interviewed included the Population Control Officer, responsible for inmate housing assignments and placement decisions; Social Worker Technicians responsible for conducting PREA risk screenings and providing inmate PREA education; the Grievance Coordinator; Mailroom Staff; the Community Advocate; the Volunteer Coordinator; and the facility's PREA Compliance Manager. These interviews were conducted using the applicable DOJ PREA specialized staff interview protocols to assess staff knowledge, assigned responsibilities, and the facility's implementation of PREA requirements.
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:	8

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 Institución Correccional Bayamón 501, specialized staff were identified during the pre-onsite and onsite phases of the audit and interviewed using the applicable DOJ PREA Interview Guides for Specialized Staff. Interviews included personnel responsible for contract administration, unannounced rounds, medical and mental health services, human resources, administrative investigations, PREA risk screening, intake procedures, inmate classification and housing assignments, PREA education, grievances, mailroom operations, volunteer coordination, incident reviews, retaliation monitoring, first response, and facility-level PREA implementation. The Agency Head and PREA Coordinator were also interviewed. Specialized personnel interviewed included the Population Control Officer, Social Workers, Grievance Coordinator, Mailroom Staff, Community Advocate, Volunteer Coordinator, and facility PREA Compliance Manager. These interviews were conducted to assess staff knowledge of PREA requirements, assigned responsibilities, and the implementation of applicable policies and procedures. The auditor also interviewed the certified physician responsible for conducting SAFE/SANE forensic examinations at the hospital utilized by the facility. Although not employed by Bayamón 501, the physician was interviewed to assess the availability and provision of forensic medical examination services for inmates reporting sexual abuse. No specialized interviews were applicable for youthful inmate supervision or non-medical staff conducting cross-gender strip searches or visual body cavity searches, as the facility does not house inmates under 18 and does not authorize non-medical staff to conduct such searches. The facility maintains 15 segregation cells; however, no inmates were identified as being placed in segregated housing solely due to a risk of sexual victimization during the onsite audit. The auditor also reviewed information concerning volunteers and contractors

	authorized to enter the institution. Volunteers provide religious and faith-based programming, while contracted services include food services through Carolina Catering and medical services through Physician Correctional. Relevant volunteer and contractor information was reviewed as part of the audit to assess compliance with applicable PREA requirements.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No

74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The onsite audit of Institución Correccional Bayamón 501 was conducted November 3–6, 2025. Upon arrival, the auditor met with the Superintendent, PREA Coordinator, PREA Compliance Manager, and other facility personnel to review the audit process, schedule, document requests, and interview arrangements. A private workspace was provided for interviews and documentation review. Following the entrance meeting, the auditor conducted a site review accompanied by facility staff. The review included housing units, individual cells, intake and screening areas, medical and mental health areas, program spaces, inmate work locations, administrative offices, segregation cells, and other operational areas. The auditor examined staffing and supervision, camera coverage, blind spots, inmate privacy, cross-gender announcements and searches, unannounced rounds, PREA signage, reporting information, and access to outside support services. The auditor also reviewed and tested critical functions, including intake procedures, PREA risk screening, inmate education, internal and external reporting methods, staff and third-party reporting, grievance procedures, and interpretation services. Attention was given to the accessibility of reporting options, confidentiality of sensitive records, and procedures for responding to allegations of sexual abuse and sexual harassment. Throughout the site review, the auditor spoke informally with inmates and staff to verify their understanding of PREA requirements and facility practices. Information concerning volunteers and contractors was also considered where applicable. Observations, testing results, and any limitations encountered were documented and compared with facility policies, records, and information obtained during formal interviews. The site review was conducted in person in accordance with the PREA Auditor Handbook and applicable DOJ PREA Site Review

	Instructions. The auditor used the information gathered to assess whether the facility's policies and procedures were being followed in practice and to identify any areas requiring further review.

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 independently selected and reviewed documents, files, and records relevant to the applicable PREA standards, following the sampling guidance outlined in the PREA Auditor Handbook. The documentation reviewed is summarized in the table below, with additional findings and supporting information addressed in the corresponding standard narratives.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual abuse or sexual harassment reported at Institución Correccional Bayamón 501 during the applicable 12-month audit review period. However, the auditor reviewed an ongoing administrative PREA investigation involving an inmate housed at Bayamón 501. The alleged incident occurred and was reported at another DCRPR facility before the inmate's own requested transfer to Bayamón 501.
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:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations of sexual abuse or sexual harassment reported at Institución Correccional Bayamón 501 during the applicable 12-month audit review period. However, the auditor reviewed an ongoing administrative PREA investigation involving an inmate housed at Bayamón 501. The alleged incident occurred and was reported at another DCRPR facility before the inmate's own requested transfer to Bayamón 501. Administrative PREA investigations within DCRPR are conducted by the Office of Investigations of the Correctional System (OISC). OISC investigators are responsible for conducting administrative investigations across DCRPR facilities and receive the applicable specialized training. Allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. The auditor examined the available documentation from the ongoing investigation to assess the investigative process, including the handling of the allegation, investigative procedures, documentation, and actions taken. Because the investigation remained open at the time of the audit, no final investigative findings or case disposition were available for review. The investigation was not counted as an allegation originating at Bayamón 501, as the alleged incident occurred and was reported at another facility. The case was reviewed to assess the application of DCRPR's administrative PREA investigative procedures.

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 designation documentation • Institución Correccional Bayamón 501 Organizational Chart • Documentation identifying the facility PREA Compliance Manager and reporting structure • Documentation reflecting the agency-level and facility-level PREA reporting structure • Pre-Audit Questionnaire and supporting documentation • PREA Coordinator and PREA Compliance Manager interview documentation

- Interviews with facility leadership, specialized staff, random staff, and randomly selected incarcerated individuals
- On-site observations of PREA implementation, informational materials, and facility practices

Interviews, Document and Site Review:

115.11 Provision (a)
DCRPR Regulation 8715 establishes the agency's zero-tolerance policy toward sexual abuse and sexual harassment in its correctional institutions. The regulation establishes requirements for the prevention, detection, reporting, and response to sexual abuse and sexual harassment and identifies responsibilities for staff and other personnel involved in implementing the agency's PREA requirements.

The regulation addresses prohibited conduct, reporting responsibilities, response procedures, investigations, staff responsibilities, inmate education, risk screening, medical and mental health response, and other measures intended to prevent and respond to sexual abuse and sexual harassment. The regulation also establishes the organizational responsibilities for implementation and oversight of PREA requirements throughout DCRPR.

During the onsite audit, the auditor assessed implementation of the agency's zero-tolerance policy through document review, observations, and interviews with facility leadership, specialized staff, random staff, and incarcerated individuals. PREA educational and reporting information was observed throughout Institución Correccional Bayamón 501. Staff interviewed demonstrated awareness of the agency's zero-tolerance policy and their responsibility to report sexual abuse and sexual harassment.

Incarcerated individuals interviewed were also asked about their awareness of PREA and the methods available to report sexual abuse and sexual harassment. Information obtained through interviews was considered together with DCRPR Regulation 8715, PREA educational and reporting materials, and observations made during the site review.

115.11 Provision (b)
DCRPR has designated an agency-level PREA Coordinator with responsibility for coordinating and overseeing the agency's efforts to comply with the PREA Standards. The PREA Coordinator is responsible for PREA implementation and oversight across all 24 DCRPR facilities throughout Puerto Rico, encompassing adult prisons and jails, juvenile facilities, and community confinement facilities. The auditor reviewed the DCRPR organizational structure, documentation identifying the PREA Coordinator, and information concerning the Coordinator's responsibilities and authority within the agency. The organizational structure provides the PREA Coordinator with agency-level responsibility for coordinating PREA implementation and working with facility-level PREA Compliance Managers throughout DCRPR.

	The auditor interviewed the PREA Coordinator using the applicable DOJ PREA Interview Guide. The interview addressed whether the Coordinator has sufficient time to manage PREA-related responsibilities, the number of facility PREA Compliance Managers throughout the agency, the Coordinator's interaction with those managers, and the processes used when issues affecting compliance with a PREA Standard are identified. The PREA Coordinator described the agency-level role in coordinating PREA implementation, communicating with facility PREA Compliance Managers, providing guidance and follow-up, and addressing issues identified through monitoring and other compliance activities. The interview, together with the organizational and designation documentation reviewed, demonstrated that the position has agency-wide responsibility for coordinating DCRPR's efforts to comply with the PREA Standards. *115.11 Provision (c)* Institución Correccional Bayamón 501 has designated a PREA Compliance Manager responsible for coordinating the institution's efforts to comply with the PREA Standards. The auditor reviewed documentation identifying the PREA Compliance Manager, the institution's organizational structure, and the reporting relationship between the facility-level PREA Compliance Manager and the agency-level PREA Coordinator. The auditor interviewed the PREA Compliance Manager using the applicable DOJ PREA Interview Guide. Consistent with the interview protocol, the auditor assessed whether the PREA Compliance Manager has sufficient time to manage PREA-related responsibilities, how the Compliance Manager coordinates Institución Correccional Bayamón 501's efforts to comply with the PREA Standards, and the process followed when an issue affecting PREA compliance is identified. The PREA Compliance Manager described responsibility for coordinating PREA activities at the institution, communicating with institutional leadership and the agency PREA Coordinator, monitoring PREA-related practices, and following up on identified compliance concerns. The PREA Compliance Manager also described the ability to bring issues requiring attention to appropriate institutional and agency personnel and to coordinate actions necessary to address identified deficiencies. Information obtained through the interview was consistent with the organizational documentation and reporting structure reviewed by the auditor and demonstrated an established facility-level structure for coordinating PREA implementation at Institución Correccional Bayamón 501. **Corrective Action:** None.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- Letter from the DCRPR PREA Coordinator confirming that Institución Correccional Bayamón 501 does not contract with other entities for the confinement of incarcerated individuals
- PREA Coordinator interview documentation
- Agency Contract Administrator interview documentation
- Pre-Audit Questionnaire and supporting documentation

Interviews, Document and Site Review:

115.12 Provisions (a) and (b)
DCRPR Regulation 8715 addresses the agency's obligations when entering into contracts with private entities, other entities, or government agencies for the confinement of incarcerated individuals. The regulation requires that any new or renewed contract for the confinement of incarcerated individuals include a requirement that the contracted entity adopt and comply with the applicable PREA Standards. The regulation requires DCRPR to monitor contracted entities for compliance with the PREA Standards.

Institución Correccional Bayamón 501 does not contract with private entities, other entities, or government agencies for the confinement of incarcerated individuals. The auditor reviewed documentation from the DCRPR PREA Coordinator confirming that the institution does not maintain contracts with outside entities for the confinement of its incarcerated population.

The auditor interviewed the Agency Contract Administrator using the applicable DOJ PREA Interview Guide. Consistent with the interview protocol, the interview addressed how DCRPR monitors new and renewed contracts for confinement services for compliance with required PREA practices, whether PREA compliance results had been completed for applicable contracts entered into during the preceding 12 months, and whether contracted facilities had completed and submitted PREA compliance results within the applicable three-year audit cycle.

Because Institución Correccional Bayamón 501 does not contract with another entity for the confinement of incarcerated individuals, there were no confinement contracts associated with the institution requiring review for PREA contractual provisions or monitoring during the audit review period. There were no Bayamón 501 contracted confinement facilities for which PREA compliance results were required to be reviewed under this standard.

Information obtained through the Agency Contract Administrator interview was considered together with DCRPR Regulation 8715, the documentation provided by the PREA Coordinator, and the Pre-Audit Questionnaire. The evidence reviewed confirmed that Institución Correccional Bayamón 501 did not have contracts with other entities for the confinement of incarcerated individuals during the audit review period.

	Therefore, the contractual and monitoring requirements described in Provisions (a) and (b) were not triggered for Bayamón 501. **Corrective Action:** None.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Facility staffing plan • Annual staffing plan review documentation • Staffing and post-assignment documentation • Documentation of staffing plan deviations • DCRPR regulations and procedures governing supervisory rounds • Housing Unit Rounds Books • Supervisory round documentation • Unannounced PREA round documentation • Weekly PREA supervisory round documentation and reporting records • Corrective Action Period documentation **Interviews, Document and Site Review:** *115.13 Provision (a)* Institución Correccional Bayamón 501 maintains a documented staffing plan that addresses adequate staffing levels and the use of video monitoring to protect incarcerated individuals from sexual abuse. The facility reported a designated capacity of 516 and a population of 474 in its Pre-Audit Questionnaire. The institution consists of 14 housing units, including three single-cell units, seven multiple-occupancy cell units, and four open-bay/dormitory units. The facility also reported 15 segregation cells and the use of video/electronic monitoring. The auditor reviewed the facility staffing plan and supporting documentation to determine whether the plan addressed the factors required by this provision. The documentation reflected consideration of generally accepted detention and correctional practices; all components of the facility's physical plant, including blind spots and locations where staff or incarcerated individuals may be isolated; the composition of the incarcerated population; the number and placement of supervisory

staff; institutional programs occurring on particular shifts; applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other factors relevant to staffing, supervision, and sexual safety.

The auditor interviewed the Superintendent (Warden) regarding the facility's staffing plan, including the determination of adequate staffing levels, the use of video monitoring, the factors considered in assessing staffing and monitoring needs, and the process used to monitor adherence to the staffing plan. The PREA Compliance Manager was also interviewed regarding the facility's consideration of the factors required under this provision and their application to staffing, supervision, and monitoring practices.

During the on-site review, the auditor compared the written staffing plan with actual supervision practices observed throughout Bayamón 501. The auditor observed staffing presence and deployment in housing units, multiple-occupancy housing, dormitory-style housing, segregation areas, programming and service areas, work locations, and other areas relevant to inmate supervision. The auditor assessed staff lines of sight, the physical configuration of the institution, potential blind spots, locations where staff or incarcerated individuals could become isolated, supervision of inmate movement, supervisory presence, and the use and placement of cameras. The auditor also assessed supervision practices and considered the interaction between direct staff supervision and electronic monitoring.

Bayamón 501 utilizes video monitoring as a component of its supervision practices. During the on-site review, the auditor observed camera placement and the monitoring system. Camera feeds are displayed on monitors located in Central Control. The system provides live-feed monitoring; the camera system does not record or retain video footage. The auditor evaluated the system as a live monitoring resource rather than a source of recorded surveillance footage.

The auditor also had informal conversations with staff and incarcerated individuals regarding supervision practices, staff presence, supervisory coverage, and conditions affecting safety within the institution. Information obtained through these conversations was considered together with the staffing plan, supporting documentation, formal interviews, and direct observations made during the facility tour.

115.13 Provision (b)

The auditor reviewed the facility's process for monitoring adherence to the staffing plan and documenting instances in which actual staffing deviates from the established plan. The Superintendent (Warden) was interviewed regarding the procedures used to monitor compliance with the staffing plan and to document and justify deviations when they occur. Documentation reviewed by the auditor demonstrated that Bayamón 501 maintains a process for identifying and documenting deviations from the staffing plan, including the circumstances associated with each deviation. Facility leadership reported ongoing staffing shortages. Additionally, an island-wide labor protest was occurring at the time of the

on-site audit and affected staffing operations. Despite these staffing challenges, the auditor’s review confirmed that deviations from the staffing plan were documented and that available staff were deployed based on the institution’s operational and supervision needs. The auditor considered the documented staffing deviations together with information obtained through interviews and direct observations of staffing, staff deployment, and supervision practices during the on-site review.

115.13 Provision (c)
The auditor reviewed documentation of Bayamón 501's annual staffing plan assessment conducted in consultation with the agency PREA Coordinator. The annual assessment addressed whether adjustments were needed to the staffing plan established under Provision (a), the facility's deployment of video monitoring systems and other monitoring technologies, and the resources available to ensure adherence to the staffing plan. The PREA Coordinator was interviewed regarding the annual staffing plan review process and consultation with the facility. The auditor also considered information obtained from facility leadership and the PREA Compliance Manager regarding staffing, supervision, monitoring technology, and available resources.

The auditor compared the annual review documentation with conditions observed during the on-site review. This included actual staffing patterns, staff deployment, supervisory coverage, housing configurations, segregation areas, lines of sight, potential blind spots, camera placement, and other physical-plant and operational conditions relevant to sexual safety. The documentation reviewed and information obtained through interviews demonstrated that Bayamón 501 completed the required annual assessment in consultation with the agency PREA Coordinator and considered whether adjustments were necessary to the staffing plan, deployment of monitoring technology, and resources available to ensure adherence to the staffing plan.

115.13 Provision (d)
DCRPR requires intermediate- and higher-level supervisors to conduct and document unannounced rounds throughout its correctional institutions for the purpose of identifying and deterring staff sexual abuse and sexual harassment. The requirement applies to both day and night shifts. Staff are prohibited from alerting other staff members that unannounced supervisory rounds are occurring unless such notification is related to a legitimate operational function of the facility. The auditor reviewed DCRPR regulations and procedures governing supervisory rounds, Housing Unit Rounds Books, supervisory round records, and other documentation maintained by Bayamón 501. The auditor also interviewed intermediate- and higher-level supervisory personnel regarding the practice.

Interviews with intermediate- and higher-level supervisory staff addressed the practice of conducting and documenting unannounced PREA rounds, including measures used to prevent staff from alerting others that a round was occurring. During the on-site audit, the auditor reviewed supervisory round documentation and assessed supervisory practices throughout the facility. Although the review confirmed that supervisory rounds were being conducted, the documentation did not consistently distinguish unannounced PREA rounds from routine supervisory or

	security rounds. The auditor could not verify that unannounced PREA rounds were conducted and documented on all shifts, including day and night shifts, at varying and unpredictable times as required by this provision. Corrective action was therefore required under Provision (d). **Corrective Action:** During the Corrective Action Period, Bayamón 501 revised its process to require intermediate- and higher-level supervisors to conduct and clearly document unannounced PREA rounds on each shift at varying and unpredictable times. This allowed PREA-specific rounds to be distinguished from routine supervisory and security rounds. The facility also implemented an accountability process to monitor completion of the required rounds. Documentation was reviewed and compiled by facility leadership, with results reported to the PREA Compliance Manager on a weekly basis. This process allowed the facility to identify and address missed rounds, incomplete documentation, and patterns in the timing of rounds. To verify implementation, the auditor reviewed documentation generated during the Corrective Action Period. Records identified the shift, date, and time of the PREA rounds and demonstrated that rounds were conducted across shifts at varying and unpredictable times. The auditor also reviewed documentation supporting the weekly reporting process and interviewed responsible personnel regarding implementation and oversight of the revised procedures. The corrective-action documentation demonstrated sustained implementation of the revised process and provided sufficient evidence to verify that the deficiency identified under Provision (d) was corrected.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Pre-Audit Questionnaire • Classification Documentation • Daily Population Reports • Facility Population Rosters • Housing Assignment Records • Documentation regarding the facility’s population designation and age range **Interviews, Document and Site Review:**

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

DCRPR Regulation 8715 establishes requirements governing the housing and supervision of youthful incarcerated individuals. DCRPR assigns incarcerated individuals under the age of 18 to facilities designated to house and manage the youthful population. Institución Correccional Bayamón 501 is not designated to house youthful incarcerated individuals.

The Pre-Audit Questionnaire identified the population housed at Bayamón 501 as adult males ranging in age from 21 to 80 and reported that the facility does not house youthful incarcerated individuals. To verify this information, the auditor reviewed classification documentation, Daily Population Reports, facility population rosters, housing assignment records, and other available population information for the 12-month audit review period. The auditor also reviewed population information in effect at the time of the on-site audit. The records reviewed did not identify any incarcerated individual under the age of 18 as having been housed at Bayamón 501 during the audit review period or at the time of the on-site audit.

The auditor discussed the housing and placement of youthful incarcerated individuals with facility leadership, classification personnel, supervisory staff, and other appropriate staff. Information obtained during interviews was consistent with the records reviewed and established that Bayamón 501 does not house individuals under the age of 18. DCRPR has two facilities in Puerto Rico designated to house youthful incarcerated individuals, and Bayamón 501 is not one of those designated facilities. Youthful incarcerated individuals are assigned to the DCRPR facilities specifically designated for that population.

During the on-site audit, the auditor toured the facility and observed housing units, recreation areas, programming and activity areas, movement areas, and other locations accessible to incarcerated individuals. No youthful incarcerated individuals were observed. The auditor also made inquiries during staff and incarcerated individual interviews and informal conversations to determine whether information obtained on-site was consistent with the population and classification records reviewed. No information was identified indicating that a youthful incarcerated individual was housed at Bayamón 501 during the audit review period or at the time of the on-site audit.

Provision (a) requires youthful incarcerated individuals to be housed in a manner that prevents sight, sound, and physical contact with adult incarcerated individuals through shared dayrooms or other common spaces, shower areas, or sleeping quarters. Because Bayamón 501 did not house youthful incarcerated individuals, there were no youthful housing assignments or occupied youthful housing areas available for assessment. This provision was not applicable to the facility during the audit review period.

Provision (b) addresses sight and sound separation between youthful and adult incarcerated individuals outside of housing units and requires direct staff supervision when such individuals have sight, sound, or physical contact. Because Bayamón 501 did not house youthful incarcerated individuals, there were no instances of contact

	between youthful and adult incarcerated individuals to observe or applicable records of such contact to review. This provision was not applicable. Provision (c) addresses the use of isolation for youthful incarcerated individuals and requires access to daily large-muscle exercise, legally required special education services, and, to the extent possible, other programs and work opportunities. Because no youthful incarcerated individuals were housed at Bayamón 501 during the audit review period, there were no youthful isolation placements, education or service records, programming records, work assignments, or exigent-circumstance records applicable to this provision. There were no youthful incarcerated individuals available for interview and no staff assigned specifically to supervise or provide education or programming to youthful incarcerated individuals. The interview protocols specific to a youthful population were not applicable. The auditor’s determination was supported by the Pre-Audit Questionnaire, classification documentation, Daily Population Reports, population rosters, housing assignment records, interviews and informal conversations, and direct observations made during the on-site audit. The information reviewed consistently demonstrated that no incarcerated individual under the age of 18 was housed at Bayamón 501 during the 12-month audit review period or at the time of the on-site audit. Accordingly, Provisions (a), (b), and (c) were not applicable to the facility’s operations during the audit review period. **Corrective Action:** None.

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 • Reglamento de Registros (Search Regulations) • Regulations for the Use of Electronic Detection and X-Ray Equipment • DCR-PREA-0016, Registro Semanal de Cacheos Realizados por el Personal del Sexo Opuesto • Search procedures and applicable institutional practices • Documentation related to cross-gender searches for the 12-month audit

review period
- Staff PREA training records
- Housing unit, toilet, shower, changing, and other privacy-area observations
- Electronic surveillance and camera coverage

Interviews, Document and Site Review:

115.15 Provision (a)

DCRPR policy establishes limitations on cross-gender strip searches and cross-gender visual body cavity searches. The Reglamento de Registros establishes procedures governing these searches and requires that they be conducted in a manner that protects the privacy and dignity of the incarcerated individual. Cross-gender strip searches and cross-gender visual body cavity searches by non-medical staff are prohibited except under exigent circumstances.

Institución Correccional Bayamón 501 houses an adult male population. During the 12-month audit review period, the facility reported no cross-gender strip searches or cross-gender visual body cavity searches conducted by non-medical staff. The auditor reviewed available search documentation for the audit period, including the facility's mechanism for documenting searches conducted by staff of the opposite gender. DCR-PREA-0016 provides for documenting the incarcerated individual searched, purpose of the procedure, staff member conducting the search, date and time, and authorizing supervisor.

During the on-site audit, the auditor interviewed staff and incarcerated individuals regarding search practices and the circumstances under which cross-gender strip or visual body cavity searches could occur. Interviews and documentation reviewed did not identify any cross-gender strip searches or cross-gender visual body cavity searches conducted during the audit review period. The auditor inspected the areas where strip and visual body cavity searches may be conducted. The auditor assessed the physical configuration of the search areas, privacy protections, surrounding lines of sight, and the potential for non-medical staff of the opposite gender to observe an incarcerated individual during an unclothed search. The auditor did not identify conditions that would permit staff of the opposite gender who were not participating in the search to view an incarcerated individual during a strip or visual body cavity search.

115.15 Provision (b)

Provision (b) addresses cross-gender pat-down searches of female incarcerated individuals and prohibits restricting female incarcerated individuals' access to regularly available programming or other out-of-cell opportunities for the purpose of complying with the limitation on such searches.

Bayamón 501 houses a male incarcerated population and does not house female incarcerated individuals. There were no female incarcerated individuals for whom cross-gender pat-down searches or related restrictions on programming or out-of-cell

opportunities could be assessed. This provision was not applicable to the facility during the audit review period.

115.15 Provision (c)

DCRPR requires documentation of cross-gender strip searches and cross-gender visual body cavity searches. The auditor reviewed DCR-PREA-0016, Registro Semanal de Cacheos Realizados por el Personal del Sexo Opuesto, which provides a standardized mechanism for documenting searches conducted by staff of the opposite gender. The form captures information concerning the individual searched, purpose of the search, staff member conducting the procedure, date and time, and supervisory authorization. The facility reported no cross-gender strip searches or cross-gender visual body cavity searches during the 12-month audit review period. Accordingly, there were no completed records of such searches available for review. The auditor considered the facility's reported search activity together with the established documentation mechanism, available records, staff and incarcerated individual interviews, and information obtained during the on-site audit. No information was identified indicating that a qualifying cross-gender strip search or visual body cavity search occurred and was not documented.

Because Bayamón 501 does not house female incarcerated individuals, the portion of Provision (c) requiring documentation of cross-gender pat-down searches of female incarcerated individuals was not applicable.

115.15 Provision (d)

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

The auditor evaluated implementation of these requirements through policy and document review, direct observation, interviews with staff and incarcerated individuals, and informal conversations conducted during the on-site audit. Staff and incarcerated individuals were asked about opposite-gender announcement practices and whether incarcerated individuals are able to shower, use the toilet, and change clothing without being viewed by non-medical staff of the opposite gender. Information obtained through interviews was considered together with the auditor’s observations of housing units, shower and toilet areas, changing areas, and staff practices during the facility tour.

During the facility tour, the auditor inspected housing units, cells, toilet areas, shower areas, changing areas, and other locations where incarcerated individuals may be in a state of undress. The auditor assessed privacy protections, staff positioning, lines of sight, and available vantage points to determine whether non-medical staff of the opposite gender could view incarcerated individuals while showering, performing bodily functions, or changing clothing. The auditor also evaluated the facility's video

monitoring system as part of the assessment of potential cross-gender viewing. Camera feeds are displayed on monitors in Central Control and provide live-feed monitoring only; the system does not record or retain video. The auditor considered camera placement, areas visible through the live feeds, and whether electronic monitoring created opportunities for prohibited viewing of incarcerated individuals in a state of undress.

During the on-site review, the auditor identified privacy concerns in the shower areas because the existing configuration did not provide adequate visual barriers to protect incarcerated individuals from potential cross-gender viewing while showering. This condition required corrective action. The auditor also assessed the facility's opposite-gender announcement practices. Staff interviews addressed the requirement to announce the presence of opposite-gender staff when entering housing units, and incarcerated individuals were asked whether such announcements occur. Information obtained through interviews supported that opposite-gender announcements were part of the facility's established practice.

115.15 Provision (e)

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

115.15 Provision (f)

DCRPR requires searches of transgender and intersex incarcerated individuals to be conducted professionally and respectfully and in the least intrusive manner possible consistent with institutional security needs. Administrative Order DCR-2018-05 establishes requirements concerning respect and interaction with the LGBTQ population.

DCRPR policy prohibits staff from searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining genital status. When genital status is unknown, it must be determined through appropriate means rather than through a search or physical examination conducted solely for that purpose.

The auditor reviewed applicable search procedures, Administrative Order DCR-2018-05, and staff PREA training documentation. Random staff interviews addressed procedures for searching transgender and intersex incarcerated individuals. Staff demonstrated an understanding that such searches must be conducted professionally and respectfully, in the least intrusive manner possible consistent with security needs, and may not be conducted solely for the purpose of determining genital status.

Corrective Action:

Corrective action was required under Provision (d) based on privacy concerns identified during the on-site review of the facility's shower areas. The existing shower configuration did not provide adequate visual barriers to sufficiently protect

	incarcerated individuals from potential cross-gender viewing while showering. During the Corrective Action Period, Bayamón 501 installed cement half-wall partitions in the shower areas to provide additional visual privacy. The corrective measure was intended to obstruct lines of sight into the shower areas while allowing staff to maintain necessary security and supervision. The facility submitted documentation of the completed modifications, including photographs showing the installed partitions. The auditor reviewed the documentation and photographs and confirmed with the PREA Compliance Manager and Superintendent that the required corrective modifications had been completed. The corrective-action evidence demonstrated that the identified shower privacy concern had been addressed and provided sufficient evidence to verify correction of the deficiency under Provision (d). No additional corrective action was required under the remaining applicable provisions of this standard.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA Orientation and Educational Materials • Bilingual PREA Posters and Signage • PREA Orientation Certification Forms • Interpretation Services Documentation • Applicable population and classification information • Staff and incarcerated individual interview documentation **Interviews, Document and Site Review:** *115.16 Provision (a)* DCRPR Regulation 8715 requires the agency to take appropriate steps to ensure that incarcerated individuals with disabilities have an equal opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes individuals who are deaf or hard of hearing, blind or have low vision, or who have intellectual, psychiatric, speech, reading, or other disabilities that may affect their ability to receive or understand PREA-related information.

	The auditor reviewed the facility's PREA education process and the materials used to communicate PREA information to incarcerated individuals. PREA educational and reporting materials are available in Spanish and English. The auditor also reviewed the methods available to provide assistance or accommodations when an incarcerated individual has a disability or communication limitation that affects access to PREA information, reporting mechanisms, or services. During the on-site audit, the auditor observed PREA educational and reporting information throughout Bayamón 501, including posters, brochures, signage, and information identifying available reporting methods. The auditor assessed whether the information was displayed in locations accessible to the incarcerated population and whether available reporting mechanisms could be readily identified. Staff were interviewed regarding procedures used to assist incarcerated individuals who may have hearing, vision, intellectual, psychiatric, speech, reading, or other communication limitations. Staff described methods for providing assistance and obtaining additional communication support when necessary. The auditor also interviewed incarcerated individuals regarding their understanding of PREA information, available reporting methods, and their ability to obtain assistance when needed. The Secretary of Corrections (Agency Head) was interviewed regarding the procedures established by DCRPR to ensure that incarcerated individuals with disabilities and those with limited English proficiency have equal access to PREA education, reporting mechanisms, and other measures used to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with staff and incarcerated individuals did not identify barriers to understanding PREA information, accessing available reporting mechanisms, or obtaining assistance due to a disability or communication limitation. The auditor considered the information obtained through interviews together with DCRPR policy, available educational and communication resources, and direct observations made during the on-site audit. *115.16 Provision (b)* DCRPR requires incarcerated individuals with limited English proficiency to have meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Because Spanish is the primary language used at Bayamón 501, the facility must be able to identify individuals who cannot communicate effectively in Spanish and provide PREA information, reporting mechanisms, screening, services, and other PREA-related communication in a language or manner they can understand. The auditor reviewed the facility's process for identifying language needs and the PREA educational and reporting materials available to the incarcerated population. PREA materials and signage are available in Spanish and English, and interpretation resources are available when assistance in another language is necessary. During the on-site audit, the auditor assessed the availability and accessibility of interpretation services, including the facility's ability to obtain language assistance when needed. Staff were interviewed regarding the procedures for obtaining

	interpretation services and assisting an incarcerated individual who could not effectively communicate in Spanish. The auditor also made inquiries during incarcerated individual interviews regarding language needs, understanding of PREA information, and the availability of assistance. The auditor distinguished between individuals who speak another language and those who have limited proficiency in Spanish and require language assistance. Population and classification information, staff interviews, and direct communication with incarcerated individuals were reviewed to determine whether language differences created barriers to accessing PREA education, reporting mechanisms, risk screening, or related services. No incarcerated individual requiring interpretation services for a PREA-related interview was identified during the on-site audit. The auditor also evaluated the facility's ability to obtain interpretation services when needed and reviewed available translation and interpretation resources, including the Puerto Rico Department of State's Registro No Oficial de Traductores e Intérpretes de Puerto Rico. The registry identifies translators and interpreters with capabilities in multiple languages and areas of specialization. This resource provides the facility with an established means of obtaining qualified language assistance when necessary without relying on another incarcerated individual to interpret PREA-related information, reports, or communications. *115.16 Provision (c)* DCRPR prohibits reliance on incarcerated individual interpreters, readers, or other incarcerated individual assistants for PREA-related communication except in the limited circumstances permitted by the standard, when an extended delay in obtaining an effective interpreter could compromise an incarcerated individual's safety, the performance of first-response duties, or the investigation of an allegation. The auditor interviewed staff regarding the procedures they would follow if an incarcerated individual required language, reading, or other communication assistance to understand PREA information or report sexual abuse or sexual harassment. Staff described the use of appropriate staff or interpretation resources rather than relying on another incarcerated individual to interpret or facilitate PREA-related communication. The auditor also inquired whether incarcerated individuals had been used as interpreters, readers, or other assistants in connection with PREA-related matters during the audit review period. The auditor did not identify documentation or information through staff or incarcerated individual interviews indicating that an incarcerated individual had been used for this purpose under circumstances inconsistent with the standard. The auditor reviewed the interpretation resources available to Bayamón 501 and considered their availability together with DCRPR policy, staff knowledge of the restriction on using incarcerated individual interpreters, and information obtained during interviews. The evidence reviewed supported that the facility has a means of obtaining appropriate communication assistance when needed without relying on other incarcerated individuals.

	Corrective Action: None.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Regulation for the Administration of Human Resources, Regulation 7436 • Administrative Order AC-2003-09, Clauses in Service Contracts in Correctional Institutions • DCRPR Employment/Exam Applications and supporting recruitment documentation • Authorization for Investigation forms • DCRPR/OISC Requests for Computerized Information and criminal-history screening documentation • Integrated Criminal Registry (Registro Criminal Integrado/RCI) background-check documentation • Contractor criminal-history screening records • Five-year background check documentation • Personnel screening and hiring documentation • Puerto Rico Act No. 143 of August 26, 2014, as amended, concerning the Criminal Justice Information System (SIJC) and interagency exchange of criminal justice information **Interviews, Document and Site Review:** *115.17 Provision (a)* DCRPR Regulation 8715 establishes requirements governing the hiring and promotion of employees and the use of contractors who may have contact with incarcerated individuals. The agency prohibits hiring or promoting an individual, or enlisting the services of a contractor who may have contact with incarcerated individuals, when the individual has engaged in sexual abuse in an institutional setting; has been convicted of engaging or attempting to engage in sexual activity in the community 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 to have engaged in such conduct. The auditor reviewed Regulation 8715 together with DCRPR's Regulation for the Administration of Human Resources and Administrative Order AC-2003-09 governing

service contracts in correctional institutions. Regulation 8715 specifically requires verification of criminal histories to prevent the hiring of individuals with disqualifying histories and requires criminal histories of DCRPR employees to be rechecked every five years. Administrative Order AC-2003-09 establishes requirements applicable to companies providing services within correctional institutions. The Order requires contractors to provide a list of prospective employees who will work in the institutions and requires those individuals to undergo criminal-history screening before providing services.

The facility reported no new hires during the 12-month audit review period. The auditor evaluated implementation through review of the governing requirements, available personnel and background-screening documentation, and an interview with Human Resources staff. The Human Resources interview addressed the screening procedures used before hiring or promoting individuals who may have contact with incarcerated individuals, including review for the categories of prior misconduct identified by this provision.

115.17 Provision (b)
DCRPR requires incidents of sexual harassment to be considered when determining whether to hire or promote an individual who may have contact with incarcerated individuals or whether to enlist the services of a contractor who may have such contact. The auditor reviewed the applicable personnel and contractor screening requirements and interviewed Human Resources staff regarding the consideration of prior misconduct during employment and contracting decisions. The interview addressed how information concerning prior sexual harassment or other relevant misconduct is considered when determining an individual's suitability for employment, promotion, or contracted work involving contact with incarcerated individuals.

115.17 Provision (c)
DCRPR requires criminal background screening before hiring employees who may have contact with incarcerated individuals. Regulation 8715 identifies verification of criminal history as part of the agency's prevention requirements.

Bayamón 501 had no new hires during the 12-month audit review period. No newly hired employee files from that period for the auditor to sample. The auditor reviewed the agency's established hiring and background-screening requirements and interviewed Human Resources staff regarding the pre-employment process. The interview addressed completion of criminal background records checks and the process for obtaining relevant information from prior institutional employers, when applicable, concerning substantiated allegations of sexual abuse or resignation during a pending investigation of sexual abuse.

115.17 Provision (d)
DCRPR requires criminal background screening before enlisting the services of contractors who may have contact with incarcerated individuals. Administrative Order AC-2003-09 requires companies providing services within correctional institutions to identify prospective employees assigned to work in the institutions and requires those

	individuals to undergo criminal-history screening. The Order further provides that contractor employees must comply with institutional rules and that violations may result in denial of access to correctional institutions. The auditor reviewed the Administrative Order and available contractor screening documentation and interviewed Human Resources staff regarding the process used to verify criminal background information before a contractor who may have contact with incarcerated individuals is authorized to provide services within the facility. *115.17 Provision (e)* DCRPR Regulation 8715 requires periodic criminal background screening of current employees. The regulation specifies that criminal histories of DCRPR employees are to be checked again every five years. The auditor reviewed available five-year background check documentation and interviewed Human Resources staff regarding the process used to identify employees due for periodic background screening and to document completion of the required checks. The interview also addressed periodic screening requirements applicable to contractors who may have contact with incarcerated individuals. The review demonstrated implementation of the periodic background-screening process for current personnel. *115.17 Provision (f)* DCRPR's personnel screening process requires applicants and employees who may have contact with incarcerated individuals to disclose applicable prior misconduct. The auditor reviewed employment applications, Authorization for Investigation forms, and supporting personnel screening documentation and interviewed Human Resources staff regarding the disclosure and verification of prior misconduct during the employment process. The employment application requires applicants to provide prior employment information and other information relevant to determining suitability for employment. Applicants certify that the information provided is true, complete, and correct and authorize DCRPR Human Resources to verify the information provided. The Authorization for Investigation permits DCRPR, in coordination with other governmental agencies, to investigate an applicant's personal and occupational history, including criminal-history information, as part of the employment screening process. Human Resources staff confirmed that applicants and employees are required to disclose applicable prior misconduct during hiring and promotion processes and, when applicable, during reviews of current employees. Employees also have a continuing affirmative duty to disclose applicable misconduct. The documentation reviewed and information obtained through the Human Resources interview demonstrated that disclosure of prior misconduct is incorporated into DCRPR's personnel screening and employment processes. *115.17 Provision (g)* The auditor reviewed DCRPR employment applications and supporting personnel documentation and interviewed Human Resources staff regarding material omissions and the provision of materially false information during the hiring, promotion, and employment review processes.

	The employment application requires applicants to certify that the information provided is true, complete, and correct and authorizes DCRPR Human Resources to verify the information provided. The application further advises applicants that false information provided in the application may constitute sufficient cause for dismissal. Human Resources staff confirmed that applicants and employees are expected to provide complete and accurate information during applicable personnel processes and that material omissions concerning required disclosures or the provision of materially false information may result in employment consequences, including termination. *115.17 Provision (h)* The auditor interviewed Human Resources staff regarding DCRPR's procedures for responding to requests from institutional employers seeking information about former employees who have applied for employment in another institutional setting. Human Resources staff confirmed that DCRPR responds to such requests in accordance with applicable personnel procedures and, unless prohibited by law, provides information concerning substantiated allegations of sexual abuse or sexual harassment involving a former employee. The auditor did not identify documentation establishing that Puerto Rico law prohibits DCRPR from providing this information. The exception permitted under this provision when disclosure is prohibited by law was not applicable. **Corrective Action:** None.

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 • Documentation related to video monitoring or other monitoring technology • On-site observations of the facility's physical plant, camera placement, Central Control, and video monitoring system **Interviews, Document and Site Review:** *115.18 Provision (a)* The auditor reviewed the Pre-Audit Questionnaire, facility information and available

	documentation concerning facility design, renovation, modification, or expansion. The review did not identify the design or acquisition of a new facility or a substantial expansion or modification of Institución Correccional Bayamón 501 during the applicable review period that would trigger the requirements of Provision (a). The Agency Head and Superintendent were interviewed regarding whether DCRPR or Bayamón 501 had designed or acquired a new facility or undertaken a substantial expansion or modification and, when applicable, how the effect of such changes on the ability to protect incarcerated individuals from sexual abuse is considered. During the on-site review, the auditor inspected the facility's physical configuration, including housing units, common areas, staff-only areas, and restricted areas. The auditor evaluated supervision practices, staff lines of sight, potential blind spots, and the manner in which areas were secured and monitored. The auditor conducted a comprehensive review of the facility's physical plant to assess conditions relevant to supervision and the protection of incarcerated individuals from sexual abuse. No qualifying design, acquisition, substantial expansion, or substantial modification was identified during the applicable review period. Provision (a) was therefore not applicable. *115.18 Provision (b)* Bayamón 501 utilizes a video monitoring system as part of its supervision practices. The auditor reviewed facility information and documentation concerning the use of monitoring technology and interviewed the Agency Head and Superintendent regarding the agency's and facility's practices for considering sexual safety when video monitoring or other monitoring technology is installed or updated. Information obtained through these interviews demonstrated that the potential for monitoring technology to enhance the protection of incarcerated individuals from sexual abuse is considered when decisions are made regarding the installation or updating of such technology. During the on-site review, the auditor directly observed camera placement throughout the facility and reviewed the video monitoring system in Central Control. The system provides live video feeds for monitoring purposes; it does not record or retain video footage. The auditor considered camera coverage together with staff supervision and the physical configuration of the facility when evaluating the use of monitoring technology to enhance the protection of incarcerated individuals from sexual abuse. The auditor also evaluated staff lines of sight, camera placement, and areas where monitoring coverage could affect supervision. This included consideration of blind spots and observation of the Central Control monitoring area. The PREA site-review protocol specifically requires auditors to assess indirect supervision practices and camera placement and to observe the monitoring area, including how camera feeds are monitored and by whom. The audit instrument reflects a Yes finding for Provision (b), indicating that applicable installation or updating of monitoring technology occurred and that the agency considered how the technology could enhance its ability to protect incarcerated

	individuals from sexual abuse. The documentation reviewed, leadership interviews, and direct observation of the live-feed monitoring system supported that finding. **Corrective Action:** None.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Sexual Assault Response and Medical Procedures • Evidence Collection and Preservation Procedures • Procedure for Coordination with the Centro de Ayuda a Víctimas de Violación (CAVV) in Cases of Sexual Assault • CAVV Victim Services and Resource Information • Collaborative Agreement with CAVV • Hospital/Forensic Medical Examination Referral Procedures • Documentation identifying the outside medical provider responsible for SAFE/ SANE forensic examinations • Documentation regarding victim advocacy services • Investigative and criminal referral procedures • Documentation concerning coordination and referral to the Puerto Rico Police Bureau • Pre-Audit Questionnaire and supporting documentation **Interviews, Document and Site Review:** *115.21 Provision (a)* DCRPR Regulation 8715 and related procedures establish a uniform response and evidence-preservation protocol for allegations of sexual abuse. The procedures address the preservation of potential physical evidence for administrative investigations and criminal prosecutions and establish responsibilities for staff responding to an allegation of sexual abuse. The auditor reviewed the agency's evidence collection and preservation procedures to determine whether they contained sufficient direction for responding personnel to preserve potentially usable physical evidence. The procedures require responding staff to protect the alleged victim, separate the alleged victim and alleged aggressor, preserve the scene and potential evidence, notify appropriate supervisory and

investigative personnel, and obtain medical attention when indicated. When physical evidence may be present, the alleged victim is instructed, as appropriate, not to take actions that could destroy potential evidence, including washing, brushing their teeth, changing clothing, urinating, defecating, smoking, drinking, or eating. Comparable evidence-preservation measures apply to the alleged aggressor when appropriate.

Random staff were interviewed regarding their responsibilities upon learning of an allegation of sexual abuse. Staff described the immediate actions required to protect the alleged victim, separate the parties, preserve potential evidence, make required notifications, and obtain medical assistance.

Administrative PREA investigations are conducted by DCRPR's Office of Investigations of the Correctional System (OISC). Allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. Facility staff remain responsible for the immediate protection of the alleged victim and preservation of potential evidence pending involvement of the appropriate investigative authority.

115.21 Provision (b)
Institución Correccional Bayamón 501 does not house incarcerated individuals under the age of 18. The auditor reviewed population and classification information and confirmed through interviews and on-site observations that youthful incarcerated individuals were not housed at the facility during the audit review period. The youth-specific application of the evidence protocol was not applicable to Institución Correccional Bayamón 501. The auditor also reviewed DCRPR's evidence-preservation and sexual assault response procedures applicable to the adult population. The procedures establish responsibilities for protecting an alleged victim, preserving potential evidence, obtaining medical attention, and making required investigative notifications and referrals.

115.21 Provision (c)
DCRPR procedures provide incarcerated individuals who report sexual abuse access to forensic medical examinations when medically or evidentially appropriate, without financial cost to the incarcerated individual. Forensic medical examinations are not performed at Institución Correccional Bayamón 501. When an examination is indicated, the incarcerated individual is transported to an outside hospital for the examination.

The auditor reviewed medical response and hospital referral procedures, documentation identifying the outside medical provider responsible for forensic examinations, and information concerning the availability of SAFE/SANE services. The procedures provide for examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible and, when SAFE/SANE personnel cannot be made available, by other qualified medical practitioners appropriately trained to conduct sexual assault forensic examinations. The auditor also interviewed appropriate personnel from the outside hospital regarding the process followed when a forensic examination is required. The process included immediate medical assessment as necessary, preservation of potential forensic

evidence, referral and transportation to an outside medical facility, and coordination with the appropriate investigative authorities.

115.21 Provision (d)
DCRPR has established procedures for providing victims of sexual abuse access to victim advocacy services. When an incarcerated individual is transported to an outside hospital for a forensic medical examination, victim advocacy services are provided through the hospital as part of the sexual assault response process. The auditor reviewed hospital referral procedures and documentation concerning the availability of victim advocacy services through the outside hospital. The auditor also interviewed the physician responsible for overseeing victim advocacy services at the hospital, who confirmed the availability of these services for incarcerated individuals referred to the hospital following an allegation of sexual abuse. The PREA Compliance Manager was interviewed regarding the process for ensuring that incarcerated individuals referred for a forensic medical examination have access to a victim advocate through the hospital.

DCRPR maintains access to outside emotional support services through the Centro de Ayuda a Víctimas de Violación (CAVV), operated by the Puerto Rico Department of Health. The auditor reviewed the drafted collaborative agreement and related documentation concerning DCRPR's coordination with CAVV and the emotional support services available to incarcerated individuals. The information reviewed established that victim advocacy services are provided through the outside hospital and that CAVV serves as a separate outside resource for emotional support.

115.21 Provision (e)
Victim advocacy services are provided through the outside hospital when an incarcerated individual is transported for a forensic medical examination. The auditor reviewed documentation concerning the hospital-based sexual assault response process and interviewed the PREA Compliance Manager regarding access to these services.

When requested by the victim, the hospital-based victim advocate is available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals in connection with those services.

CAVV is separate from the hospital-based victim advocacy process and provides outside emotional support services to incarcerated individuals.

The one PREA-related investigation available for review involved an allegation of inmate-on-inmate sexual abuse that reportedly occurred at another DCRPR institution before the incarcerated individual was transferred to Institución Correccional Bayamón 501. Because the alleged incident did not occur at Institución Correccional Bayamón 501 and both the administrative and criminal investigations remained ongoing at the time of the audit, the matter did not provide a completed Institución Correccional Bayamón 501 case through which all aspects of the facility's forensic examination and victim advocacy response could be evaluated. The auditor therefore assessed implementation through the applicable policies, procedures, supporting

	documentation, and interviews. 115.21 Provision (h) Victim advocacy services under this standard are provided through the outside hospital when an incarcerated individual is transported for a forensic medical examination. CAVV does not serve as the victim advocate for purposes of this provision; its role is limited to providing outside emotional support services. The auditor reviewed documentation concerning the hospital-based victim advocacy process and the procedures for connecting incarcerated individuals with those services. The auditor separately reviewed documentation concerning CAVV and its role in providing outside emotional support. In addition, the PREA-related administrative investigative file reviewed during the audit documented that the incarcerated individual was offered both victim advocacy services and outside emotional support services. Because victim advocacy services are provided through the outside hospital, the facility does not rely on DCRPR staff or CAVV personnel as substitutes for the hospital-based victim advocate. **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) • PREA Investigation Procedures • Sexual Abuse and Sexual Harassment Investigation Documentation • Documentation of Investigative Referrals and Case Tracking • Publicly Available DCRPR PREA Information • PREA-related investigative file available for review **Interviews, Document and Site Review:** *115.22 Provision (a)* DCRPR Regulation 8715 requires allegations of sexual abuse and sexual harassment, including allegations received through third-party and anonymous reports, to be

	referred for investigation. DCRPR's Office of Investigations of the Correctional System (OISC) is responsible for conducting administrative investigations of PREA allegations. When an allegation involves conduct that may be criminal, the matter is referred to the Puerto Rico Police Bureau, which has the legal authority to conduct criminal investigations. The auditor reviewed DCRPR's investigative procedures, investigative documentation, and the process used to refer and track allegations of sexual abuse and sexual harassment. The Agency Head and investigative personnel were interviewed regarding the agency's procedures for ensuring that allegations are referred for investigation and that administrative or criminal investigations are completed as required. The one PREA-related investigative file available for review involved an allegation of inmate-on-inmate sexual abuse that reportedly occurred at another DCRPR institution before the incarcerated individual was transferred to Institución Correccional Bayamón 501. The documentation demonstrated that the allegation was referred for investigation and that both an administrative investigation and a criminal investigation were ongoing at the time of the audit. Because the alleged incident occurred at another DCRPR institution, the matter was not treated as an allegation of sexual abuse occurring at Institución Correccional Bayamón 501. Information obtained through interviews and documentation review established that allegations of sexual abuse and sexual harassment are referred to OISC for administrative investigation and that allegations involving potential criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. *115.22 Provision (b)* DCRPR maintains a policy and practice requiring allegations of sexual abuse or sexual harassment involving potentially criminal conduct to be referred to an entity with the legal authority to conduct criminal investigations. The Puerto Rico Police Bureau serves as the outside law enforcement entity responsible for conducting criminal investigations of potentially criminal PREA allegations referred by DCRPR. The auditor reviewed DCRPR Regulation 8715 and the Puerto Rico Police Bureau General Order, Chapter 600, Section 632 – Prison Rape Elimination (PREA). The documentation establishes the respective investigative responsibilities of DCRPR and the Puerto Rico Police Bureau. OISC conducts administrative investigations, while allegations involving potentially criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation. The auditor also reviewed documentation concerning the referral and tracking of allegations and interviewed investigative personnel regarding referral practices. The information reviewed established that referrals to the Puerto Rico Police Bureau are documented. The auditor further verified that DCRPR makes its policy concerning the investigation and referral of sexual abuse and sexual harassment allegations publicly available. *115.22 Provision (c)* Criminal investigations involving potentially criminal conduct are conducted by the Puerto Rico Police Bureau. DCRPR Regulation 8715 and the Puerto Rico Police Bureau General Order, Chapter 600, Section 632 – Prison Rape Elimination (PREA), establish

	the respective responsibilities of DCRPR and the Puerto Rico Police Bureau when a criminal investigation is required. DCRPR remains responsible for the institutional response, including immediate protective measures, preservation of potential evidence, required notifications, administrative investigation through OISC, referral of potentially criminal conduct to the Puerto Rico Police Bureau, and cooperation with the criminal investigative authority. The Puerto Rico Police Bureau is responsible for conducting the criminal investigation within its legal authority. The auditor reviewed the applicable policies and investigative procedures and interviewed investigative personnel regarding these responsibilities. The documentation and information obtained through interviews established that the responsibilities of DCRPR and the Puerto Rico Police Bureau are defined when an allegation requires referral for criminal investigation. *115.22 Provision (d)* The Puerto Rico Police Bureau is the outside state entity responsible for conducting criminal investigations of allegations involving potentially criminal conduct within DCRPR facilities. The auditor reviewed the Puerto Rico Police Bureau General Order, Chapter 600, Section 632 – Prison Rape Elimination (PREA), which establishes policy governing the Bureau's response to and investigation of PREA-related allegations. Consistent with the audit instructions for this provision, the auditor did not conduct a separate audit of the Puerto Rico Police Bureau under Provision (d). *115.22 Provision (e)* Provision (e) applies to any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails. No Department of Justice component was identified as responsible for conducting administrative or criminal PREA investigations for Institución Correccional Bayamón 501. Consistent with the audit instructions, no separate audit of this provision was required. **Corrective Action:** None.

115.31	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR PREA Training PowerPoint Presentation, "Adiestramiento P.R.E.A."

- PREA Informational Brochure for Employees
- Employee PREA Training Records
- PREA Refresher Training Records
- Training Attendance Sheets and Sign-In Documentation
- Signed Employee Training Acknowledgment Forms
- Employee Rosters Used to Verify Training Completion
- Time-Stamped Photographic Documentation of Refresher Training
- PREA Training Tracking Documentation
- Corrective Action Period documentation

Interviews, Document and Site Review:

115.31 Provision (a)
DCRPR Regulation 8715 requires employees who may have contact with incarcerated individuals to receive training on the agency's zero-tolerance policy and their responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. The auditor reviewed DCRPR's PREA training curriculum and supporting materials, including the "Adiestramiento P.R.E.A." presentation and informational materials provided to employees. The curriculum addresses the agency's zero-tolerance policy; employee responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of incarcerated individuals to be free from sexual abuse and sexual harassment; the right of incarcerated individuals and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with incarcerated individuals; and applicable laws concerning mandatory reporting of sexual abuse to outside authorities.

The training materials also address professional boundaries, inappropriate staff-inmate relationships, communication with LGBTQIA+ individuals, recognition of vulnerable populations, risk detection, and procedures for reporting PREA-related incidents. The auditor interviewed a random sample of staff regarding the PREA training they received and their responsibilities under the agency's policies and procedures. Staff demonstrated knowledge of the agency's zero-tolerance policy and described their responsibilities for reporting allegations, responding to sexual abuse and sexual harassment, maintaining confidentiality, protecting incarcerated individuals, and preserving potential evidence when applicable. Information obtained through staff interviews was consistent with the training curriculum and materials reviewed.

115.31 Provision (b)
Institución Correccional Bayamón 501 houses a male incarcerated population. DCRPR's PREA training addresses staff responsibilities when supervising and interacting with the population housed at the facility. The auditor reviewed the PREA training curriculum and supporting materials and interviewed staff regarding the training they received. The curriculum addresses professional boundaries, appropriate

	interactions with incarcerated individuals, cross-gender supervision and searches, communication with LGBTQIA+ individuals, and the professional and respectful treatment of transgender and intersex individuals. DCRPR also requires employees reassigned between facilities housing different gender populations to receive training appropriate to the population of the facility to which they are assigned. Staff interviews demonstrated an understanding of appropriate professional interactions with the population housed at Institución Correccional Bayamón 501. *115.31 Provision (c)* DCRPR Regulation 8715 requires employees who may have contact with incarcerated individuals to receive PREA refresher training every two years to ensure continued knowledge of the agency's current sexual abuse and sexual harassment policies and procedures. At the time of the employee training-record review, the auditor reviewed the facility's employee roster and corresponding PREA training records. The documentation demonstrated that approximately 52% of employees were current with the required refresher PREA training. The remaining records did not demonstrate that all employees had completed the required training or were current with the required biennial refresher training. Corrective action was required under this provision. *115.31 Provision (d)* DCRPR maintains documentation of employee participation in and acknowledgment of PREA training. The auditor reviewed training attendance records, employee training documentation, and signed acknowledgment forms documenting employees' receipt and understanding of the training provided. As part of corrective action, Institución Correccional Bayamón 501 submitted signed employee acknowledgment forms corresponding with the additional PREA refresher training conducted during the Corrective Action Period. The auditor reviewed the acknowledgment forms together with the training attendance records and updated employee roster to verify that employees who completed the required training also documented their participation and understanding. **Corrective Action:** During the Corrective Action Period, the facility provided PREA refresher training to employees requiring updated training. Training was conducted across multiple dates and tours. The facility submitted updated employee training records, attendance documentation, signed employee acknowledgments, updated employee rosters, time-stamped photographs of training sessions, and training-tracking documentation. The auditor reviewed and reconciled the documentation against the facility's updated employee roster and verified completion of the required PREA training. The facility also established a tracking process to monitor employee training completion dates and identify upcoming biennial refresher-training requirements. The corrective-action documentation demonstrated sustained implementation of the required employee training process, and the deficiency identified under Provision (c) was corrected.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR Trainer's Guide – General PREA Training for the Training of Officials of the Department of Correction and Rehabilitation ("Guía para Adiestradores") • DCRPR PREA Training Materials • Volunteer PREA Training Records • Contractor PREA Training Records • Training Attendance and Sign-In Records • Training Acknowledgment Documentation • Updated Volunteer Rosters • Contractor Rosters • Documentation Verifying Completion of Corrective-Action Training • Correspondence Documenting Prohibiting Entry of Volunteers from the Facility Volunteer Roster and Restriction of Facility Access • Memorandums Regarding Facility Access for Untrained Volunteers • Corrective Action Period Documentation **Interviews, Document and Site Review:** *115.32 Provision (a)* DCRPR Regulation 8715 requires volunteers and contractors who have contact with incarcerated individuals to receive training regarding their responsibilities under the agency's policies and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. The Pre-Audit Questionnaire reported that Institución Correccional Bayamón 501 had zero volunteers and zero contractors. During the audit, the auditor determined that these responses were incorrect and resulted from a misunderstanding of the PAQ questions related to language translation. An updated review identified 103 volunteers and 27 contractors associated with the facility.The auditor reviewed the updated volunteer and contractor rosters, available contractor and volunteer PREA training records, training attendance documentation, acknowledgment records, and applicable PREA training materials. The review determined that the contractors had received PREA-related training through Physician Correctional; however, the documentation did not demonstrate that all 27 contractors had received the employee PREA training required by DCRPR. The records also did not demonstrate that all 103 volunteers had completed the required PREA training. The auditor interviewed volunteers and contractors regarding the PREA training they received, their responsibilities under DCRPR's sexual abuse and sexual harassment

prevention, detection, and response policies and procedures, and their understanding of applicable reporting requirements. The initial review identified deficiencies in the implementation and documentation of the required PREA training for both volunteers and contractors. Corrective action was therefore required under this provision.

115.32 Provision (b)
DCRPR Regulation 8715 requires volunteers and contractors who have contact with incarcerated individuals to be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and instructed on how to report such incidents. The level and type of training provided is based on the services performed and the level of contact the volunteer or contractor has with the incarcerated population. The auditor reviewed DCRPR's PREA training curriculum and related materials used to train volunteers and contractors. The training addresses the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, responsibilities related to the prevention, detection, and response to sexual abuse and sexual harassment, and procedures for reporting allegations or incidents.

The auditor also reviewed the training documentation associated with the 103 volunteers and 27 contractors identified during the audit. Although the contractors had received PREA-related training through Physician Correctional, the available records did not demonstrate that all 27 contractors had completed DCRPR's required PREA training. The documentation likewise did not demonstrate completion of the required PREA training by all 103 volunteers.

Volunteers and contractors were interviewed regarding the training they received, their understanding of DCRPR's zero-tolerance policy, and the procedures for reporting sexual abuse and sexual harassment. Information obtained through interviews was considered together with the training curriculum, attendance records, acknowledgment documentation, and other training records reviewed. Because the available documentation did not demonstrate that all applicable volunteers and contractors had received the required training, corrective action was required under this provision.

115.32 Provision (c)
DCRPR Regulation 8715 requires the agency to maintain documentation confirming that volunteers and contractors who have contact with incarcerated individuals understand the PREA training they receive.The auditor reviewed volunteer and contractor training records, attendance and sign-in documentation, acknowledgment records, and applicable rosters. The review included the 103 volunteers and 27 contractors identified during the audit.

During the initial review, sufficient documentation was not available to demonstrate completion and acknowledgment of the required PREA training for all volunteers and contractors. Although documentation demonstrated that contractors had received PREA-related training through Physician Correctional, the records did not demonstrate that all 27 contractors had completed DCRPR's required employee PREA training and acknowledged their understanding of that training. Sufficient documentation was also not available for all 103 volunteers. These deficiencies were included in the corrective

	action requirements. **Corrective Action – Provisions (a), (b), and (c):** During the Corrective Action Period, Institución Correccional Bayamón 501 provided the required PREA training to 96 volunteers and all contractors requiring additional training and submitted updated rosters, training attendance and sign-in records, acknowledgment documentation, and supporting records for auditor review. The facility also implemented measures to prevent volunteers who had not completed the required PREA training from entering the facility. The auditor reviewed and reconciled the updated volunteer and contractor rosters with the training and acknowledgment documentation submitted during the Corrective Action Period. Of the 103 volunteers identified during the audit, 96 completed the required PREA training. The remaining seven volunteers did not complete the required training and were removed from the facility's volunteer roster. Correspondence submitted during the Corrective Action Period documented their removal and confirmed that they were no longer authorized to enter the facility. The auditor also reviewed the corrective-action documentation submitted for the 27 contractors. The documentation demonstrated that all 27 contractors completed the required PREA training, resulting in 100% compliance with the training requirement for contractors. At the conclusion of the Corrective Action Period, all 96 volunteers remaining on the facility's volunteer roster and all 27 contractors had documentation demonstrating completion of the required PREA training. The seven volunteers who did not complete the training had been removed from the volunteer roster and were no longer authorized to enter the facility. The auditor verified that the training and documentation deficiencies identified during the initial review were corrected.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-003, Certificación de Orientación sobre la Ley PREA • PREA Inmate Education and Orientation Materials • PREA Informational Brochures and Posters • Inmate Admission and Transfer Records • PREA Education Records and Acknowledgment Documentation

- PREA Education Tracking Documentation
- Population and Admission Records
- Corrective Action Period Documentation

Interviews, Document and Site Review:

115.33 Provision (a)
DCRPR Regulation 8715 requires incarcerated individuals to receive information during the intake process explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed the PREA educational and orientation materials used at Institución Correccional Bayamón 501 and interviewed intake staff and social workers, who are responsible for providing PREA information to newly admitted and transferred incarcerated individuals. During the interviews, staff described the procedures for providing the required intake information, including DCRPR's zero-tolerance policy and the available methods for reporting sexual abuse and sexual harassment.

During the on-site review, the auditor observed the process used to provide PREA information during intake. The review included how and when the information is provided, who is responsible for providing it, how receipt of the information is documented, and the procedures available to assist incarcerated individuals who have difficulty reading, understanding, or otherwise accessing the information. As part of the formal interview process, using the applicable DOJ PREA interview protocol, incarcerated individuals were asked about the PREA information they received upon arrival at the facility. Interviews addressed whether they were informed of DCRPR's zero-tolerance policy regarding sexual abuse and sexual harassment, whether they were told how to report such incidents, and whether they understood the information provided. The auditor also assessed their awareness of available reporting methods. Formal interviews were supplemented by informal conversations with incarcerated individuals during the site review regarding their access to and understanding of PREA information.

The auditor reviewed 51 incarcerated individual records to assess whether the required initial PREA information was provided and documented during the intake process. The sample included all 14 incarcerated individuals admitted during the 14 days preceding the first day of the on-site audit. Of the 51 records reviewed, 24 involved incarcerated individuals who had been housed at Institución Correccional Bayamón 501 for less than one year. Only 12 of the 51 records contained documentation establishing that the required initial PREA information was provided during the intake process. The remaining records did not contain sufficient documentation to demonstrate that incarcerated individuals received information regarding DCRPR's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake.

The auditor considered the record-review findings together with information obtained through interviews with intake staff, social workers, and incarcerated individuals, as

well as direct observations of the intake education process and the educational materials reviewed. Although incarcerated individual interviews demonstrated general awareness of PREA and available reporting methods, the facility could not consistently demonstrate through its records that the required initial PREA information was provided and documented during intake. Corrective action was required under this provision.

115.33 Provision (b)
DCRPR Regulation 8715 requires incarcerated individuals who remain in custody to receive comprehensive PREA education within 30 days of intake. The comprehensive education addresses their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and DCRPR's policies and procedures for responding to sexual abuse and sexual harassment. The auditor reviewed the comprehensive PREA education materials used at Institución Correccional Bayamón 501. The materials address the agency's zero-tolerance policy; the right to be free from sexual abuse and sexual harassment; the right to be free from retaliation for reporting sexual abuse or sexual harassment; methods for reporting; DCRPR's policies and procedures for responding to allegations; and available PREA-related resources.

The auditor interviewed intake staff and social workers responsible for providing PREA education regarding the process for providing comprehensive education to incarcerated individuals who remain at the facility. Interviews addressed when and how comprehensive education is provided, the information covered, how participation and completion are documented, and how staff identify individuals who have not received the required education within 30 days of intake.

During the on-site review, the auditor observed the process used to provide comprehensive PREA education, including the educational materials used, how the information is communicated, and how participation and completion are documented. Using the applicable DOJ PREA interview protocol, the auditor also interviewed incarcerated individuals regarding whether they recalled receiving comprehensive PREA education following intake and their understanding of the information provided. Interviews addressed their right to be free from sexual abuse and sexual harassment, protection from retaliation for reporting such incidents, available reporting methods, and DCRPR's policies and procedures for responding to sexual abuse and sexual harassment.

The auditor reviewed the applicable records within the 51-record sample to determine whether comprehensive PREA education was provided and documented within 30 days of intake. None of the records reviewed contained documentation demonstrating that the required comprehensive PREA education had been provided within the required 30-day timeframe. The auditor considered the record-review findings together with staff and incarcerated individual interviews, the comprehensive education materials reviewed, and observations made during the on-site audit. While interviews provided information regarding incarcerated individuals' general knowledge and understanding of PREA, the facility could not demonstrate through its records that the required comprehensive PREA education was being provided and

documented within 30 days of intake. Corrective action was required under this provision.

115.33 Provision (c)
DCRPR requires incarcerated individuals to receive the comprehensive PREA education described in Provision (b). Incarcerated individuals transferred from another facility are to receive education to the extent that the policies and procedures of the receiving facility differ from those of the previous facility. The auditor reviewed PREA education procedures, educational materials, admission and transfer information, and education records maintained by Institución Correccional Bayamón 501. Intake and education staff were interviewed regarding the procedures used to identify newly admitted and transferred incarcerated individuals and to determine what PREA education must be provided following admission or transfer.

Staff described their responsibilities for providing the required education and documenting participation. The auditor also considered information obtained during incarcerated individual interviews regarding the PREA education they recalled receiving following admission or transfer and their understanding of the facility's PREA policies and reporting procedures. The initial record review did not consistently demonstrate that the required comprehensive PREA education was provided and documented within the required timeframe. The facility was therefore required during the Corrective Action Period to establish and demonstrate a process for ensuring that newly admitted and transferred incarcerated individuals receive the required PREA education and that completion is appropriately documented.

115.33 Provision (d)
DCRPR requires PREA education to be provided in formats accessible to all incarcerated individuals, including individuals who are deaf or hard of hearing, blind or have low vision, have limited reading skills, or have intellectual, psychiatric, speech, or other disabilities that may affect their ability to understand the information provided. Because Puerto Rico is a Spanish-speaking U.S. territory, Spanish is the primary language used by the incarcerated population and facility staff. PREA educational information is therefore provided in Spanish, with English-language materials also available to ensure access for individuals who are limited proficient in Spanish or otherwise require language assistance.

During the on-site review, the auditor assessed how PREA information and education are made accessible to incarcerated individuals who may require assistance. The auditor reviewed the PREA materials available at Institución Correccional Bayamón 501 and interviewed intake staff and social workers responsible for providing PREA information and education. Interviews addressed the procedures used to assist incarcerated individuals who may have difficulty reading, hearing, understanding, or otherwise accessing the information provided.

Staff described methods for providing assistance based on an individual's communication needs, including reading information aloud, explaining information, and obtaining interpretation or other assistance when necessary. The auditor also assessed the facility's process for obtaining interpretation services and whether

assistance could be provided when needed. Incarcerated individual interviews were also used to assess accessibility. The auditor considered whether individuals reported difficulty understanding PREA information, whether assistance was available when needed, and whether communication barriers affected their ability to understand their rights or available reporting methods. Informal conversations with incarcerated individuals and staff during the site review provided additional information regarding the accessibility of PREA education. The auditor considered the interviews together with the educational materials, accessibility procedures, and direct observations made during the site review. The information reviewed demonstrated that the facility had methods available to provide PREA information in alternative or assisted formats when necessary.

115.33 Provision (e)
DCRPR requires the facility to maintain documentation of incarcerated individual participation in PREA education. The auditor reviewed PREA education records, acknowledgment documentation, admission and transfer information, and the 51-record sample to determine whether Institución Correccional Bayamón 501 maintained documentation demonstrating participation in the required initial and comprehensive PREA education. Staff responsible for PREA education were interviewed regarding how participation is documented, where education records are maintained, and how the facility verifies that newly admitted and transferred incarcerated individuals have received the required education. Information obtained through incarcerated individual interviews regarding whether and when PREA education was received was also considered when evaluating the facility's documentation practices. The initial record review identified deficiencies. Records did not consistently demonstrate that incarcerated individuals received and participated in the required PREA information during intake or that comprehensive PREA education was completed and documented within the required 30-day timeframe. Because the facility could not consistently demonstrate participation through the documentation maintained at the time of the audit, corrective action was required under this provision.

115.33 Provision (f)
DCRPR requires key information regarding its PREA policies and procedures to be continuously and readily available or visible to incarcerated individuals through posters, brochures, written materials, or other appropriate formats. During the on-site review, the auditor actively observed PREA signage and informational materials throughout Institución Correccional Bayamón 501. The auditor assessed the readability, accessibility, accuracy, consistency, and placement of PREA information in housing units and other areas accessible to the incarcerated population.

The auditor reviewed posted and written information concerning DCRPR's zero-tolerance policy, methods for reporting sexual abuse and sexual harassment, and other PREA-related information and resources. The auditor assessed whether the information was readily visible and positioned so that incarcerated individuals could read and retain the information provided. Incarcerated individual interviews addressed their awareness of PREA information and available reporting methods. The auditor also conducted informal conversations with incarcerated individuals regarding

whether they had seen PREA information posted throughout the facility and whether they knew where to obtain information about reporting sexual abuse or sexual harassment. Staff were similarly questioned regarding the availability and placement of PREA materials. The auditor compared the information obtained through interviews and informal conversations with direct observations made throughout the facility. On-site observations demonstrated that key PREA information was available through posted and written materials in areas accessible to incarcerated individuals.

Corrective Action – Provisions (a) and (b):

Corrective action was required based on deficiencies identified during the initial record review and the auditor's assessment of the facility's process for providing and documenting the PREA information and education required under Provisions (a) and (b).

The auditor reviewed 51 incarcerated individual records, including the records of all 14 individuals admitted during the 14 days preceding the first day of the on-site audit. Of the 51 records reviewed, 24 involved incarcerated individuals who had been housed at Institución Correccional Bayamón 501 for less than one year. The record review demonstrated that only 12 of the 51 records contained documentation establishing that the initial PREA information required under Provision (a) was provided during the intake process. The remaining records did not contain sufficient documentation to demonstrate that incarcerated individuals received information regarding DCRPR's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake.

The auditor separately evaluated compliance with the comprehensive education requirement under Provision (b). None of the records reviewed contained documentation demonstrating that the required comprehensive PREA education had been provided within 30 days of intake. The initial review identified deficiencies in both the provision and documentation of required PREA information during intake and the provision and documentation of comprehensive PREA education within 30 days.

These findings were considered together with interviews of intake staff and social workers responsible for providing PREA information and education, formal interviews with incarcerated individuals using the applicable DOJ PREA interview protocol, informal conversations conducted during the site review, review of the PREA educational and orientation materials, and direct observation of the facility's process. Although interviews demonstrated general awareness among incarcerated individuals of PREA, DCRPR's zero-tolerance policy, and available reporting methods, the facility's records did not establish consistent implementation of the requirements under Provisions (a) and (b).

Institución Correccional Bayamón 501 was required to implement corrective measures addressing each deficiency. For Provision (a), the facility was required to ensure that newly admitted and transferred incarcerated individuals receive, during the intake process, information regarding DCRPR's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, and that receipt of this information is documented. For Provision (b), the facility was required to ensure that

	incarcerated individuals who remain in custody receive comprehensive PREA education within 30 days of intake and that participation and completion are documented. During the Corrective Action Period, the facility implemented corrective measures and submitted updated PREA education records, acknowledgment forms, tracking records, and supporting documentation for auditor review. The documentation demonstrated a process for identifying newly admitted and transferred incarcerated individuals, documenting the provision of required PREA information during intake, tracking the 30-day deadline for comprehensive PREA education, documenting participation and completion, and identifying individuals with outstanding education requirements. To assess whether the corrective measures had been implemented and sustained, the auditor monitored the facility's performance over a three-month period and reviewed the records of a random sample of newly admitted incarcerated individuals during that monitoring period. The auditor separately evaluated the records for the requirements of Provisions (a) and (b). The documentation demonstrated that all of the newly admitted incarcerated individuals reviewed received and had documentation of the required PREA information during the intake process and subsequently received and had documentation of comprehensive PREA education within 30 days of intake. The corrective-action documentation demonstrated consistent implementation of both requirements throughout the two-month monitoring period. The deficiencies identified during the initial audit regarding the provision and documentation of required PREA information during intake and comprehensive PREA education within 30 days were corrected.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • OISC Specialized Investigator Training Curriculum • OISC investigator training records and logs • Documentation verifying completion of specialized investigator training • DCRPR PREA investigative procedures • DCRPR coordinated response procedures • PREA investigation documentation **Interviews, Document and Site Review:**

115.34 Provision (a)
DCRPR Regulation 8715 requires personnel 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 addresses the investigation of sexual abuse in confinement settings. Within DCRPR, the Office of Investigation of the Correctional System (OISC) is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. Allegations involving potentially criminal conduct are referred to the Puerto Rico Police Bureau for criminal investigation.

The auditor interviewed OISC investigative personnel using the applicable DOJ PREA interview protocol. Interviews addressed whether investigators had received specialized training specific to conducting sexual abuse investigations in confinement settings and required investigators to describe the training received. Investigative personnel described specialized PREA training related to their responsibilities for conducting administrative investigations within correctional settings.

The auditor reviewed the OISC specialized investigator training curriculum and corresponding investigator training records and logs. The documentation established that investigators whose records were reviewed had completed specialized training for conducting sexual abuse investigations in confinement settings, in addition to the general PREA training required under Standard 115.31. The training documentation was consistent with the information obtained through investigative staff interviews.

115.34 Provision (b)
The auditor reviewed the OISC specialized investigator training curriculum and verified that it addressed the four components required by this provision: techniques for interviewing sexual abuse victims; the proper use of Miranda and Garrity warnings; sexual abuse evidence collection and preservation in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution.

Using the applicable DOJ PREA interview protocol, the auditor also interviewed OISC investigative personnel regarding these components of their specialized training. Investigators described the training received in interviewing alleged victims of sexual abuse, the circumstances under which Miranda or Garrity warnings are applicable, procedures associated with the collection and preservation of evidence, and the evaluation of evidence when determining whether an allegation can be substantiated administratively or requires referral for criminal investigation or prosecution. Information obtained through the investigative staff interviews was consistent with the specialized training curriculum and training documentation reviewed by the auditor and demonstrated familiarity with the required components of specialized investigative training.

115.34 Provision (c)
DCRPR maintains documentation of specialized training completed by personnel responsible for conducting administrative investigations of sexual abuse and sexual harassment. The auditor reviewed OISC investigator training records and logs and

	compared the documented training with the specialized investigator curriculum to verify the nature and scope of the training completed. The records reviewed documented completion of specialized investigative training and were maintained by the agency and available for auditor review. The training records, curriculum, and information obtained through investigative staff interviews provided consistent documentation that the investigators whose records were reviewed had received the specialized training required for conducting sexual abuse investigations in confinement settings. *115.34 Provision (d)* Criminal investigations of alleged sexual abuse involving DCRPR correctional facilities are conducted by the Puerto Rico Police Bureau, an external State investigative entity. Allegations involving potentially criminal conduct are referred to the Police Bureau for investigation. Provision (d) requires State entities that conduct sexual abuse investigations in confinement settings to provide specialized training to the agents and investigators who conduct those investigations. In accordance with the DOJ audit instructions, the auditor is not required to assess the external State investigative entity's compliance with this provision. **Corrective Action** None.

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 practitioner roster • Medical and mental health staff PREA training records • Specialized medical and mental health PREA training curriculum • DCRPR PREA training documentation • Physicians Correctional training documentation • DCRPR coordinated response procedures • Medical response procedures for allegations of sexual abuse • Documentation regarding forensic medical examination procedures **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 DCRPR correctional facilities to receive specialized PREA training. The required training addresses how to detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and report allegations or suspicions of sexual abuse and sexual harassment.

Medical and mental health services at Institución Correccional Bayamón 501 are provided through Physicians Correctional. The auditor reviewed the roster of medical and mental health practitioners who regularly provide services at the facility and a sample of corresponding training records. The specialized training curriculum was also reviewed to verify that it addressed each of the required elements under this provision.

Using the applicable DOJ PREA interview protocol, the auditor interviewed medical and mental health practitioners regarding the specialized PREA training they received and their responsibilities when responding to allegations or indications of sexual abuse or sexual harassment. Interviews addressed recognizing and assessing signs of sexual abuse and sexual harassment, preserving potential physical evidence, responding effectively and professionally to victims, and reporting allegations or suspicions through the appropriate channels. Information obtained through interviews was consistent with the specialized training curriculum and training documentation reviewed. The records demonstrated that the medical and mental health practitioners sampled who regularly provide services at Bayamón 501 had completed specialized training addressing the requirements of this provision.

115.35 Provision (b)

Medical personnel at Institución Correccional Bayamón 501 do not conduct forensic sexual assault examinations. When a forensic medical examination is required following an allegation of sexual abuse, the incarcerated individual is transported to Hospital Universitario Dr. Ramón Ruiz Arnau (HURRA), where the examination is performed by qualified medical practitioners in accordance with established forensic examination procedures. Forensic medical examinations are provided at no financial cost to the incarcerated individual, regardless of whether the individual names the alleged abuser or cooperates with an investigation arising from the incident.

The auditor reviewed the facility’s medical response procedures and interviewed medical personnel regarding their responsibilities when an incarcerated individual reports sexual abuse or presents signs or indications of sexual abuse. Medical personnel described procedures for providing necessary medical care, preserving potential physical evidence within the scope of their responsibilities, making required notifications, and arranging transportation to HURRA when a forensic medical examination is indicated.

Medical personnel confirmed that forensic sexual assault examinations are not performed at Bayamón 501. Facility medical practitioners are responsible for the immediate medical response and facilitating access to outside forensic medical services; they do not perform the forensic examination. The specialized training

	required under this provision for medical practitioners who conduct forensic sexual assault examinations is not applicable to the medical practitioners who regularly provide services at Bayamón 501. *115.35 Provision (c)* DCRPR maintains documentation verifying that medical and mental health practitioners who regularly provide services at the facility have completed the specialized training required under this standard, whether the training is provided by DCRPR or another qualified source. The auditor reviewed a sample of training records for medical and mental health practitioners who regularly provide services at Institución Correccional Bayamón 501 through Physicians Correctional. The records were compared with the specialized PREA training curriculum to verify completion of training addressing the requirements applicable to medical and mental health practitioners. The records reviewed documented completion of the required specialized PREA training and were maintained and available for auditor review. The documentation demonstrated that the medical and mental health practitioners included in the sample had completed the specialized training required under this standard. *115.35 Provision (d)* In addition to the specialized training required under Standard 115.35, medical and mental health practitioners must receive the PREA training applicable to their employment or contractual status. Agency employees are subject to the employee training requirements of Standard 115.31, while contractors and volunteers are subject to the applicable training requirements of Standard 115.32. Because medical and mental health services at Bayamón 501 are provided through Physicians Correctional, the auditor reviewed a sample of practitioner training records to determine whether contracted medical and mental health personnel had received both the specialized training required under Standard 115.35 and the PREA training applicable to contractors under Standard 115.32. The auditor reviewed training records to verify that medical and mental health practitioners received both the PREA training applicable to their contractual status and the specialized training required under this standard. Interviews with medical and mental health practitioners further addressed their responsibilities for reporting, preserving potential evidence, responding professionally to victims, and coordinating the response to allegations of sexual abuse or sexual harassment. The documentation and interviews demonstrated completion of the applicable training requirements. **Corrective Action** None.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715
- DCR-PREA-004 (Anejo B)
- DCR-PREA-008 (Anejo F)
- Completed PREA risk screening records
- Initial risk assessment and reassessment records
- Intake, admission, and transfer documentation
- Procedures governing the administration and confidentiality of PREA risk screening information
- Corrective Action Period documentation

Interviews, Document and Site Review:

115.41 Provision (a)
DCRPR Regulation 8715 requires incarcerated individuals to be screened during intake and upon transfer to another facility to assess their risk of being sexually abused by other incarcerated individuals and their risk of being sexually abusive toward others. DCRPR uses DCR-PREA-004 (Anejo B), Formulario para Detectar Riesgo de Violencia Sexual, as the objective screening instrument for these assessments. The auditor reviewed the instrument, completed risk screening records, admission and transfer documentation, and procedures governing the administration of the screening process to assess whether incarcerated individuals are screened for both risk of sexual victimization and risk of sexual abusiveness as required under this provision.

During the on-site audit, the auditor assessed the risk screening process with staff responsible for conducting the assessments. Using the applicable DOJ PREA interview protocol, responsible staff were interviewed regarding who conducts the screening, when screenings are initiated, how information is obtained and documented, the sources of information considered in completing the assessment, and how the screening results are used to identify risk of sexual victimization and sexual abusiveness.

The auditor also assessed the area in which PREA risk screenings are conducted to determine whether the setting provides sufficient privacy for discussion of sensitive information. The review considered whether conversations could be overheard by incarcerated individuals or staff without a need to participate in the screening process and the manner in which sensitive questions are presented. Formal interviews and informal conversations with incarcerated individuals addressed their experience with the risk screening process, including whether they recalled being asked screening questions, whether they were able to respond to the questions, and the privacy afforded during the process. The auditor considered this information together with staff interviews, review of the screening instrument, completed screening records, and direct observations made during the on-site review.

115.41 Provision (b)

PREA Standard 115.41 requires the initial risk screening to ordinarily be completed within 72 hours of an incarcerated individual's arrival at the facility. The auditor reviewed a total of 51 incarcerated individual records to assess compliance with this requirement. The sample included all 14 incarcerated individuals admitted during the 14 days immediately preceding the first day of the on-site audit, 24 additional records involving individuals who had been admitted to Institución Correccional Bayamón 501 within the preceding 12 months, and 13 records from the broader incarcerated population. Together, these groups comprised the 51 records reviewed. Of the 51 records reviewed, only 12 contained documentation demonstrating that the initial PREA risk screening was completed within 72 hours of arrival. The remaining 39 records did not contain sufficient documentation to establish completion of the initial risk screening within the required timeframe.

Using the applicable DOJ PREA interview protocol, the auditor interviewed staff responsible for conducting risk screenings regarding the 72-hour requirement, the process for identifying newly admitted and transferred individuals, and the procedures for completing and documenting the initial assessment. Incarcerated individual interviews also addressed whether they recalled participating in the risk screening process following arrival. Because the record review did not demonstrate consistent completion and documentation of initial risk screenings within the required timeframe, corrective action was required under this provision.

115.41 Provision (c)

PREA Standard 115.41 requires the use of an objective screening instrument to assess risk of sexual victimization and sexual abusiveness. DCRPR uses DCR-PREA-004 (Anejo B), Formulario para Detectar Riesgo de Violencia Sexual, for this purpose. The auditor reviewed the instrument, interviewed staff responsible for risk screening, and directly observed risk assessments conducted by intake staff and social workers during the on-site review. The auditor assessed how screening questions were presented, how information was obtained and documented, how privacy was maintained when discussing sensitive information, and how the information collected was used to assess risk. The review identified deficiencies in the instrument's assessment of the applicable risk factors required by Standard 115.41. Corrective action was required to ensure that each applicable risk factor was directly and objectively assessed.

115.41 Provision (d)

The auditor reviewed DCR-PREA-004 to determine whether it addressed the applicable factors required to assess risk of sexual victimization, including disability; age; physical build; previous incarceration; exclusively nonviolent criminal history; prior sex offense convictions; prior sexual victimization; the individual's perception of vulnerability; and detention solely for civil immigration purposes.

The review identified areas requiring revision to ensure the required factors were directly and objectively assessed. In particular, the question addressing prior sexual victimization was limited to abuse occurring during incarceration and did not

adequately address victimization that may have occurred in the community. The auditor also interviewed staff responsible for risk screening and directly observed assessments conducted by intake staff and social workers to evaluate how required information was obtained, how sensitive questions were presented, and the privacy afforded during the screening process. Corrective action was required to address the identified deficiencies in DCR-PREA-004.

115.41 Provision (e)
When assessing an incarcerated individual's risk of being sexually abusive, DCRPR's screening process considers known information regarding prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse. The auditor reviewed DCR-PREA-004 and interviewed staff responsible for administering the risk screening instrument regarding how these factors are assessed. Staff described the use of information obtained directly during the screening process together with other available records and information relevant to determining an individual's potential risk of sexual abusiveness. The auditor considered these procedures together with the screening instrument, completed assessments, staff interviews, and observations of the screening process. The revisions required to the overall screening instrument under the preceding provisions were also addressed through corrective action to ensure that the instrument comprehensively and objectively assessed the applicable risk criteria.

115.41 Provision (f)

PREA Standard 115.41 requires reassessment of an incarcerated individual's risk of sexual victimization or abusiveness within 30 days of arrival, based on any additional relevant information received since the initial screening. The auditor reviewed the 51-record sample and found that none of the records documented completion of the required 30-day reassessment. Using the applicable DOJ PREA interview protocol, the auditor interviewed staff responsible for risk screening regarding how reassessments are identified, tracked, completed, and documented, and how additional relevant information is considered. Incarcerated individual interviews also addressed whether reassessment occurred following the initial screening. Because none of the 51 records demonstrated completion and documentation of the required reassessment within 30 days, corrective action was required.

115.41 Provision (g)
DCRPR procedures require an incarcerated individual's risk of sexual victimization or abusiveness to be reassessed when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that may affect the individual's risk level. The auditor reviewed the applicable procedures and interviewed staff responsible for risk screening regarding the circumstances that trigger reassessment and the process followed when new information becomes available. The auditor also reviewed the sampled risk screening records and found that none documented a disclosure or reported history of prior sexual victimization.

Staff described how information received after the initial screening, including information obtained through referrals, reports, observations, or incidents of sexual

abuse, is evaluated to determine whether reassessment is warranted. Interviews also addressed who is responsible for initiating and completing the reassessment, how new information is incorporated into the risk assessment, and how the reassessment and any resulting change in risk are documented. The auditor reviewed available reassessment documentation and, during the on-site review, observed risk assessments conducted by intake staff and social workers to assess how information relevant to sexual victimization and abusiveness is obtained and documented. The auditor also assessed whether the facility had an established process for communicating relevant new information to personnel responsible for risk screening so that reassessment could occur when warranted.

The procedures, documentation reviewed, and staff interviews demonstrated an established mechanism for initiating and documenting reassessment when a referral, request, incident of sexual abuse, or additional relevant information indicates that an incarcerated individual's risk of sexual victimization or abusiveness may have changed.

115.41 Provision (h)
DCRPR procedures prohibit disciplining incarcerated individuals for refusing to answer, or for not providing complete information in response to, sensitive questions addressed during the PREA risk screening process. Using the applicable DOJ PREA interview protocol, the auditor interviewed staff responsible for risk screening regarding how they respond when an incarcerated individual declines to answer a sensitive question or provides incomplete information. Staff demonstrated an understanding that incarcerated individuals are not to be disciplined for declining to answer applicable screening questions or for declining to provide complete information. The auditor also considered how sensitive questions are administered and whether the process allows incarcerated individuals to respond without coercion or the threat of disciplinary action.

115.41 Provision (i)

DCRPR requires appropriate controls on the dissemination of responses obtained through the PREA risk screening process to ensure that sensitive information is not exploited to an incarcerated individual's detriment by staff or other incarcerated individuals. During the on-site review, the auditor assessed both the privacy of the screening process and the security of completed screening records. Risk screenings are conducted individually with incarcerated individuals in private areas where the conversation cannot be overheard by other incarcerated individuals or staff without a need to participate in the process. The auditor observed risk screenings conducted in this manner and assessed the privacy afforded during the discussion of sensitive information.

The risk screening process at Bayamón 501 remains paper-based; DCRPR has not transitioned the screening instrument or completed assessments to an electronic system. Completed screening documents are maintained in the incarcerated individual's file in the assigned social worker's office, secured under lock and key. Access is restricted to authorized personnel with a need to know, and staff requiring

access must request the file. The auditor verified these practices through direct observation and interviews with the PREA Compliance Manager, intake staff, social workers, and other personnel responsible for the screening process. The physical storage, access controls, and confidentiality practices observed demonstrated that screening information is protected from unauthorized access, disclosure, or use.

Corrective Action – Provisions (b), (c), (d), (e), and (f):

Corrective action was required based on deficiencies identified through the initial record review, review of DCR-PREA-004, interviews with staff responsible for risk screening, incarcerated individual interviews, and the auditor's assessment of the screening process during the on-site review. The auditor reviewed 51 incarcerated individual records, including all 14 individuals admitted during the 14 days preceding the first day of the on-site audit. Only 12 of the 51 records demonstrated that the initial PREA risk screening was completed and documented within 72 hours of arrival, as required under Provision (b). None of the 51 records demonstrated that the required reassessment was completed and documented within 30 days of arrival, as required under Provision (f).

The auditor also identified deficiencies in DCR-PREA-004 concerning the objective assessment of the risk factors required by Standard 115.41. Certain questions required revision or clarification to ensure that applicable risk factors were directly and objectively assessed. In particular, the question concerning prior sexual victimization was limited to victimization occurring during incarceration and did not adequately assess prior sexual victimization occurring in the community.

Institución Correccional Bayamón 501 was required to implement corrective measures addressing each identified deficiency. The facility was required to ensure that initial risk screenings are ordinarily completed and documented within 72 hours of arrival; required reassessments are completed and documented within 30 days of arrival; the screening instrument directly and objectively assesses all applicable risk factors required by the standard; and a reliable tracking process is maintained to identify newly admitted and transferred incarcerated individuals, monitor applicable deadlines, document completion, and identify any outstanding screenings or reassessments.

As part of corrective action, the screening instrument was revised to address the identified deficiencies and formally codified in DCRPR policy. Staff responsible for conducting PREA risk screenings received instruction on the revised instrument, including its administration, applicable risk factors, documentation requirements, confidentiality of screening information, and required timeframes for initial screenings and reassessments.

During the Corrective Action Period, the facility implemented a tracking and monitoring process for newly admitted and transferred incarcerated individuals and submitted completed risk screening forms, reassessment records, tracking documentation, and supporting records for auditor review. The documentation allowed the auditor to compare arrival dates with initial screening dates, verify completion of initial risk screenings within the required timeframe, track the 30-day

	reassessment requirement, and verify completion and documentation of both assessments. To determine whether the corrective measures were implemented and sustained, the auditor monitored the facility's performance over a three-month period and independently selected a random sample of newly admitted incarcerated individuals from that period for review. For each record selected, the auditor separately verified the date of arrival to Institución Correccional Bayamón 501, completion of the initial risk screening within the required timeframe, and completion of the reassessment within 30 days of arrival. The records reviewed demonstrated 100% compliance with both requirements. The auditor also reviewed the revised screening instrument, related procedures, and supporting documentation to verify that the deficiencies identified during the initial audit had been addressed. The documentation demonstrated that the revised instrument incorporated the applicable risk factors required under Standard 115.41 and that the facility established procedures for consistently conducting, documenting, tracking, and monitoring initial risk screenings and required reassessments. The monitoring period demonstrated sustained implementation of the corrective measures. The deficiencies related to the screening instrument, completion and documentation of initial risk screenings within the required timeframe, and completion and documentation of reassessments within 30 days were corrected.

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) • Completed PREA risk screening and reassessment records • Documentation related to housing, bed, work, education, and program assignments • PREA Alerts • Intake, admission, and transfer documentation • Documentation related to individualized housing and assignment decisions • Corrective Action Period risk screening and reassessment records • Corrective Action Period tracking and monitoring documentation • Revised risk screening instrument and related implementation documentation **Interviews, Document and Site Review:**

115.42 Provision (a)
DCRPR Regulation 8715 requires information obtained through the PREA risk screening process to be used to inform housing, bed, work, education, and program assignments, with the goal of keeping incarcerated individuals identified as being at high risk of sexual victimization separate from those identified as being at high risk of sexually abusive behavior. The auditor reviewed DCR-PREA-004 (Anejo B), completed risk screening records, PREA Alerts, and documentation related to housing and other assignment decisions. The auditor also interviewed the PREA Compliance Manager, personnel responsible for housing and assignment decisions, and intake staff and social workers responsible for conducting PREA risk screenings. Interviews addressed how screening results are communicated, who receives information necessary for assignment decisions, and how identified risk of sexual victimization or sexual abusiveness is considered when making housing, bed, work, education, and program assignments.

During the on-site review, the auditor assessed the facility's housing configuration and observed the risk screening process conducted by intake staff and social workers. Staff described a process for identifying incarcerated individuals at increased risk of sexual victimization or sexually abusive behavior and communicating relevant risk information to personnel responsible for assignment decisions. Screening information and PREA Alerts are considered when determining appropriate housing and bed placement and when making work, education, and program assignments.

The auditor's initial review under Standard 115.41 identified deficiencies affecting the completeness and timeliness of the screening information available to inform these decisions. Of the 51 incarcerated individual records reviewed, only 12 contained documentation demonstrating completion of the initial PREA risk screening within 72 hours of arrival, and none documented completion of the required reassessment within 30 days. The screening instrument also required revision to ensure that the applicable risk factors were directly and objectively assessed. Because initial housing and bed assignments may, at times, occur before completion of the PREA risk screening, timely completion of the screening and direct interview of the incarcerated individual are essential to identifying relevant risk information and ensuring that housing and other assignment decisions are reviewed and informed by that information as soon as it becomes available. Delays in completing the screening may result in personnel responsible for placement and assignment decisions not having complete risk information available when needed. Because housing and other assignment decisions under this provision depend on complete, timely, and accurate risk screening information, corrective action was required.

115.42 Provision (b)
DCRPR Regulation 8715 requires individualized determinations regarding how to ensure the safety of each incarcerated individual. Housing, bed, work, education, and program assignments are to be based on the individual's circumstances, risk screening information, and other relevant institutional information rather than solely on a particular characteristic or classification.

Using the applicable DOJ PREA interview protocol, the auditor interviewed staff

responsible for risk screening regarding how screening information is used to inform individualized safety and assignment decisions. The PREA Compliance Manager and personnel involved in housing and assignment decisions were also interviewed regarding how identified risks, PREA Alerts, and other relevant information are considered when determining appropriate placement and assignments.

The auditor reviewed housing and assignment documentation and assessed how relevant risk information is communicated to personnel responsible for these decisions. Staff described considering screening results, available institutional information, and identified safety concerns when making housing, bed, work, education, and program assignments. Although the facility had a process for making individualized safety determinations, the initial record review did not demonstrate consistent completion of required screenings and reassessments. As a result, the facility could not demonstrate that assignment decisions were consistently informed by complete and current PREA risk information. Corrective action was required.

115.42 Provisions (c) through (g)
These provisions are no longer applicable to the compliance finding, as reflected in the current PREA audit instrument.

Corrective Action – Provisions (a) and (b):

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

As part of corrective action, DCRPR revised the risk screening instrument to address the identified deficiencies and formally codified the revised instrument in DCRPR policy. Staff responsible for conducting PREA risk screenings received instruction on the revised instrument, including its administration, applicable risk factors, documentation requirements, confidentiality of screening information, required screening and reassessment timeframes, and the use of screening results to inform individualized housing, bed, work, education, and program assignments.

During the Corrective Action Period, Bayamón 501 implemented a tracking and monitoring process for newly admitted and transferred incarcerated individuals to ensure that initial risk screenings and required reassessments were completed and that current risk information was available to personnel responsible for making individualized safety and assignment decisions. The facility submitted completed risk screening forms, reassessment records, tracking documentation, and supporting records for auditor review.

To determine whether the corrective measures were implemented and sustained, the auditor monitored the facility’s performance independently selected a random sample of newly admitted incarcerated individuals from that period for review. For each record selected, the auditor verified the date of arrival, completion of the initial risk

	screening within the required timeframe, and completion of the reassessment within 30 days of arrival. The records reviewed demonstrated 100% compliance with both screening requirements. The auditor also reviewed documentation demonstrating that completed screening and reassessment information was available to personnel responsible for individualized housing and other assignment decisions. The documentation demonstrated that current risk information was being used to inform housing, bed, work, education, and program assignments and to support separation of incarcerated individuals identified as being at high risk of sexual victimization from those identified as being at high risk of sexually abusive behavior. The auditor reviewed the revised screening instrument, related procedures, assignment documentation, and supporting records to verify that the deficiencies affecting the use of screening information had been addressed. The monitoring period demonstrated sustained implementation of the corrective measures. The deficiencies related to the availability and use of complete, timely, and current screening information for individualized safety, housing, and assignment decisions were corrected.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Housing and segregation records • Records for incarcerated individuals identified as being at high risk of sexual victimization • Protective custody records • Documentation related to programs, privileges, education, and work opportunities for individuals housed in segregation • Documentation related to the duration and review of segregation placements • PREA risk screening and housing assignment documentation **Interviews, Document and Site Review:** *115.43 Provision (a)* DCRPR Regulation 8715 limits the use of protective custody for incarcerated individuals identified as being at risk of sexual victimization. The policy requires available housing and other means of protection to be evaluated before segregation is used as a protective placement. Protective custody may be used when the

available alternatives have been evaluated and it is determined that no other means of protection are available.

Institución Correccional Bayamón 501 has 15 segregation cells. During the on-site review, the auditor inspected the segregation area and assessed its physical configuration, supervision, and use. The auditor also interviewed the Superintendent (Warden) regarding the circumstances under which an incarcerated individual at high risk of sexual victimization could be placed in involuntary segregation and the alternatives considered before such a placement is made. The auditor reviewed housing and segregation records to determine whether any incarcerated individual had been placed in involuntary segregated housing because of a high risk of sexual victimization. No such placements were identified during the audit review period. At the time of the on-site audit, no incarcerated individual was housed in segregation for purposes of this standard; therefore, no such individual was available for interview.

115.43 Provision (b)
DCRPR Regulation 8715 provides that an incarcerated individual placed in protective custody must be afforded access to programs and services for which the individual is eligible. When the individual cannot be relocated and remains in protective custody, the social services technician is required to document the services being provided. The auditor reviewed applicable procedures and interviewed staff responsible for supervising incarcerated individuals in segregation regarding access to programs, privileges, education, and work opportunities. Staff described the opportunities available to individuals housed in segregation and the procedures applicable when access must be limited. No incarcerated individual was placed in involuntary segregated housing because of a high risk of sexual victimization during the audit review period. There were no PREA-related protective custody placements or associated restrictions on programs, privileges, education, or work opportunities for the auditor to review.

115.43 Provision (c)
DCRPR Regulation 8715 requires alternatives to protective custody to be evaluated before segregation is used. When an incarcerated individual cannot be relocated and protective custody is necessary, the policy requires the social services technician to document every 24 hours the reasons the individual has not been relocated and the services being provided. Regulation 8715 further provides that the protective-custody process may not exceed 30 calendar days.

The auditor interviewed the Superintendent (Warden) and staff responsible for supervising incarcerated individuals in segregation regarding the duration of protective placements, consideration of alternative means of separation, and procedures for removing an individual from involuntary segregation once an appropriate alternative becomes available. The auditor also reviewed housing and segregation records for the preceding 12 months. No incarcerated individual at risk of sexual victimization was identified as having been assigned to involuntary segregated housing for purposes of this standard. No individual was identified as having remained in such a placement for longer than 30 days while awaiting alternative placement.

	115.43 Provision (d) The auditor reviewed DCRPR requirements governing protective custody and interviewed applicable facility staff regarding the documentation required when involuntary segregation is used for protection. DCRPR Regulation 8715 requires available housing and protection alternatives to be evaluated before protective segregation is used and requires documentation when an individual cannot be relocated, including the reasons relocation was not possible and the services provided. No incarcerated individual was placed in involuntary segregated housing because of a high risk of sexual victimization during the audit review period. There were no applicable placement records under this provision for the auditor to review. *115.43 Provision (e)* DCRPR Regulation 8715 establishes requirements for protective custody placements. The policy requires the social services technician to evaluate each protective custody case at least twice per month to identify any condition that may threaten the incarcerated individual's safety. Regulation 8715 also provides that protective custody may not exceed 30 calendar days. The auditor interviewed staff responsible for supervising incarcerated individuals in segregation regarding the review and monitoring of protective placements and reviewed available housing and segregation documentation. No incarcerated individual was identified as having been placed in involuntary segregated housing because of a high risk of sexual victimization during the audit review period. There were no applicable protective custody placement reviews under this provision for the auditor to examine. **Corrective Action** None.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCRPR Regulation 8583 • DCRPR PREA training materials • DCR-PREA-005 (Anejo C) • DCR-PREA-007 (Anejo E) • DCRPR PREA Sexual Assault Awareness Brochure • PREA posters, flyers, signage, and reporting information • Administrative Remedies forms and related written reporting materials • Documentation of incarcerated individual PREA education and re-education

- Documentation of staff instruction regarding PREA reporting requirements
- Corrective Action Period documentation and supporting records

Interviews, Document and Site Review:

115.51 Provision (a)
DCRPR Regulation 8715 establishes multiple internal methods for incarcerated individuals to privately report sexual abuse and sexual harassment, retaliation by other incarcerated individuals or staff for reporting sexual abuse or sexual harassment, and staff neglect or violations of responsibilities that may have contributed to an incident. Reports may be made verbally, in writing, anonymously, or through a third party. The auditor also reviewed DCRPR Regulation 8583 governing the Administrative Remedies process. The regulation provides an additional written mechanism through which incarcerated individuals may communicate complaints and concerns. The regulation addresses complaints involving sexual violence, permits third-party assistance, includes confidentiality protections, and prohibits retaliation.

During the on-site audit, the auditor assessed the internal reporting methods available at Institución Correccional Bayamón 501 through direct observation, testing, document review, and interviews conducted using the applicable DOJ PREA Audit Interview Protocols. Interviews addressed incarcerated individuals' knowledge of available reporting methods and staff responsibilities for receiving, documenting, and reporting allegations. Informal conversations with staff and incarcerated individuals were also conducted during the site review to assess awareness of and access to the available reporting options.

Consistent with the DOJ PREA Audit Site Review Protocol, the auditor observed PREA posters, flyers, brochures, and other reporting information throughout housing areas and locations routinely accessible to incarcerated individuals and assessed the readability, accuracy, consistency, accessibility, and placement of the information. The auditor also tested the telephone reporting method in each housing area, including segregation and protective custody, in the same manner available to incarcerated individuals. The telephones were operational, and the designated PREA reporting line was accessible using the established code without requiring funds or identifying information, allowing incarcerated individuals to make anonymous reports. The auditor separately assessed written reporting methods. This included access to paper, writing instruments, forms, envelopes, and other materials necessary to make a written report. The auditor observed the process for submitting and collecting written communications and assessed the accessibility and security of the applicable collection methods and the handling of written PREA-related communications.

The auditor also assessed verbal reporting through interviews and informal conversations. Incarcerated individuals demonstrated awareness that reports could be made verbally to staff, including personnel other than correctional staff assigned to their housing area. Staff described their responsibility to receive verbal allegations, promptly document them, and initiate required notification and response procedures. Institución Correccional Bayamón 501 does not provide tablets, kiosks, or

computers for incarcerated individuals to electronically submit PREA reports.

The auditor reviewed DCR-PREA-005 (Anejo C), Notificación Inicial de Incidente PREA, and DCR-PREA-007 (Anejo E), Declaración de Incidente PREA, to assess the procedures used to document PREA-related allegations after receipt. The policy requirements, reporting materials, site observations, testing, and interviews demonstrated that Bayamón 501 maintains multiple internal avenues for privately reporting the conduct addressed by this provision.

115.51 Provision (b)
DCRPR Regulation 8715 provides incarcerated individuals with a method for reporting sexual abuse and sexual harassment to a public or private entity or office outside DCRPR. The external reporting method provides an alternative to reporting directly to facility or agency personnel and permits an incarcerated individual to remain anonymous upon request. During the on-site audit, the auditor reviewed the information provided to incarcerated individuals regarding external reporting and, consistent with the DOJ PREA Audit Site Review Protocol, tested access to the external reporting method in the same manner available to the incarcerated population. The auditor verified that the telephone was operational, that the identified reporting method connected to the outside reporting entity, and that the reporting process did not require the incarcerated individual to provide identifying information. The auditor also confirmed with the outside entity that it was prepared to receive reports of sexual abuse and sexual harassment, immediately forward reports to appropriate DCRPR officials, and permit anonymous reporting upon request.

The auditor assessed whether incarcerated individuals had regular access to the external reporting method, including individuals in restricted housing and those requiring reasonable accommodations. PREA reporting posters were prominently displayed throughout all housing areas in both English and Spanish and incorporated visuals to make the information easier to identify and understand. Posters were strategically placed near telephones, adjacent to televisions and in dayrooms, near housing-area exits, along corridors, in congregate service areas, and in other locations routinely accessed by the incarcerated population. The auditor reviewed the external reporting information contained in posters, flyers, brochures, and other materials for readability, accessibility, accuracy, consistency, and placement and verified that reporting information was readily available throughout the facility. Interviews conducted using the applicable DOJ PREA Audit Interview Protocol for Inmates, supplemented by informal conversations during the site review, further assessed incarcerated individuals’ awareness of and access to external and anonymous reporting options.

The auditor also assessed the written-mail process, including access to paper, writing instruments, envelopes, and applicable mailing materials; the manner in which written correspondence is transmitted from incarcerated individuals; the accessibility and security of collection methods; and the handling and privacy of written communications. Institución Correccional Bayamón 501 does not house incarcerated individuals detained solely for civil immigration purposes. Therefore, the requirement to provide such individuals information regarding relevant consular officials and

relevant officials with the Department of Homeland Security was not applicable.

115.51 Provision (c)
DCRPR Regulation 8715 requires staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and through third parties. Staff receiving a verbal allegation are required to promptly document the report and initiate the required notification and response procedures. Using the applicable DOJ PREA Audit Interview Protocol, the auditor interviewed randomly selected staff regarding their responsibilities when receiving an allegation of sexual abuse or sexual harassment. Staff demonstrated an understanding that reports must be accepted regardless of whether they are made verbally, in writing, anonymously, or through a third party and that verbal allegations must be promptly documented and reported in accordance with DCRPR procedures.

Interviews conducted using the applicable DOJ PREA Audit Interview Protocol for Inmates and informal conversations during the site review addressed incarcerated individuals' ability to make reports through the available methods. The auditor also assessed verbal reporting during the site review, including staff knowledge of the process for receiving and documenting verbal reports. The auditor reviewed DCR-PREA-005 (Anejo C) and DCR-PREA-007 (Anejo E) as part of the assessment of how allegations are documented after receipt. The policy, documentation, interviews, and site-review observations demonstrated established procedures for accepting and promptly documenting verbal, written, anonymous, and third-party reports.

115.51 Provision (d)
DCRPR Regulation 8715 provides staff with a method to privately report sexual abuse and sexual harassment involving incarcerated individuals. The reporting process permits staff to make a private report without limiting them to reporting through a direct colleague or immediate supervisor. Using the applicable DOJ PREA Audit Interview Protocol, the auditor interviewed staff regarding how they could privately report sexual abuse or sexual harassment, including circumstances in which they did not wish to make the report through their immediate supervisory chain. Staff demonstrated knowledge of the available private reporting method and understood that PREA-related concerns were not required to be reported solely to a direct colleague or immediate supervisor.

The auditor asked a staff member to walk through the private reporting method in the same manner available to facility staff. The auditor confirmed that the method was available to staff on demand and assessed whether a staff member could privately report sexual abuse or sexual harassment without first reporting the information to a direct colleague or immediate supervisor. The staff walk-through and interviews demonstrated that Institución Correccional Bayamón 501 provides staff with an accessible method for privately reporting sexual abuse and sexual harassment outside the immediate supervisory structure.

Corrective Action – Provisions (a) and (b):

Corrective action was required because deficiencies identified under Standard 115.33 affected the facility's ability to demonstrate that incarcerated individuals had been

	consistently informed of all available methods for reporting sexual abuse and sexual harassment. The deficiency concerned the consistent provision and documentation of PREA education regarding available reporting options; the auditor's on-site testing established that multiple reporting mechanisms were available and operational. During the Corrective Action Period, Institución Correccional Bayamón 501 provided and documented PREA education and re-education addressing available internal and external reporting methods, including verbal, written, anonymous, and third-party reporting. Revised PREA reporting materials were distributed and posted throughout the facility, and staff received additional instruction regarding their responsibility to accept, promptly document, and report allegations regardless of the manner in which they were received. The auditor reviewed documentation of incarcerated individual education and re-education, staff instruction records, and supporting corrective-action documentation. The documentation demonstrated that incarcerated individuals were provided information regarding the available reporting methods and that the information was reinforced throughout the facility. The corrective-action documentation, considered together with the reporting mechanisms tested during the on-site review, demonstrated that incarcerated individuals had access to multiple internal and external avenues for reporting sexual abuse and sexual harassment, including methods permitting verbal, written, anonymous, and third-party reporting. Staff were also provided a method for privately reporting sexual abuse and sexual harassment outside their immediate supervisory structure. The deficiency affecting the facility's ability to demonstrate that incarcerated individuals were consistently informed of the available PREA reporting methods was corrected.

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, Reglamento para Atender las Solicitudes de Remedios Administrativos Radicadas por los Miembros de la Población • orreccional • Administrative Remedies forms and procedures • 12 randomly selected Administrative Remedies files • Documentation related to the receipt, collection, logging, routing, tracking, review, and response to Administrative Remedies • PREA educational materials, posters, brochures, and reporting information

- Third-party reporting procedures

Interviews, Document and Site Review

115.52 Provision (a)

DCRPR Regulation 8583 establishes the Administrative Remedies process through which incarcerated individuals may submit grievances concerning conditions of confinement and other matters within DCRPR's jurisdiction. DCRPR Regulation 8715 establishes requirements specific to the reporting and response to allegations of sexual abuse and sexual harassment. These regulations govern the processing of Administrative Remedies involving allegations of sexual abuse. The auditor reviewed the applicable regulations, Administrative Remedies procedures and forms, and supporting documentation to assess how grievances alleging sexual abuse are received, routed, processed, and resolved. The review confirmed that DCRPR maintains an administrative remedy process through which incarcerated individuals may submit grievances alleging sexual abuse.

During the on-site review, the auditor assessed the accessibility and security of the Administrative Remedies process. Each housing area had a designated, locked collection box located where incarcerated individuals could readily submit written grievances, with access restricted to authorized Administrative Remedies staff. Staff described the procedures for retrieving, logging, routing, tracking, and responding to submissions. The auditor also reviewed 12 randomly selected Administrative Remedies files to assess implementation of these procedures. No grievances alleging sexual abuse were identified during the applicable review period. Compliance with the requirements specific to sexual abuse grievances was therefore assessed through the governing policies and procedures, staff interviews, incarcerated individual interviews, direct observation, and the Administrative Remedies records reviewed.

115.52 Provision (b)
DCRPR Regulation 8583 establishes a timeframe for submitting an Administrative Remedy. Allegations involving sexual violence are excluded from the general filing limitation. An incarcerated individual alleging sexual abuse is therefore not required to submit the grievance within the general filing period. The procedures do not require an incarcerated individual to use an informal grievance process or attempt to resolve an allegation of sexual abuse with staff before filing an Administrative Remedy. The auditor verified these requirements through review of Regulation 8583 and applicable Administrative Remedies procedures and interviews with Administrative Remedies personnel regarding the filing and processing of sexual abuse grievances. No grievances alleging sexual abuse were identified during the review period. Compliance was assessed through applicable policies and procedures, staff interviews, and review of the 12 randomly selected Administrative Remedies files.

115.52 Provision (c)
DCRPR procedures permit an incarcerated individual to submit a grievance alleging sexual abuse without being required to submit the grievance to the staff member who

is the subject of the complaint. A staff member who is the subject of an allegation is not responsible for reviewing or deciding the grievance. The auditor reviewed the applicable Administrative Remedies procedures and interviewed personnel responsible for receiving and processing grievances regarding how allegations against staff are handled, routed, and protected from review or decision-making by the subject of the allegation. The auditor also assessed the collection process during the site review and verified that incarcerated individuals could place written grievances directly into secured Administrative Remedies collection boxes. The auditor's review of the 12 randomly selected Administrative Remedies files provided additional evidence regarding the collection, routing, and handling of grievances. No sexual abuse grievance involving an allegation against a staff member was identified during the applicable review period.

115.52 Provision (d)
DCRPR's Administrative Remedies procedures require a final agency decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing, excluding time used by the incarcerated individual to prepare an administrative appeal. When additional time is necessary to reach an appropriate decision, an extension of up to 70 days may be used, with written notification to the incarcerated individual explaining the extension and identifying the date by which a decision will be made. If a response is not received within the applicable timeframe, including a properly noticed extension, the absence of a response may be treated as a denial at that level of review.

The auditor reviewed the applicable requirements and interviewed Administrative Remedies personnel and supervisors regarding how response deadlines are calculated, tracked, and documented, including extensions and notifications to incarcerated individuals. The auditor also reviewed the 12 randomly selected Administrative Remedies files to assess the facility's general practices for documenting, tracking, and responding to grievances. No grievance alleging sexual abuse was identified during the applicable review period.

115.52 Provision (e)
DCRPR procedures permit third parties, including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist an incarcerated individual in submitting an Administrative Remedy relating to an allegation of sexual abuse and permit third parties to submit such a request on the individual's behalf. When the incarcerated individual declines to have a third-party request processed on their behalf, that decision is documented in accordance with established procedures. Consistent with the DOJ PREA Audit Site Review Protocol, the auditor assessed third-party reporting information displayed throughout the facility. PREA reporting information was reviewed for readability, accessibility, accuracy, consistency, and placement. Information regarding third-party reporting was available in areas accessible to the incarcerated population and in locations accessible to other persons who may assist with reporting.

The auditor also evaluated DCRPR's third-party reporting mechanism in accordance with the DOJ PREA Audit Site Review Protocol for Testing Third-Party Reporting. The

	auditor submitted a test third-party report using the same reporting method made available to the public and assessed whether the method was readily accessible, understandable, and specifically identified for reporting sexual abuse and sexual harassment rather than serving merely as general facility contact information. The auditor subsequently verified that DCRPR received the test report and had a process for receiving, routing, and responding to third-party allegations. The auditor reviewed applicable third-party reporting procedures and interviewed responsible personnel regarding how third-party reports are received, processed, and documented, including the process used when an incarcerated individual declines third-party assistance. The testing, documentation, interviews, and site observations demonstrated an established process for third-party assistance and reporting. *115.52 Provision (f)* DCRPR procedures establish an emergency grievance process for circumstances in which an incarcerated individual alleges being subject to a substantial risk of imminent sexual abuse. Such grievances are required to be immediately forwarded to a level of review at which immediate corrective action may be taken. An initial response must be provided within 48 hours, and a final agency decision must be issued within five calendar days. The initial response and final decision must document DCRPR's determination regarding whether the incarcerated individual is at substantial risk of imminent sexual abuse and the action taken in response. The auditor reviewed the applicable emergency grievance procedures and interviewed Administrative Remedies personnel regarding how an emergency grievance involving imminent risk of sexual abuse would be identified, immediately routed, addressed, documented, and tracked within the required timeframes. No emergency grievance alleging a substantial risk of imminent sexual abuse was identified during the applicable review period. The auditor assessed compliance through review of the governing procedures, interviews with responsible personnel, and examination of the facility's Administrative Remedies process. *115.52 Provision (g)* DCRPR procedures provide that an incarcerated individual may not be disciplined for filing an Administrative Remedy related to alleged sexual abuse unless the agency demonstrates that the grievance was filed in bad faith. The auditor reviewed the applicable policy requirements and discussed the disciplinary protections associated with PREA-related grievances with responsible personnel. The review assessed whether an incarcerated individual could be disciplined merely because an allegation was not substantiated and whether disciplinary action would require a determination that the grievance was filed in bad faith. No disciplinary action associated with the filing of a grievance alleging sexual abuse was identified during the applicable review period. **Corrective Action:** None.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • PREA signage, posters, brochures, and educational materials • Centro de Ayuda a Víctimas de Violación (CAVV) brochures and informational materials • CAVV 24-hour assistance-line information • CAVV service, informed consent, privacy, and confidentiality information • Documentation related to the proposed Collaborative Agreement between DCRPR and the Puerto Rico Department of Health/Centro de Ayuda • Víctimas de Violación (CAVV) • Meeting minutes, email correspondence, draft agreements, revisions, and follow-up communications documenting DCRPR's efforts to establish an agreement with CAVV • DCRPR correspondence and telephone procedures • Documentation related to incarcerated individual access to mail and telephone services • Documentation of incarcerated individual and staff PREA re-education completed during the Corrective Action Period • Corrective Action Period documentation and supporting records **Interviews, Document and Site Review** *115.53 Provision (a)* DCRPR Regulation 8715 requires incarcerated individuals to have access to outside victim advocacy and emotional support services related to sexual abuse. The policy provides for access to outside organizations through available communication methods and requires incarcerated individuals to be provided information necessary to contact those services. The policy also addresses access to communication with outside support resources consistent with applicable confidentiality and security 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 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. Consistent with the DOJ PREA Audit Site Review Protocol, the auditor actively observed signage, posters, brochures, and other informational materials regarding outside emotional support services throughout Institución Correccional Bayamón 501. The auditor assessed the readability, accessibility, accuracy, consistency, condition, and placement of the information and whether the materials clearly identified the

purpose of the services and how incarcerated individuals could access them. CAVV and PREA information was displayed throughout housing areas and other locations routinely accessed by incarcerated individuals. Materials were available in Spanish and English and incorporated visual elements to assist with identifying and understanding the information. Signage was located near telephones, adjacent to televisions and within dayrooms, near housing-area exits, along corridors, in congregate service areas, and in other areas frequented by the incarcerated population. The auditor also assessed accessibility of the information for individuals in restricted housing and those requiring reasonable accommodations.

In accordance with the DOJ PREA Audit Site Review Protocol for Testing Access to Outside Emotional Support Services, the auditor tested telephone access to CAVV in the same manner available to incarcerated individuals. The auditor verified that the telephone system was operational, that the number identified in the informational materials connected to CAVV, and that the service was available to individuals calling from Institución Correccional Bayamón 501. The auditor confirmed through direct contact with CAVV that the organization provides emotional support services to victims of sexual violence and is prepared to provide such services to incarcerated individuals.

The auditor also assessed incarcerated individuals' access to telephones throughout the facility, including in restricted housing, and considered the availability of reasonable accommodations when needed. The review included the extent to which telephone communications with outside emotional support services could be made privately and any limitations on confidentiality or monitoring. The auditor separately assessed access to outside emotional support services through written correspondence. Consistent with the DOJ site-review requirements for sending and receiving mail, the auditor assessed access to paper, writing instruments, envelopes, and other materials necessary to correspond with an outside service provider, including accessibility for individuals in restricted housing. The auditor observed how outgoing correspondence moves from incarcerated individuals to the mail process, the accessibility and security of collection receptacles, and the personnel authorized to retrieve and process correspondence. The Mail Officer was interviewed regarding the collection, routing, security, privacy, and confidentiality of correspondence with outside service providers.

Using the applicable DOJ PREA Audit Interview Protocol for Inmates, the auditor interviewed incarcerated individuals regarding their awareness of outside emotional support services, knowledge of CAVV, and understanding of how to access those services by telephone or written correspondence. Where applicable, interviews conducted using the DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse addressed whether individuals were offered or able to access outside victim advocacy or emotional support services following a report of sexual abuse. Formal interviews were supplemented by informal conversations with incarcerated individuals and staff during the site review.

Institución Correccional Bayamón 501 does not house individuals detained solely for civil immigration purposes. The requirement to provide such individuals with

information regarding relevant consular officials and relevant officials with the Department of Homeland Security was not applicable. At the time of the on-site audit, the available evidence did not sufficiently demonstrate consistent awareness among incarcerated individuals of CAVV, the services available, and the procedures for accessing outside emotional support services. Corrective action was required.

115.53 Provision (b)
DCRPR Regulation 8715 requires incarcerated individuals to be informed, prior to accessing outside support 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 laws. The auditor reviewed CAVV informational, informed-consent, privacy, and confidentiality materials to assess the information provided regarding the confidentiality of communications and applicable limitations. The materials addressed the nature of CAVV services and circumstances affecting confidentiality, including mandatory reporting obligations.

Using the applicable DOJ PREA Audit Interview Protocol for Inmates, the auditor assessed incarcerated individuals' understanding of the confidentiality associated with outside emotional support services and applicable limitations. One incarcerated individual housed at Institución Correccional Bayamón 501 had reported sexual abuse alleged to have occurred at another facility and had recently been transferred to Bayamón 501. The auditor made multiple attempts to interview the individual on different days and at different times; however, the individual declined to participate in the interview. An interview using the DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse could not be completed.

The auditor assessed staff understanding of the procedures for facilitating access to CAVV, including applicable confidentiality and mandatory reporting limitations. According to preliminary investigation documentation, the one incarcerated individual identified as having reported sexual abuse was provided access to CAVV and victim advocacy services and transported to an outside hospital for a SAFE/SANE examination. The individual had recently been transferred to Institución Correccional Bayamón 501 from the facility where the alleged incident occurred. Although the documented response demonstrated that outside support and advocacy services were provided when needed, the on-site review identified a need to strengthen awareness of CAVV services and applicable confidentiality limitations among the broader incarcerated population. Based on these findings, the facility was not substantially compliant with this provision at the time of the on-site audit, and corrective action was required to address the identified education and awareness deficiency.

115.53 Provision (c)
DCRPR Regulation 8715 requires the agency to maintain or attempt to enter into agreements with community service providers capable of providing incarcerated individuals with confidential emotional support services related to sexual abuse and to document those efforts when an agreement cannot be established. At the time of the on-site audit, DCRPR had not provided sufficient documentation of either an established agreement or its efforts to enter into an agreement with an outside

	community service provider serving incarcerated individuals at Institución Correccional Bayamón 501. Based on this finding, corrective action was required under this provision. **Corrective Action – Provisions (a), (b), and (c):** During the Corrective Action Period, Institución Correccional Bayamón 501 and DCRPR implemented measures to address the deficiencies related to incarcerated individual awareness of outside emotional support services and applicable confidentiality limitations, as well as documentation of DCRPR's efforts to establish an agreement with a community service provider. Institución Correccional Bayamón 501 provided additional education to incarcerated individuals regarding CAVV, including the purpose and availability of its services, methods for accessing outside emotional support, and the extent and limitations of confidentiality. Staff received additional instruction regarding CAVV and their responsibilities for facilitating access to these services when requested. The auditor reviewed attendance and acknowledgment records, housing-area education documentation, materials distributed to incarcerated individuals, and documentation of the PREA Compliance Manager's educational efforts. The auditor also reviewed CAVV brochures, 24-hour assistance-line information, service materials, and informed-consent, privacy, and confidentiality information. The documentation demonstrated that the corrective education addressed the deficiencies identified during the on-site audit and provided incarcerated individuals with information regarding available CAVV services, methods of access, and applicable confidentiality limitations. DCRPR also provided documentation of its efforts to establish a collaborative relationship with the Puerto Rico Department of Health/Centro de Ayuda a Víctimas de Violación. The auditor reviewed interagency correspondence, meeting documentation, the proposed Collaborative Agreement and subsequent revisions, follow-up communications, and documentation identifying the CAVV Islandwide Coordinator. DCRPR designated the Islandwide Coordinator to serve as a liaison with CAVV and facilitate communication and coordination regarding access to outside emotional support services. Although the Collaborative Agreement had not been fully executed at the conclusion of the Corrective Action Period, Standard 115.53(c) permits an agency to demonstrate compliance by documenting its attempts to enter into an agreement with a community service provider. The correspondence, meetings, development and revision of the proposed agreement, follow-up communications, and designation of the CAVV Islandwide Coordinator demonstrated substantive and documented efforts by DCRPR to establish the relationship contemplated by the standard. The corrective-action documentation demonstrated that Institución Correccional Bayamón 501 addressed the identified education and awareness deficiencies and that DCRPR documented its efforts to establish an agreement with CAVV. Incarcerated individuals were provided information regarding the availability and purpose of CAVV services, methods for accessing those services, and applicable confidentiality limitations, and staff were instructed regarding their responsibilities for facilitating access. The deficiencies identified during the initial audit under provisions (a), (b), and (c) were

	corrected.

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 and procedures • PREA educational materials identifying third-party reporting options • Publicly available information regarding third-party reporting **Interviews, Document and Site Review** *115.54 Provision (a)* DCRPR Regulation 8715 establishes procedures for receiving third-party reports of sexual abuse and sexual harassment. Incarcerated individuals may obtain assistance from, or have reports submitted on their behalf by, third parties, including other incarcerated individuals, staff, family members, attorneys, advocates, and other persons. DCRPR also makes information regarding how to report sexual abuse and sexual harassment on behalf of an incarcerated individual available to the public. The auditor reviewed DCRPR's third-party reporting procedures and PREA educational and reporting materials to determine whether incarcerated individuals and members of the public were provided a means to report sexual abuse and sexual harassment on behalf of an incarcerated individual. The materials informed incarcerated individuals that another person, including a family member, friend, attorney, advocate, or other third party, could report an allegation on their behalf. Consistent with the DOJ PREA Audit Site Review Protocol, the auditor actively observed PREA posters, flyers, brochures, and other reporting information throughout Institución Correccional Bayamón 501. The auditor assessed the materials for readability, accessibility, accuracy, consistency, condition, and placement. Materials were available in Spanish and English, used clear language and visual elements, and were displayed throughout housing areas and other locations routinely accessed by incarcerated individuals. The auditor also assessed the availability of third-party reporting information in public areas accessible to family members, visitors, attorneys, advocates, and other persons who may report on behalf of an incarcerated individual. The review included whether the information clearly identified the purpose of the reporting method, provided understandable instructions for submitting a report, and directed third parties to a reporting mechanism specific to allegations of sexual abuse and sexual harassment rather than general facility contact information.

	Formal interviews and informal conversations with incarcerated individuals addressed their awareness of third-party reporting options. Incarcerated individuals interviewed demonstrated awareness that another person could report sexual abuse or sexual harassment on their behalf and identified family members and other outside persons as available reporting options. Staff interviews similarly demonstrated an understanding that reports received from third parties must be accepted and appropriately documented, forwarded, and addressed. Consistent with the DOJ PREA Audit Site Review Protocol for Testing Third-Party Reporting, the auditor independently tested DCRPR's publicly available third-party reporting mechanism using the same method available to members of the public. The auditor verified that the reporting method was readily accessible and understandable and was specifically designated for reporting sexual abuse and sexual harassment rather than serving as general contact information. The auditor submitted a test third-party report using the publicly available reporting method and received an email response and follow-up telephone call. The auditor also reviewed documentation confirming receipt and processing of the report. The test, together with staff interviews and review of established procedures, verified that third-party reports are received, documented, appropriately routed, and addressed in accordance with DCRPR's PREA reporting procedures. The policy and documentation reviewed, on-site observations, formal interviews and informal conversations, and the auditor's independent test demonstrated that DCRPR maintains an operational process for receiving third-party reports of sexual abuse and sexual harassment and makes information regarding this reporting method available to incarcerated individuals and the public. The auditor's test further confirmed that the publicly available reporting mechanism was accessible, operational, and resulted in receipt and follow-up through the established process. **Corrective Action:** None.

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 (Anejo C) • DCR-PREA-007 (Anejo E)

- Anejo G – Sexual Violence Incident Reporting and Intervention Procedure
- PREA staff training and educational materials
- Documentation related to staff reporting responsibilities
- Documentation related to medical and mental health reporting requirements
- Documentation related to the referral of allegations for investigation

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; retaliation against incarcerated individuals or staff who reported sexual abuse or sexual harassment; and staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. The policy requires personnel who become aware of or suspect sexual violence or retaliation to immediately notify the Shift Commander. It further requires staff to accept reports made verbally, in writing, anonymously, or by third parties and to promptly document verbal reports. DCR-PREA-005 (Anejo C) provides the mechanism for documenting the initial PREA notification, including reports made anonymously, while Anejo G establishes the reporting and intervention sequence and required notifications.

Using the applicable DOJ PREA Audit Interview Protocol, the auditor interviewed randomly selected staff regarding their reporting responsibilities. Staff were asked how they would respond to a verbal disclosure of sexual abuse, observed or suspected sexual abuse or sexual harassment, information received from a third party, retaliation associated with a PREA report, and staff neglect or violations that may have contributed to an incident or retaliation. Staff consistently described the requirement to report such information immediately through the established reporting process and understood that they are not responsible for determining the credibility of an allegation before reporting it.

The auditor asked staff to walk through the reporting methods available at Institución Correccional Bayamón 501. The auditor verified that staff could access and initiate the reporting process when needed and assessed whether the process required staff to report through a direct colleague or immediate supervisor in a manner that could interfere with or delay reporting. Staff demonstrated knowledge of the available reporting methods and described how they would immediately initiate the required notifications and documentation upon receiving PREA-related information. The policy review, staff interviews, and direct testing demonstrated that personnel at Institución Correccional Bayamón 501 understand their responsibility to immediately report sexual abuse, sexual harassment, retaliation, and staff neglect or violations that may have contributed to an incident or retaliation.

115.61 Provision (b)

DCRPR Regulation 8715 prohibits staff from disclosing information related to a sexual abuse report except to the extent necessary for treatment, investigation, security, management, or other decisions required by policy. Access to PREA-related

	information is therefore limited to personnel with a legitimate need to know. Using the applicable DOJ PREA Audit Interview Protocol for Random Sample of Staff, the auditor assessed staff understanding of these confidentiality requirements. Staff consistently recognized PREA-related information as confidential and understood that it may be shared only with personnel who require the information to perform their assigned responsibilities and not with uninvolved staff or incarcerated individuals. The policy review and staff interviews demonstrated that personnel at Institución Correccional Bayamón 501 understood both their reporting obligations and the requirement to protect PREA-related information from unauthorized disclosure. *115.61 Provision (c)* DCRPR Regulation 8715 establishes reporting responsibilities for medical and mental health practitioners who receive information concerning sexual abuse or sexual harassment. Medical and mental health practitioners are required to report sexual abuse in accordance with DCRPR procedures and applicable mandatory reporting laws and to inform incarcerated individuals, at the initiation of services, of the practitioner's duty to report and the limitations of confidentiality. Using the applicable DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, the auditor interviewed practitioners regarding their reporting obligations, professional confidentiality, mandatory reporting requirements, and the information provided to incarcerated individuals concerning the limits of confidentiality. Practitioners demonstrated an understanding that disclosures of sexual abuse must be reported through the established PREA process and that professional confidentiality does not supersede applicable PREA or mandatory reporting requirements. Medical and mental health practitioners also described informing incarcerated individuals of the limitations of confidentiality and their duty to report before services are provided. Interviews further demonstrated that information obtained during a medical or mental health encounter is otherwise restricted to personnel with a legitimate need to know. The policy requirements and practitioner interviews demonstrated that medical and mental health personnel at Institución Correccional Bayamón 501 understand their reporting obligations and the confidentiality requirements applicable to PREA-related disclosures. *115.61 Provision (d)* DCRPR Regulation 8715 requires allegations involving an alleged victim who is under 18 years of age or considered a vulnerable adult under applicable law to be reported to the appropriate State or local services agency in accordance with applicable mandatory reporting requirements. Institución Correccional Bayamón 501 houses only adults and does not house individuals under 18 years of age. The portion of this provision applicable to minors was not applicable during the audit review period. Using the applicable DOJ PREA Audit Interview Protocol for the Warden and PREA Coordinator, the auditor assessed the procedures applicable to a vulnerable adult subject to mandatory reporting requirements. Responsible personnel demonstrated an understanding of the

	requirement to notify the appropriate authority in accordance with applicable law and DCRPR procedures. The policy review and interviews confirmed that DCRPR has established procedures for making the required notification when an allegation involves a vulnerable adult subject to mandatory reporting requirements. *115.61 Provision (e)* DCRPR Regulation 8715 requires all allegations of sexual abuse and sexual harassment, including those received verbally, in writing, anonymously, or from third parties, to be reported and forwarded through the established PREA response and investigative process. DCR-PREA-005 (Anejo C) documents the initial PREA incident notification, while Anejo G establishes the reporting and intervention sequence and identifies the required supervisory, PREA, medical, law-enforcement, and investigative notifications. The auditor assessed the process followed when Institución Correccional Bayamón 501 receives an allegation of sexual abuse. The auditor also reviewed applicable documentation concerning the referral of allegations for investigation. The review confirmed that allegations received by the facility, regardless of the source or reporting method, are documented and forwarded to the appropriate investigative authority in accordance with DCRPR procedures rather than independently screened out or disregarded by facility staff. Staff interviews conducted under the applicable DOJ protocols were consistent with this process. Staff understood that an allegation received from an incarcerated individual, family member, anonymous source, or other third party must be immediately reported and routed through the established PREA response process. The Superintendent (Warden), PREA personnel, and other responsible staff described notification and referral procedures consistent with Regulation 8715 and the applicable PREA forms and procedures. The auditor's review of DCRPR policy and reporting documentation, interviews conducted under the applicable DOJ PREA Audit Interview Protocols, and direct testing of staff reporting procedures demonstrated that Institución Correccional Bayamón 501 maintains and implements procedures requiring immediate staff reporting, protection of confidential PREA information, compliance with medical and mental health mandatory reporting responsibilities, required notifications involving minors or vulnerable adults when applicable, and referral of all allegations of sexual abuse and sexual harassment for investigation. **Corrective Action:** None.

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 (Anejo B)
- DCR-PREA-005 (Anejo C)
- DCR-PREA-006 (Anejo D)
- DCR-PREA-007 (Anejo E)
- DCR-PREA-008 (Anejo F)
- Anejo G
- PREA staff training and educational materials
- PREA reporting, notification, and incident-response procedures
- Documentation of protective measures and follow-up

Interviews, Document and Site Review

115.62 Provision (a)
DCRPR Regulation 8715 requires immediate action when DCRPR or facility personnel learn that an incarcerated individual is subject to a substantial risk of imminent sexual abuse. The policy provides for protective measures based on the circumstances and immediate safety needs of the individual, including separation from a potential aggressor, changes in housing or placement, increased supervision, medical or mental health intervention, transfer when necessary, and other measures appropriate to address the identified risk. The auditor reviewed DCRPR's PREA screening, reporting, incident-response, and follow-up forms to assess how an identified risk is communicated, addressed, and documented. DCR-PREA-004 (Anejo B), Formulario para Detectar Riesgo de Violencia Sexual, is used to identify information relevant to an incarcerated individual's risk of sexual victimization or sexual abusiveness and to inform appropriate safety and placement decisions.

DCR-PREA-005 (Anejo C) provides for the initial documentation and notification of a PREA allegation or incident. DCR-PREA-006 (Anejo D) documents the circumstances of the incident and protective measures taken; DCR-PREA-007 (Anejo E) documents statements from persons involved in or with knowledge of the incident; and DCR-PREA-008 (Anejo F) provides for follow-up. Anejo G establishes the reporting, notification, intervention, and response process. Collectively, these procedures provide a mechanism for identifying an immediate sexual safety concern, notifying responsible personnel, implementing and documenting protective action, and conducting necessary follow-up.

The auditor specifically reviewed DCR-PREA-006 (Anejo D) to determine how immediate protective measures are documented. The form provides for recording actions such as separation from an alleged aggressor, housing or placement changes, medical placement, transfer, increased supervision, and other protective measures appropriate to the circumstances. Anejo G establishes the notification and intervention chain and identifies the supervisory, PREA, medical, investigative, and other personnel involved as appropriate. The procedures do not require staff to wait

	for an allegation to be substantiated or an investigation to be completed before addressing an immediate safety risk. Using the applicable DOJ PREA Audit Interview Protocols for the Agency Head, Warden, and Random Sample of Staff, the auditor assessed how personnel would respond upon learning that an incarcerated individual was subject to a substantial risk of imminent sexual abuse. Interviewees consistently described an immediate response focused on protecting the individual, separating the individual from the identified or potential threat, making required notifications, maintaining appropriate supervision, and obtaining additional assistance as necessary. The auditor also reviewed the response involving the incarcerated individual who was transferred to Institución Correccional Bayamón 501 following an allegation of sexual abuse at another facility. The documentation demonstrated that immediate protective and response measures were implemented upon receipt of the relevant information and that applicable DCRPR PREA notification, medical, safety, victim advocacy, and investigative procedures were followed. The documented response was consistent with the requirements of Regulation 8715 and the procedures described by personnel during interviews. Randomly selected staff were presented with circumstances involving an immediate sexual safety risk and asked to describe the actions they would take. Staff demonstrated an understanding that information indicating an imminent threat requires immediate intervention and does not depend upon personally witnessing an incident, substantiation of an allegation, or completion of an investigation. Depending on the circumstances, staff identified protective measures that could include separation of the individuals involved, changes in housing or bed assignments, increased supervision, relocation of the potential aggressor, medical or mental health intervention, transfer, or other measures necessary to address the immediate risk. The Superintendent described the same immediate-response expectations and explained that protective measures would be implemented based on the circumstances of the identified threat, followed by continued assessment and any additional measures necessary to maintain the incarcerated individual’s safety. During the on-site review, the auditor supplemented formal interviews with informal conversations with staff assigned to different areas of Institución Correccional Bayamón 501. Staff consistently understood that information indicating a substantial risk of imminent sexual abuse requires immediate protective action and notification through the established response process. The auditor’s review of DCRPR Regulation 8715, applicable PREA forms and procedures, staff training materials, formal interviews conducted under the applicable DOJ PREA Audit Interview Protocols, and on-site observations demonstrated that Institución Correccional Bayamón 501 has an established process for immediately protecting an incarcerated individual upon learning that the individual is subject to a substantial risk of imminent sexual abuse. Personnel demonstrated an understanding that protective action must be initiated without delay and based on the individual’s immediate safety needs.

	Corrective Action: None.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-005 (Anejo C) • DCR-PREA-006 (Anejo D) • DCR-PREA-007 (Anejo E) • Anejo G • DCRPR procedures governing allegations involving other confinement facilities • PREA incident, notification, referral, and investigative documentation **Interviews, Document and Site Review** *115.63 Provisions (a), (b), and (c)* DCRPR Regulation 8715 establishes procedures for responding when an incarcerated individual reports sexual abuse alleged to have occurred while confined at another facility. The policy requires the head of the facility receiving the allegation to notify the head of the facility where the alleged abuse occurred or, when appropriate, the office of the agency responsible for that facility. Notification must be made as soon as possible, but no later than 72 hours after receipt of the allegation, and must be documented. The auditor reviewed Regulation 8715 and the applicable PREA reporting and notification procedures to assess how such allegations are received, documented, and communicated. DCR-PREA-005 (Anejo C) provides for documentation of the initial allegation and required notifications; DCR-PREA-006 (Anejo D) documents the incident and actions taken; DCR-PREA-007 (Anejo E) provides for documentation of relevant statements; and Anejo G establishes the reporting, notification, and intervention process. Together, these procedures provide a documented mechanism for communicating an allegation to the facility or agency responsible for the location where the alleged abuse occurred. Using the applicable DOJ PREA Audit Interview Protocols for the Agency Head and Warden, the auditor assessed their responsibilities when Institución Correccional Bayamón 501 receives an allegation concerning sexual abuse alleged to have occurred at another confinement facility. Both demonstrated an understanding that

	the required notification must be made as soon as possible and no later than 72 hours after receipt and that the notification must be documented. They further understood that notification is required regardless of whether the receiving facility has independently determined the credibility or substantiation of the allegation. The policy requirements, applicable PREA forms and procedures, and interviews demonstrated that Institución Correccional Bayamón 501 has an established process for documenting allegations concerning another confinement facility and notifying the head of that facility or the appropriate agency office within the required timeframe. *115.63 Provision (d)* DCRPR Regulation 8715 also addresses notifications received from another confinement facility or agency concerning sexual abuse alleged to have occurred at a DCRPR facility. Upon receiving such notification, the facility head or appropriate DCRPR official is required to ensure that the allegation is referred for investigation in accordance with DCRPR's established PREA investigative procedures. The auditor reviewed DCR-PREA-005 (Anejo C), DCR-PREA-006 (Anejo D), DCR-PREA-007 (Anejo E), and Anejo G to assess the process for receiving, documenting, and referring such allegations. These procedures establish a pathway from receipt of the allegation through required notification, documentation, referral, and investigation. An allegation received from another confinement facility concerning conduct alleged to have occurred at Institución Correccional Bayamón 501 is subject to the same investigative requirements as an allegation initially reported at the facility. Using the applicable DOJ PREA Audit Interview Protocols for the Agency Head and Warden, the auditor assessed the procedures followed upon receiving a notification from another confinement facility. Interviewees understood that the allegation must be documented and referred to the appropriate investigative authority and that the alleged victim's transfer or release from Institución Correccional Bayamón 501 would not eliminate the obligation to ensure that the allegation is investigated. No notifications were received from another confinement facility during the audit review period concerning sexual abuse alleged to have occurred at Institución Correccional Bayamón 501. There were no case-specific notification or investigative records available for review under this provision. The auditor verified the required process through Regulation 8715, applicable PREA reporting and investigative procedures, and interviews with responsible agency and facility leadership. The documentation and interviews demonstrated an established process in both circumstances addressed by this standard: allegations received at Institución Correccional Bayamón 501 concerning abuse alleged to have occurred at another confinement facility are documented and communicated to the appropriate facility or agency within 72 hours, and notifications received concerning abuse alleged to have occurred at Institución Correccional Bayamón 501 are documented and referred for investigation in accordance with DCRPR procedures. **Corrective Action:** None.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • DCR-PREA-005 (Anejo C) • DCR-PREA-006 (Anejo D) • DCR-PREA-007 (Anejo E) • Anejo G • PREA Coordinated Response procedures • PREA staff training and educational materials • Available documentation related to staff responses to allegations of sexual abuse **Interviews, Document and Site Review** *115.64 Provision (a)* DCRPR Regulation 8715 and Anejo G establish the immediate response requirements for security staff who first learn of an allegation of sexual abuse. The established procedures require the first security staff responder to separate the alleged victim and alleged abuser; preserve and protect any potential crime scene until appropriate steps can be taken to collect evidence; and, when the abuse occurred within a timeframe that allows for the collection of physical evidence, request that the alleged victim and ensure that the alleged abuser do not take actions that could destroy potential evidence. The auditor reviewed DCR-PREA-005 (Anejo C), which provides for initial documentation and notification of a PREA incident; DCR-PREA-006 (Anejo D), which documents the circumstances of the incident, response, and protective measures taken; DCR-PREA-007 (Anejo E), which provides for documentation of relevant statements; and Anejo G, which establishes the sequence of notification, intervention, and response following an allegation of sexual abuse. PREA Coordinated Response procedures and staff training materials were also reviewed to assess the instructions provided to personnel regarding first responder responsibilities and preservation of potential evidence. The procedures require staff to protect potential physical evidence when evidence collection remains possible. This includes requesting that the alleged victim not wash or bathe, brush their teeth, change clothes, urinate, defecate, smoke, drink, eat, or otherwise take actions that could compromise evidence. Security staff are similarly required to ensure that the alleged abuser does not take actions that could destroy potential physical evidence. Using the applicable DOJ PREA Audit Interview Protocol for Security Staff and Non-Security Staff First Responders, the auditor interviewed security staff regarding the

actions they would take upon first learning of an allegation of sexual abuse. The auditor also used the applicable DOJ PREA Audit Interview Protocol for Random Sample of Staff to assess staff knowledge of first responder responsibilities. Scenario-based questions were used to evaluate staff's practical application of the required procedures. Security staff consistently described immediately separating the alleged victim and alleged abuser, protecting the alleged victim, securing and preserving the potential crime scene, making the required notifications, and taking appropriate measures to preserve physical evidence from both the alleged victim and alleged abuser. Staff understood that these actions are initiated upon learning of an allegation and do not depend on staff first determining the credibility of the allegation or conducting an independent investigation.

The auditor also reviewed available documentation associated with responses to allegations to compare documented practices with the requirements of Regulation 8715, Anejo G, and the PREA Coordinated Response procedures. The documentation reflected implementation of the required notification, safety, medical, evidence-preservation, and response procedures, as applicable to the circumstances of the allegation. The auditor specifically considered the documented response involving the incarcerated individual transferred to Institución Correccional Bayamón 501 following an allegation of sexual abuse reported to have occurred at another facility. According to the preliminary investigation and response documentation reviewed, the individual was provided appropriate protective and medical response measures, afforded access to CAVV and victim advocacy services, and transported to an outside hospital for a SAFE/SANE examination. The documented response reflected activation of the applicable PREA response procedures and preservation of the individual's access to appropriate forensic and support services.

Using the applicable DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse, the auditor sought to interview the incarcerated individual regarding the first response to the reported incident. As noted elsewhere in the audit, the individual had recently transferred to Institución Correccional Bayamón 501 from the facility where the alleged incident occurred. The auditor made multiple attempts on different days and at different times to conduct the interview; however, the individual declined to participate. The auditor assessed the response through available incident and preliminary investigation documentation and interviews with responsible personnel. The policy and documentation review, together with formal interviews and scenario-based questioning, demonstrated that security personnel understood the immediate first responder actions required by this provision.

115.64 Provision (b)
DCRPR Regulation 8715 and Anejo G also establish the responsibilities of a non-security staff member who is the first person to receive an allegation of sexual abuse. The procedures require the non-security first responder to request that the alleged victim refrain from actions that could destroy physical evidence and to immediately notify security staff. Using the applicable DOJ PREA Audit Interview Protocol for Security Staff and Non-Security Staff First Responders, together with the DOJ PREA Audit Interview Protocol for Random Sample of Staff, the auditor assessed non-security personnel's understanding of these responsibilities. Staff were presented

	with scenarios in which an incarcerated individual disclosed recent sexual abuse directly to a non-security employee before security personnel had been notified. Non-security staff consistently described immediately notifying security personnel and instructing the alleged victim not to wash or bathe, brush their teeth, change clothes, urinate, defecate, smoke, drink, eat, or otherwise take actions that could compromise potential physical evidence when evidence collection remained possible. Staff understood that their role is to preserve potential evidence and promptly initiate the security response rather than investigate the allegation themselves. The auditor supplemented formal interviews with informal conversations with staff assigned to different areas of Institución Correccional Bayamón 501. Responses were consistent with the written procedures and training materials reviewed. Security personnel understood the requirements for separation, crime-scene protection, and preservation of evidence from both the alleged victim and alleged abuser, while non-security personnel understood their responsibility to preserve potential evidence and immediately notify security staff. The auditor's review of DCRPR Regulation 8715, applicable PREA forms, Anejo G, PREA Coordinated Response procedures, training materials, available response documentation, and interviews conducted under the applicable DOJ PREA Audit Interview Protocols demonstrated that Institución Correccional Bayamón 501 has established first responder procedures and that security and non-security personnel understand and can describe their respective responsibilities upon learning of an allegation of sexual abuse. **Corrective Action:** None.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Institución Correccional Bayamón 501 institutional coordinated response plan • Anejo G • DCR-PREA-005 (Anejo C) • DCR-PREA-006 (Anejo D) • DCR-PREA-007 (Anejo E) • DCR-PREA-008 (Anejo F) • PREA staff training and educational materials

- PREA incident reporting, notification, medical and mental health, evidence-preservation, investigative, and follow-up procedures
- Available documentation related to the coordinated response

Interviews, Document and Site Review

115.65 Provision (a)
DCRPR Regulation 8715 establishes agency requirements for responding to allegations and incidents of sexual abuse. In addition to the agency-level requirements, Institución Correccional Bayamón 501 maintains a written institutional coordinated response plan specific to the facility, as required by this standard. The institutional plan operates in conjunction with Regulation 8715, Anejo G, and DCRPR's PREA forms and procedures and coordinates the actions of staff first responders, security supervisors, facility leadership, PREA personnel, medical and mental health practitioners, investigators, and other personnel with responsibilities following an allegation of sexual abuse.

The auditor reviewed the facility-specific coordinated response plan to determine whether it established a defined sequence of actions beginning with receipt of an allegation and continuing through immediate protection, separation, required notifications, evidence preservation, medical and mental health response, investigation, documentation, and follow-up. The plan assigns responsibilities to the personnel responsible for each component of the response and identifies when coordination or referral between disciplines is required.

The auditor reviewed the institutional plan in conjunction with DCRPR Regulation 8715 and Anejo G, which establish the reporting and intervention sequence, required notifications, and responsibilities of first responders, supervisory personnel, facility leadership, PREA personnel, medical and mental health staff, and investigators. The auditor also reviewed DCR-PREA-005 (Anejo C), DCR-PREA-006 (Anejo D), DCR-PREA-007 (Anejo E), and DCR-PREA-008 (Anejo F), which document the response from initial notification through incident response, protective measures, relevant statements, and follow-up. These documents support the sequence and assigned responsibilities established in the facility's coordinated response plan.

Under the plan, first responders initiate immediate safety measures, including separation of the alleged victim and alleged abuser and preservation of the potential crime scene and physical evidence, as applicable. Supervisory personnel initiate required notifications and oversee the immediate institutional response. Medical and mental health personnel address evaluation, treatment, and ongoing health needs. PREA personnel coordinate PREA-specific requirements and follow-up, while allegations are referred to the appropriate investigative authority. Facility leadership is responsible for ensuring that the required components of the response are coordinated and carried out.

Using the applicable DOJ PREA Audit Interview Protocol for the Warden, the auditor interviewed the Superintendent regarding the written institutional coordinated response plan for Institución Correccional Bayamón 501. The Superintendent

	demonstrated knowledge of the facility-specific plan, the responsibilities assigned to facility leadership, and the coordination required among security, medical and mental health, PREA, and investigative personnel following an allegation of sexual abuse. The auditor also interviewed personnel with responsibilities under the coordinated response, including PREA, security, medical, and mental health staff. Their descriptions of their respective responsibilities were consistent with the institutional plan and supporting DCRPR procedures. Formal interviews and informal conversations demonstrated that staff understood their individual responsibilities as well as when notification, referral, or coordination with another discipline was required. The auditor further reviewed the documented response involving the incarcerated individual transferred to Institución Correccional Bayamón 501 following an allegation of sexual abuse reported to have occurred at another DCRPR facility. According to the preliminary investigation ecord and response documentation, applicable protective, notification, medical, victim advocacy, SAFE/SANE, investigative, and follow-up procedures were initiated and coordinated among the responsible personnel. The documented response provided case-specific evidence of the coordination among the disciplines identified in the facility's response procedures. The auditor verified that the coordinated response was facility-specific and not limited to an agency-wide plan. The written institutional plan for Institución Correccional Bayamón 501, together with Regulation 8715, Anejo G, supporting PREA forms and procedures, staff interviews, and available response documentation, established a coordinated process from initial report through immediate protection, evidence preservation, medical and mental health intervention, investigation, documentation, and follow-up. **Corrective Action:** None.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • Collective Bargaining Agreement – DCR Correctional Officers • Collective Bargaining Agreement – DCR Civilian Employees • Collective Bargaining Agreement – AIJ Civilian Employees • Collective Bargaining Agreement – AIJ Juvenile Services Officers • Collective Bargaining Agreement – OSAJ

- Collective Bargaining Agreement – Correctional Health Program
- Applicable provisions governing management rights, personnel actions, disciplinary procedures, assignments, transfers, and other employment conditions

Interviews, Document and Site Review:

115.66 Provision (a)
The auditor reviewed the collective bargaining agreements applicable to DCRPR employee groups to determine whether any provision limited the agency's ability to remove an alleged staff sexual abuser from contact with incarcerated individuals pending the outcome of an investigation or a determination of whether, and to what extent, discipline was warranted. The review included provisions governing management rights, personnel actions, disciplinary procedures, assignments, transfers, and other employment conditions.

The agreements establish negotiated procedures and employee protections while preserving management authority over agency operations and personnel matters. The auditor identified no provision requiring an employee accused of sexual abuse to remain in contact with incarcerated individuals during an investigation or disciplinary process or otherwise restricting DCRPR's authority to implement protective personnel measures.

Using the applicable DOJ PREA Audit Interview Protocol for the Agency Head, the auditor assessed DCRPR's authority under its collective bargaining agreements. The Agency Head confirmed that the agreements do not prevent DCRPR from restricting an alleged staff sexual abuser's contact with incarcerated individuals while an allegation is investigated. DCRPR may take appropriate personnel measures to prevent such contact while investigative and disciplinary proceedings continue. The auditor also assessed whether applicable disciplinary or due-process protections require DCRPR to wait for substantiation of an allegation or a final disciplinary determination before restricting contact. The Agency Head confirmed that these protections do not prevent the agency from taking interim measures necessary to protect incarcerated individuals while preserving the employee's applicable contractual and procedural rights.

The auditor further reviewed whether the applicable collective bargaining agreements contained provisions that would limit this authority. No such provision was identified. The documentary review and Agency Head interview demonstrated that DCRPR retains the authority to restrict an alleged staff sexual abuser from contact with incarcerated individuals while an investigation or disciplinary determination is pending, including at Institución Correccional Bayamón 501.

Corrective Action:

None.

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 Staff Training Curriculum • DCR-PREA-008 (Anejo F) • Retaliation monitoring procedures and documentation • PREA investigative and follow-up documentation • Documentation of protective measures • Documentation related to monitoring incarcerated individuals and staff for retaliation **Interviews, Document and Site Review** *115.67 Provision (a)* DCRPR Regulation 8715 prohibits retaliation against incarcerated individuals and staff who report sexual abuse or sexual harassment or cooperate with an investigation. The policy establishes responsibility for monitoring possible retaliation and taking protective action when concerns are identified. The PREA Staff Training Curriculum reinforces these protections and addresses staff responsibilities for recognizing, reporting, and responding to possible retaliation. Using the applicable DOJ PREA Audit Interview Protocols for the Agency Head, Warden, and Designated Staff Member Charged with Monitoring Retaliation, the auditor assessed the agency's retaliation protections, designation of personnel responsible for monitoring, and procedures for responding to identified concerns. Interviewed personnel demonstrated an understanding that protections extend to both incarcerated individuals and staff who report sexual abuse or sexual harassment or cooperate with an investigation. One incarcerated individual housed at Institución Correccional Bayamón 501 during the on-site audit had reported sexual abuse alleged to have occurred at another DCRPR facility before his transfer to Bayamón 501. As previously noted, the auditor made multiple attempts on different days and at different times to interview the individual using the applicable DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse; however, the individual declined to participate. The auditor therefore assessed applicable protections through policy, available documentation, and interviews with responsible personnel. *115.67 Provision (b)* DCRPR Regulation 8715 provides for protective measures when an incarcerated individual or staff member who reports sexual abuse or sexual harassment, cooperates with an investigation, or otherwise faces a risk of retaliation. Depending on the circumstances, measures may include housing or transfer changes, separation

from an alleged abuser, changes in staff assignments, increased supervision, and access to emotional support services. Using the applicable DOJ PREA Audit Interview Protocols, the auditor assessed the protective measures available and the circumstances under which they would be implemented. Responsible personnel described measures consistent with Regulation 8715 and understood that identified retaliation or a credible threat of retaliation requires prompt protective action.

The auditor also reviewed available documentation concerning the incarcerated individual transferred to Institución Correccional Bayamón 501 following an allegation of sexual abuse at another facility. The documentation reflected protective and support measures associated with the individual's transfer and continued safety, including separation from the location where the alleged incident occurred and access to appropriate support services. No other incarcerated individuals housed at Institución Correccional Bayamón 501 during the audit review period were identified as having reported sexual abuse.

115.67 Provision (c)

DCRPR Regulation 8715 requires retaliation monitoring for at least 90 days following a report of sexual abuse unless the allegation is determined to be unfounded, with monitoring extended when a continuing need exists. Monitoring includes changes in conduct or treatment, disciplinary activity, housing or program changes, and other indicators of possible retaliation for incarcerated individuals, and negative performance reviews, reassignments, or other employment-related actions for staff. The auditor reviewed DCR-PREA-008 (Anejo F), Informe de Seguimiento de Incidentes PREA, and assessed the monitoring process using the applicable DOJ PREA Audit Interview Protocol. Designated staff demonstrated knowledge of the required timeframes, indicators of retaliation, documentation and response procedures, and circumstances requiring monitoring beyond 90 days. At the time of the on-site audit, there were no active or completed retaliation-monitoring files at Institución Correccional Bayamón 501 available for case-specific review. The auditor assessed the established monitoring process through policy, the applicable monitoring form, and interviews with responsible personnel.

115.67 Provision (d)
DCRPR Regulation 8715 requires periodic status checks of incarcerated individuals subject to retaliation monitoring to identify safety concerns or indicators of retaliation. The auditor reviewed DCR-PREA-008 (Anejo F) and, using the applicable DOJ PREA Audit Interview Protocol, assessed how these checks are conducted and documented. The one incarcerated individual identified as having reported sexual abuse declined multiple interview attempts; therefore, the auditor assessed the process through policy, available documentation, and interviews with responsible personnel.

115.67 Provision (e)
DCRPR Regulation 8715 extends retaliation protections to individuals who cooperate with sexual abuse or sexual harassment investigations. Using the applicable DOJ PREA Audit Interview Protocols, the auditor confirmed that responsible personnel understood these protections and the available measures, including separation,

	housing or assignment changes, increased supervision, removal of an alleged abuser from contact, and support services. *115.67 Provision (f)* DCRPR Regulation 8715 permits retaliation monitoring to terminate when an allegation is determined to be unfounded; otherwise, monitoring continues for at least 90 days and longer when warranted. Responsible personnel accurately described these requirements. The auditor's review of Regulation 8715, DCR-PREA-008 (Anejo F), monitoring procedures, and applicable DOJ PREA Audit Interviews demonstrated that Institución Correccional Bayamón 501 has established procedures to protect incarcerated individuals and staff from retaliation, monitor for retaliation, conduct required status checks, respond to identified concerns, and protect individuals who cooperate with PREA investigations. **Corrective Action:** None.

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 procedures • Housing assignment and placement records • Segregated housing records • Documentation related to protective custody and post-allegation housing placements **Interviews, Document and Site Review** *115.68 Provision (a)* DCRPR Regulation 8715 subjects the use of involuntary segregated housing for an incarcerated individual alleged to have suffered sexual abuse to the requirements of Standard 115.43. Involuntary segregation may be used only when an assessment of available alternatives determines that no other means of separation from likely abusers is available. If an immediate assessment cannot be completed, temporary placement may not exceed 24 hours while the assessment is conducted. When involuntary segregation is necessary, Regulation 8715 requires access to programs, privileges, education, and work opportunities to the extent possible. Any restriction must document the opportunity limited, duration, and reason. Placement may

continue only until an alternative means of separation can be arranged and ordinarily may not exceed 30 days. The basis for the placement and lack of an available alternative must be documented, with continued need for separation reviewed as required.

Institución Correccional Bayamón 501 has 15 segregation cells. During the on-site review, the auditor inspected the segregation area and assessed its physical configuration and use. Using the applicable DOJ PREA Audit Interview Protocols for the Warden and Staff Who Supervise Inmates in Segregated Housing, the auditor assessed the circumstances under which an individual who alleged sexual abuse could be placed in involuntary segregation, the alternatives considered before placement, applicable time limits and reviews, and requirements governing access to programs, privileges, education, and work opportunities.

Facility personnel explained that an incarcerated individual who alleges sexual abuse is not placed in involuntary segregation solely because of the allegation. Available alternatives are considered first, including separation of the individuals involved, housing or bed-assignment changes, increased supervision, relocation of the alleged abuser, or transfer when necessary. Involuntary segregation may be used only when no available alternative can provide the required separation and protection.

The auditor reviewed housing, segregation, and protective custody records for the audit review period to identify any incarcerated individual who alleged sexual abuse and was subsequently placed in involuntary segregated housing for protection. No post-allegation involuntary segregated housing placements were identified. There were no applicable case files involving such placements, restrictions on programs or services, placement durations, or required placement reviews to examine.

As previously noted, one incarcerated individual housed at Institución Correccional Bayamón 501 had reported sexual abuse alleged to have occurred at another facility before his transfer to Bayamón 501. The auditor reviewed available documentation concerning his housing and protective response and confirmed that he was not placed in involuntary segregated housing for post-allegation protection. No other incarcerated individuals at Institución Correccional Bayamón 501 during the audit review period were identified as having reported sexual abuse.

At the time of the on-site audit, no incarcerated individual was housed in involuntary segregation for purposes of this standard; therefore, no individual was available for interview using the applicable DOJ PREA Audit Interview Protocol for Inmates in Segregated Housing.

The auditor’s review of DCRPR Regulation 8715, housing and segregation procedures and records, direct observation of the segregation area, and interviews conducted under the applicable DOJ PREA Audit Interview Protocols demonstrated that Institución Correccional Bayamón 501 maintains procedures limiting post-allegation involuntary segregation in accordance with Standard 115.43 and prioritizing alternative means of separation and protection. No incarcerated individual who alleged sexual abuse was placed in involuntary segregated housing for protection during the audit review period.

	Corrective Action: None.

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 policies and procedures • OISC specialized investigator training documentation • PREA investigative files and reports • Administrative and criminal investigative reports • Documentation of investigative findings and case dispositions • Documentation related to referrals for criminal investigation and prosecution • Investigative record-retention requirements • Procedures governing the secure storage of and access to investigative records **Interviews, Document and Site Review** No allegations of sexual abuse or sexual harassment originated at Institución Correccional Bayamón 501 during the audit review period. One incarcerated individual housed at the facility had reported sexual abuse alleged to have occurred at another DCRPR facility before his transfer to Bayamón 501. Because the alleged incident did not occur at Institución Correccional Bayamón 501, the investigation was not a Bayamón 501 investigation. The auditor therefore reviewed PREA investigative files from outside the current audit review period to assess DCRPR and OISC investigative practices, including evidence collection, interviews, written reports, findings, referrals, record retention, and other requirements of this standard. *115.71 Provision (a)* DCRPR Regulation 8715 and Office of Investigations of the Correctional System (OISC) procedures require allegations of sexual abuse and sexual harassment, including anonymous and third-party reports, to be investigated promptly, thoroughly, and objectively. OISC is responsible for conducting administrative investigations of sexual abuse and sexual harassment allegations within DCRPR correctional facilities. Using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, the auditor assessed how allegations are received and referred for investigation, including anonymous and third-party reports, and whether investigations are initiated promptly and conducted objectively. Investigative personnel described the required referral and investigative process without regard to the manner in which an allegation is reported.

The auditor also reviewed completed PREA investigative files to assess implementation of these requirements.

115.71 Provision (b)
DCRPR Regulation 8715 and OISC procedures require personnel who investigate sexual abuse in confinement settings to receive specialized training in addition to general PREA training. The specialized training addresses interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence necessary to substantiate a case for administrative action or prosecution. The auditor reviewed specialized investigator training records and, using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, assessed investigators' training and preparation for conducting PREA investigations. The records and interviews demonstrated that personnel assigned these investigative responsibilities received specialized training applicable to sexual abuse investigations in confinement settings.

115.71 Provision (c)

DCRPR and OISC investigative procedures require investigators to gather and preserve direct and circumstantial evidence, including physical and DNA evidence, electronic monitoring information, documentary evidence, and statements from alleged victims, suspected perpetrators, and witnesses. Prior complaints and reports involving the suspected perpetrator are also reviewed when relevant. The auditor, using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, assessed procedures for collecting, preserving, evaluating, and documenting evidence. The file reviewed documented investigative interviews, evidence considered, findings, and case dispositions.

115.71 Provision (d)
When evidence indicates potential criminal conduct, DCRPR procedures require referral to the Puerto Rico Police Bureau for criminal investigation, while OISC coordinates its administrative investigation to avoid compromising the criminal process. Using the applicable DOJ PREA Audit Interview Protocol, the auditor confirmed that investigative personnel understood this coordination requirement, including that compelled interviews are conducted only after consultation with prosecutors when they could affect a criminal prosecution.

115.71 Provision (e)

DCRPR investigative procedures require credibility determinations to be based on the available evidence and circumstances of the investigation and not on an individual’s status as an incarcerated individual, staff member, or other involved party. The procedures also prohibit requiring an alleged victim to submit to a polygraph examination or other truth-detecting device as a condition of continuing the investigation. Using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, the auditor verified investigators’ understanding and application of these requirements.

115.71 Provision (f)

	DCRPR and OISC procedures require administrative investigations to include an assessment of whether staff actions or failures to act contributed to the alleged sexual abuse. Administrative investigations must be documented in written reports describing the physical, testimonial, documentary, and other evidence considered, including relevant facts, findings, and conclusions. The auditor reviewed administrative investigative reports and, using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, assessed how investigators evaluate staff conduct, policy compliance, supervision, and failures to act. The investigative records reviewed demonstrated written documentation of the evidence considered and resulting findings. Consistent with the DOJ PREA Audit Site Review Protocol for Record Storage, the auditor assessed the security of PREA-related records. Investigative case files are maintained exclusively in paper format in secured areas accessible only to authorized personnel; DCRPR does not maintain digital investigative case files. Electronic PREA-related information is limited to internal email communications with restricted access. Informal staff conversations further confirmed the safeguards governing access to confidential PREA information. *115.71 Provision (g)* DCRPR procedures require criminal investigations to be documented in written reports detailing the physical, testimonial, documentary, and other evidence developed, with documentary evidence maintained with the investigative record where feasible. The auditor reviewed available criminal investigative reports and, using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, verified the requirements for documenting and preserving evidence to support investigative findings, referrals, and prosecutorial decisions. 115.71 Provision (h) DCRPR procedures require substantiated allegations involving conduct that appears criminal to be referred to the appropriate criminal investigative and prosecutorial authorities. The auditor reviewed investigative files, case dispositions, and available referral documentation and interviewed investigative personnel regarding the criteria and process for criminal referral. Because no allegation originating at Institución Correccional Bayamón 501 during the audit review period resulted in a substantiated finding of sexual abuse, there was no current-period Bayamón 501 case requiring referral for prosecution. The auditor assessed implementation through the investigative records available for review and the established referral procedures. 115.71 Provision (i) DCRPR requires written administrative and criminal investigative reports involving sexual abuse to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor reviewed applicable record-retention requirements and investigative records and assessed the storage of PREA investigative information during the on-site review. Hard-copy records were maintained in secured locations, and electronically

maintained information was protected through access controls. Access was limited to personnel with authorized responsibilities.

115.71 Provision (j)
DCRPR and OISC procedures provide that the departure of an alleged victim or alleged abuser from DCRPR custody, control, or employment does not terminate an investigation. Transfer, release, resignation, or termination of employment does not provide a basis for discontinuing an otherwise required investigation.

Using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, the auditor assessed how investigations proceed when an alleged victim or alleged abuser leaves the facility or agency. Investigative personnel confirmed that investigations continue based on the available evidence and applicable investigative requirements regardless of the individual's custodial or employment status.

115.71 Provision (k)
Standard 115.71 requires any State entity or Department of Justice component conducting sexual abuse investigations to follow the investigative requirements of this standard. Consistent with the PREA audit instrument, this provision does not require a separate auditor compliance determination.

DCRPR uses OISC for administrative investigations of sexual abuse and sexual harassment allegations within its correctional institutions. The auditor's review of OISC procedures, investigator training, and investigative records addressed the applicable requirements for specialized training, evidence collection and preservation, interviews, credibility determinations, written reports, and appropriate criminal referrals.

115.71 Provision (l)
When an outside investigative entity conducts a sexual abuse investigation, DCRPR and Institución Correccional Bayamón 501 are required to cooperate with the investigating entity and endeavor to remain informed of the investigation's progress.

Using the applicable DOJ PREA Audit Interview Protocols for the Warden, PREA Coordinator, PREA Compliance Manager, and Investigative Staff, the auditor assessed procedures for cooperating with outside investigative agencies, providing requested information and assistance, and maintaining communication regarding investigative progress and outcomes. Interviewed personnel understood their respective responsibilities for supporting and monitoring outside investigations.

The auditor's review of DCRPR Regulation 8715, OISC procedures and specialized training records, administrative and criminal investigative reports, referral and retention requirements, record-security practices, and interviews conducted under the applicable DOJ PREA Audit Interview Protocols demonstrated an established process for the prompt, thorough, and objective investigation of sexual abuse and sexual harassment allegations and for referral of apparent criminal conduct to the appropriate authorities.

Corrective Action:

	None.

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 policies and procedures • OISC specialized investigator training documentation • PREA administrative investigative files and reports • Documentation of investigative findings and case dispositions • Procedures governing the evaluation of evidence and determination of administrative findings **Interviews, Document and Site Review** No allegations of sexual abuse or sexual harassment originated at Institución Correccional Bayamón 501 during the audit review period. One incarcerated individual housed at the facility reported sexual abuse alleged to have occurred at another DCRPR facility before his transfer. The administrative and criminal investigations remained ongoing at the time of the audit. The auditor therefore reviewed completed PREA administrative investigative files from outside the current audit review period to assess DCRPR and OISC procedures for evaluating evidence and determining investigative findings. *115.72 Provision (a)* DCRPR and OISC investigative procedures require administrative findings involving sexual abuse or sexual harassment allegations to be determined using the preponderance-of-the-evidence standard, which establishes that the alleged conduct more likely than not occurred. The agency does not impose a higher evidentiary standard when determining whether an allegation is substantiated. The auditor reviewed applicable investigative procedures, completed administrative investigative reports, and documented case dispositions to assess the evidentiary standard used in reaching investigative findings. Using the applicable DOJ PREA Audit Interview Protocol for Investigative Staff, the auditor confirmed investigators' understanding of the preponderance-of-the-evidence standard and its application when evaluating available evidence. Because the investigation involving the incarcerated individual transferred to Institución Correccional Bayamón 501 remained ongoing, no final administrative finding was available for that allegation. The auditor assessed implementation through completed investigative records from outside the current

	review period and investigative staff interviews. **Corrective Action:** None.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Documentation of investigative findings and case dispositions • Procedures for notifying incarcerated individuals of investigative outcomes **Interviews, Document and Site Review** No allegations of sexual abuse or sexual harassment originated at Institución Correccional Bayamón 501 during the audit review period. One incarcerated individual housed at the facility reported sexual abuse alleged to have occurred at another DCRPR facility before his transfer. The administrative and criminal investigations remained ongoing at the time of the audit. The auditor reviewed Regulation 8715, the agency's notification form, and available investigative records from outside the current review period. Using the applicable DOJ PREA Audit Interview Protocols for the Warden and Investigative Staff, the auditor assessed notification procedures, responsibilities, and documentation practices. Interviewed personnel demonstrated an understanding of the requirements for communicating investigative findings and subsequent developments to incarcerated individuals. The auditor made repeated attempts to interview the incarcerated individual who reported sexual abuse; however, he declined participation. The applicable DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse could not be completed. *115.73 Provision (a)* Article XIV of DCRPR Regulation 8715, page 30, requires incarcerated individuals who report sexual abuse to be notified whether their allegation was substantiated, unsubstantiated, or unfounded following an investigation. The agency's notification form identifies these determinations and provides for documenting delivery and acknowledgment. The auditor reviewed the form and available investigative records and, through Warden and Investigative Staff interviews, confirmed the procedures for communicating investigative outcomes. The investigation involving the transferred individual remained ongoing; therefore, no final notification was due.

115.73 Provision (b)

OISC conducts administrative investigations, while the Puerto Rico Police Bureau handles criminal investigations. Using the applicable DOJ PREA Audit Interview Protocols for the Warden and Investigative Staff, the auditor confirmed that personnel understood their responsibilities for obtaining investigative information, coordinating with investigating authorities, and notifying incarcerated individuals of final determinations. The pending investigation had not reached a final disposition.

115.73 Provision (c)

Article XIV of Regulation 8715, page 30, establishes notification requirements following staff-on-inmate sexual abuse allegations, including staff reassignment, criminal charges, and convictions. Standard 115.73(c) additionally requires notification when the alleged staff member is no longer employed at the facility. These notifications apply unless the allegation is determined to be unfounded or the incarcerated individual is released from custody. The auditor reviewed the applicable policy and notification requirements and, using the DOJ PREA Audit Interview Protocols for the Warden and Investigative Staff, confirmed that personnel understood the obligation to notify alleged victims of changes in staff assignment or employment status and applicable criminal proceedings. No staff-on-inmate sexual abuse allegations originated at Institución Correccional Bayamón 501 during the review period; therefore, no current-period notifications were available for review.

115.73 Provision (d)

Article XIV of Regulation 8715, page 30, requires notification to an incarcerated individual who alleges sexual abuse by another incarcerated individual when the agency learns that criminal charges have been filed against the alleged abuser or that the alleged abuser has been convicted. The auditor reviewed the applicable policy and available investigative records and, through investigative staff interviews, confirmed understanding of these notification requirements. The allegation involving the transferred individual concerned inmate-on-inmate sexual abuse at another DCRPR facility. Because the criminal investigation remained ongoing, no indictment or conviction notification associated with that allegation was available for review.

115.73 Provision (e)

Article XIV of Regulation 8715, page 30, requires documentation of notifications provided to incarcerated individuals. The agency's investigative determination notification form includes the case number, investigative finding, notification date, staff signature, incarcerated individual's acknowledgment, and documentation of refusal to sign. The auditor reviewed the form and available investigative documentation and, using the applicable DOJ PREA Audit Interview Protocols, confirmed that personnel understood the requirement to document notifications and attempted notifications, including unsuccessful attempts. No completed notification associated with the ongoing investigation involving the transferred individual was available for review.

115.73 Provision (f)

Article XIV of Regulation 8715, page 30, provides that the agency's notification obligation terminates when the incarcerated individual completes the sentence or custodial disposition or is released by court order. This is consistent with Standard 115.73(f), which ends the notification obligation upon release from agency custody. The auditor reviewed the applicable policy and, through Warden and Investigative Staff interviews, confirmed staff understanding of this requirement. The individual associated with the ongoing investigation remained in DCRPR custody at the time of the audit.

Corrective Action:

None.

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, Article XV – Disciplina
- DCRPR Manual DCR-2019-04, Manual para la Aplicación de Medidas Correctivas y Disciplinarias a los Empleados del Departamento de Corrección y Rehabilitación, Articles VIII, IX, XVII, and XVIII
- OISC investigative policies and procedures
- Procedures governing employee disciplinary actions, termination, and referrals to law enforcement and professional licensing bodies

Interviews, Document and Site Review

No allegations of staff-on-inmate sexual abuse or sexual harassment originated at Institución Correccional Bayamón 501 during the audit review period. The auditor reviewed Regulation 8715 and Manual DCR-2019-04 to assess the agency's disciplinary framework, including prohibited conduct, disciplinary sanctions, termination, investigative referrals, and factors considered in determining penalties. Using the applicable DOJ PREA Audit Interview Protocols, interviewed personnel demonstrated an understanding of the disciplinary consequences for staff violations of the agency's sexual abuse and sexual harassment policies.

115.76 Provision (a)

Article XV of Regulation 8715, page 31, establishes that employees who violate DCRPR's zero-tolerance policy for sexual violence are subject to disciplinary

sanctions. Manual DCR-2019-04, Article VIII, Sections 8.4 and 8.5, authorizes disciplinary actions ranging from written reprimands and suspension to termination of employment. Article XVIII further identifies prohibited conduct, including inappropriate sexual relationships, sexual harassment, and violations of PREA requirements. The auditor reviewed these provisions and, through interviews, confirmed that employees are subject to disciplinary sanctions up to and including termination for violations of sexual abuse or sexual harassment policies. No qualifying staff disciplinary cases originated at Institución Correccional Bayamón 501 during the review period.

115.76 Provision (b)

Standard 115.76(b) establishes termination as the presumptive disciplinary sanction for staff who engage in sexual abuse. Article XV of Regulation 8715 provides for removal of employees charged with criminal offenses involving sexual misconduct against incarcerated individuals. Manual DCR-2019-04, Article VIII, Section 8.5, identifies termination as a disciplinary sanction, while Article XVIII, Section H, addresses serious misconduct, including sexual harassment and PREA-related sexual abuse violations. The auditor reviewed these provisions and confirmed through the applicable DOJ PREA Audit Interview Protocols that interviewed personnel understood termination to be the presumptive sanction for substantiated staff sexual abuse, subject to applicable disciplinary procedures. No substantiated staff sexual abuse cases requiring application of this sanction were identified at Institución Correccional Bayamón 501 during the audit review period.

115.76 Provision (c)

Article XV of Regulation 8715 requires disciplinary sanctions for staff sexual abuse or sexual harassment violations to be proportionate to the nature and circumstances of the misconduct. Manual DCR-2019-04, Article XVII, further establishes factors for determining disciplinary sanctions, including the frequency and recurrence of misconduct, aggravating and mitigating circumstances, severity of the conduct, and whether it constitutes a criminal offense. Article XVIII identifies disciplinary consequences for specific prohibited acts. The auditor reviewed the disciplinary framework and, through interviews, confirmed that sanctions for violations other than actual sexual abuse consider the circumstances of the offense, the employee's disciplinary history, and sanctions imposed for comparable misconduct by similarly situated employees. No qualifying disciplinary actions originated at Institución Correccional Bayamón 501 during the review period.

115.76 Provision (d)

Standard 115.76(d) requires all staff terminations for violations of sexual abuse or sexual harassment policies, including resignations by employees who would otherwise have been terminated, to be reported to law enforcement unless the conduct was clearly not criminal and to relevant professional licensing bodies. Regulation 8715, Articles XIII and XV, establishes procedures for reporting sexual abuse allegations to the Puerto Rico Police Bureau and addressing employee misconduct. Manual DCR-2019-04, Article IX, Section 9.1, establishes the

	administrative referral and investigative process, including investigations conducted by OISC. The auditor confirmed that personnel understood the requirement to report applicable terminations and resignations to law enforcement and relevant professional licensing bodies. No staff terminations or resignations related to sexual abuse or sexual harassment violations were identified at Institución Correccional Bayamón 501 during the audit review period; therefore, no corresponding referral records were available for examination. **Corrective Action:** None.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XV – Disciplina • Procedures for restricting contractor and volunteer contact with incarcerated individuals • Requirements for referrals to law enforcement and relevant professional licensing bodies **Interviews, Document and Site Review** The auditor reviewed DCRPR Regulation 8715 and applicable procedures governing contractor and volunteer misconduct, including restrictions on contact with incarcerated individuals, termination of services, and referrals to appropriate authorities. Using the applicable DOJ PREA Audit Interview Protocol for the Warden, the auditor assessed the facility's procedures for responding to sexual abuse and sexual harassment violations involving contractors and volunteers. No allegations of sexual abuse or sexual harassment involving contractors or volunteers were identified at Institución Correccional Bayamón 501 during the audit review period. Accordingly, no related investigative reports, corrective actions, or referral records were available for examination. *115.77 Provision (a)* Article XV of DCRPR Regulation 8715, page 31, requires the agency to prevent contractors or volunteers involved in sexual misconduct from having direct contact with incarcerated individuals. The regulation also provides for consideration of terminating the contractual or volunteer relationship and pursuing criminal charges. Standard 115.77(a) further requires reporting sexual abuse to law enforcement unless

	the conduct was clearly not criminal and to relevant professional licensing bodies. The auditor reviewed these requirements and, using the applicable DOJ PREA Audit Interview Protocol for the Warden, confirmed the facility's understanding that contractors and volunteers who engage in sexual abuse are prohibited from contact with incarcerated individuals and referred to law enforcement and applicable professional licensing bodies. No qualifying incidents occurred during the review period. *115.77 Provision (b)* Standard 115.77(b) requires facilities to take appropriate remedial measures for contractor or volunteer violations of sexual abuse or sexual harassment policies other than actual sexual abuse and to consider whether further contact with incarcerated individuals should be prohibited. Article XV of Regulation 8715 authorizes measures to restrict contractor and volunteer contact with incarcerated individuals and consideration of terminating their services. Through the applicable DOJ PREA Audit Interview Protocol for the Warden, the auditor confirmed that the facility evaluates reported violations, implements appropriate corrective measures, and considers restricting or terminating further inmate contact based on the nature and circumstances of the misconduct. No contractor or volunteer violations requiring corrective action were identified at Institución Correccional Bayamón 501 during the audit review period. **Corrective Action:** None.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 DCRPR Regulation 9221 • Inmate disciplinary policies and procedures • PREA investigative reports and available case documentation • Procedures for assessing mental health considerations in disciplinary decisions • Requirements governing sexual misconduct, good-faith reporting, and inmate disciplinary sanctions **Interviews, Document and Site Review**

No allegations of sexual abuse or sexual harassment originated at Institución Correccional Bayamón 501 during the audit review period. The auditor reviewed Regulation 8715, applicable disciplinary requirements, and available investigative documentation to assess the agency's procedures for imposing inmate disciplinary sanctions. Using the applicable DOJ PREA Audit Interview Protocols for the Warden and Medical and Mental Health Staff, the auditor assessed the formal disciplinary process, proportionality of sanctions, consideration of mental health conditions, treatment interventions, and protections against inappropriate disciplinary action. Interview responses supported the facility's implementation of the requirements addressed by this standard.

115.78 Provision (a)

DCRPR Regulation 9221 establishes the formal disciplinary process for incarcerated individuals, while Regulation 8715 addresses the investigation of sexual abuse allegations. Under Standard 115.78(a), disciplinary sanctions for inmate-on-inmate sexual abuse must follow an administrative finding that the conduct occurred or a criminal finding of guilt. The auditor reviewed applicable disciplinary procedures and available investigative documentation. Using the DOJ PREA Audit Interview Protocol for the Warden, the auditor confirmed that sexual abuse allegations are referred for investigation and that disciplinary sanctions are imposed through the established formal process following the required findings. No substantiated inmate-on-inmate sexual abuse allegations originating at Institución Correccional Bayamón 501 were identified during the review period.

115.78 Provision (b)

Standard 115.78(b) requires disciplinary sanctions to be proportionate to the nature and circumstances of the sexual abuse, the incarcerated individual's disciplinary history, and sanctions imposed for comparable offenses involving individuals with similar histories. The auditor reviewed disciplinary procedures and available investigative documentation and, using the applicable DOJ PREA Audit Interview Protocol for the Warden, confirmed that sanctions consider the seriousness of the misconduct, disciplinary history, and comparable offenses. No sexual abuse disciplinary sanctions were available for review during the audit period.

115.78 Provision (c)

The auditor assessed how mental health information is considered during disciplinary proceedings. Interviewed personnel confirmed that relevant mental health conditions are considered when determining the appropriate response, including whether a clinical assessment is necessary. No qualifying sexual abuse disciplinary cases requiring this assessment were identified during the review period.

115.78 Provision (d)

Standard 115.78(d) requires facilities offering therapy, counseling, or other interventions addressing sexually abusive behavior to consider whether participation should be required as a condition of access to programming or other benefits. The

	auditor assessed this requirement through interviews conducted using the applicable DOJ PREA Audit Interview Protocols for the Warden and Medical and Mental Health Staff. Interviewed personnel described consideration of appropriate treatment and counseling interventions for incarcerated individuals whose behavior warrants clinical services, including whether participation should be incorporated into the individual's rehabilitative programming. No substantiated sexual abuse cases requiring such a determination were identified at Institución Correccional Bayamón 501 during the review period. *115.78 Provision (e)* Regulation 8715, Article VI, distinguishes sexual abuse involving staff from inmate-on-inmate sexual misconduct and prohibits inappropriate sexual relationships between staff and incarcerated individuals. The auditor reviewed the applicable definitions and assessed disciplinary practices through the DOJ PREA Audit Interview Protocols and confirmed that an incarcerated individual is not disciplined for sexual contact with staff absent a finding that the staff member did not consent. No disciplinary actions involving sexual contact between staff and incarcerated individuals were identified during the review period. *115.78 Provision (f)* Standard 115.78(f) protects incarcerated individuals who report sexual abuse in good faith based on a reasonable belief that the alleged conduct occurred. An allegation that is not substantiated does not, by itself, constitute a false report or grounds for disciplinary action. DCRPR Regulation 8715, Articles X and XII, establishes procedures for reporting sexual abuse and protections against retaliation. The auditor reviewed these requirements and confirmed that disciplinary action for false reporting requires evidence of intentional misconduct rather than merely an unsubstantiated allegation. No disciplinary actions for good-faith PREA reporting were identified during the review period. *115.78 Provision (g)* Standard 115.78(g) permits agencies to prohibit consensual sexual activity between incarcerated individuals and impose disciplinary sanctions for violations. Noncoercive sexual activity may not be classified as sexual abuse solely because it violates institutional rules. Article VI of Regulation 8715 distinguishes sexual abuse from other sexual conduct and identifies circumstances involving nonconsent, coercion, or inability to consent. The auditor reviewed these definitions and confirmed that the facility distinguishes consensual sexual activity from sexual abuse when evaluating misconduct. Although consensual sexual activity may violate institutional rules, it is not automatically classified as sexual abuse in the absence of coercion or other qualifying circumstances. **Corrective Action:** None.

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, Articles XI and XVI • Physician Correctional, Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025 • Physician Correctional procedures for screening individuals at risk of sexual victimization or sexual abusiveness, pages 21–23 • Physician Correctional procedures for notification and evaluation of individuals with a history of sexual abuse, pages 24–26 • Physician Correctional PREA 115.81 informed consent and referral tracking forms • PREA risk screening documentation and available medical and mental health referral records • Procedures governing confidentiality, informed consent, and secure record storage **Interviews, Document and Site Review** The auditor reviewed DCRPR Regulation 8715 and Physician Correctional's PREA protocol to assess procedures for identifying individuals with histories of sexual victimization or abusiveness and arranging follow-up medical or mental health services. The review included 51 inmate records "expedientes sociales" examined under Standard 115.41, available referral documentation, and procedures for maintaining confidential screening and treatment information. *115.81 Provision (a)* Physician Correctional's PREA protocol, Cernimiento de riesgo de violación o de ser victimario, pages 21–23, requires individuals identified with a history of sexual victimization to be referred for mental health evaluation within 14 days. The protocol establishes procedures for identifying qualifying disclosures, obtaining consent, and documenting referrals. The auditor reviewed the protocol, available screening records, and referral procedures. Using the applicable DOJ PREA Audit Interview Protocol for Staff Responsible for Risk Screening, the auditor assessed how disclosures of prior sexual victimization are identified and referred for follow-up medical or mental health services. None of the 51 records reviewed identified an individual requiring referral. *115.81 Provision (b)* Physician Correctional's PREA protocol, pages 22–23, requires individuals identified with a history of perpetrating sexual abuse to be referred for mental health evaluation

within 14 days. The protocol also requires completion of the PREA 115.81 referral documentation and submission to the institution's Medical Director. The auditor reviewed the applicable procedures, screening records, and referral tracking requirements. Using the DOJ PREA Audit Interview Protocol for Staff Responsible for Risk Screening, the auditor assessed the referral process for individuals identified as having previously perpetrated sexual abuse. No qualifying disclosures were documented among the 51 records reviewed.

115.81 Provision (c)

This provision applies to jail facilities. Institución Correccional Bayamón 501 operates as a prison; therefore, this provision is not applicable.

115.81 Provision (d)

Standard 115.81(d) requires information concerning sexual victimization or abusiveness in an institutional setting to be restricted to medical and mental health practitioners and other authorized personnel when necessary for treatment, housing, security, and program decisions, or as otherwise required by law. Physician Correctional's PREA protocol, page 24, limits disclosure of confidential PREA information to personnel responsible for treatment, investigations, and security decisions. The auditor assessed these requirements through available documentation, the applicable DOJ PREA Audit Interview Protocol for Staff Responsible for Risk Screening, and the DOJ PREA Audit Site Review Protocol for Record Storage. PREA risk screening records at Institución Correccional Bayamón 501 are maintained in paper format in secured locations, with access limited to authorized personnel. Informal staff conversations further confirmed restrictions governing access to confidential screening, medical, mental health, and investigative information.

115.81 Provision (e)

Physician Correctional's PREA protocol, pages 22 and 26, requires written consent before medical or mental health personnel disclose information concerning sexual victimization that occurred outside an institutional setting. The protocol includes an informed consent form addressing prior sexual victimization in the community. The auditor reviewed the applicable confidentiality requirements and consent documentation. Using the DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, the auditor assessed procedures for obtaining informed consent before reporting prior noninstitutional sexual victimization. Interviewed personnel confirmed their understanding of the consent requirement and the restrictions governing disclosure of confidential information. Institución Correccional Bayamón 501 houses adults, and no individuals under age 18 were housed at the facility.

Corrective Action – Provisions (a) and (b):

Although none of the 51 inmate records reviewed during the initial audit documented disclosures requiring referral under Standard 115.81, deficiencies identified under Standard 115.41 concerning the timeliness and completeness of risk screenings prevented the auditor from verifying that all individuals requiring medical or mental

	health follow-up had been appropriately identified. Corrective action under Standard 115.81 was therefore directly linked to the corrective measures implemented under Standard 115.41. During the Corrective Action Period, Institución Correccional Bayamón 501 implemented revised screening procedures and a tracking process to ensure timely identification of prior sexual victimization or perpetration, whether occurring in an institutional setting or the community, and appropriate referrals for medical or mental health follow-up within 14 days of screening. The auditor reviewed the revised screening instrument, applicable procedures, tracking documentation, and a random sample of newly admitted incarcerated individuals' screening and reassessment records. The review verified timely completion and documentation of the required screenings and confirmed that procedures were established to identify qualifying disclosures, initiate referrals, document follow-up appointments offered, and obtain informed consent, as applicable. The corrective-action documentation demonstrated that the screening deficiencies affecting the identification of individuals requiring follow-up services had been addressed. The auditor determined that the corrective measures established a documented process for identifying qualifying individuals and ensuring access to medical or mental health follow-up within the required 14-day timeframe. Compliance with Standard 115.81 was established based on the verified corrective measures and supporting documentation.

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, Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025 • Physician Correctional procedures for responding to sexual abuse incidents and providing emergency medical and mental health services • Puerto Rico Department of Health, Protocolo de Intervención con Víctimas de Agresión Sexual • Puerto Rico Department of Health/CAVV guidance dated January 28 and May 21, 2026, concerning the management and treatment of sexual assault survivors • PREA incident response and medical referral procedures

- Available investigative documentation and medical and mental health referral information

Interviews, Document and Site Review

No allegations of sexual abuse originated at Institución Correccional Bayamón 501 during the audit review period. One incarcerated individual housed at the facility reported inmate-on-inmate sexual abuse alleged to have occurred at another DCRPR institution before his transfer. The administrative and criminal investigations remained ongoing at the time of the audit. The auditor reviewed Regulation 8715, Physician Correctional's PREA protocol, Puerto Rico Department of Health guidance, and available documentation concerning the transferred individual's access to emergency medical and mental health services. Preliminary investigative information documented that the individual was transported to an outside hospital for a SAFE/ SANE forensic examination, was afforded hospital-based victim advocacy services, and had access to outside emotional support through the Centro de Ayuda a Víctimas de Violación (CAVV).

Using the applicable DOJ PREA Audit Interview Protocols for Medical and Mental Health Staff and Security and Non-Security Staff First Responders, the auditor assessed emergency response procedures, medical referrals, crisis intervention services, and the availability of treatment without financial cost. The auditor made repeated attempts to interview the incarcerated individual who reported sexual abuse; however, he declined participation.

115.82 Provision (a)

Article XVI of DCRPR Regulation 8715, page 31, requires victims of sexual violence to receive immediate access to emergency medical and psychological treatment without restrictions. Physician Correctional's PREA protocol, pages 24–26, establishes procedures for emergency evaluation, stabilization, mental health consultation, and referral to an outside hospital for specialized forensic services. The nature and scope of treatment are determined by qualified medical and mental health practitioners according to the individual's clinical needs. The auditor reviewed these requirements and, using the applicable DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, confirmed procedures for providing timely, unimpeded emergency treatment and crisis intervention.

115.82 Provision (b)

Article XIII of Regulation 8715 and Physician Correctional's PREA protocol require first responders to protect the alleged victim, separate the victim from the suspected abuser, preserve potential evidence, and immediately notify appropriate supervisory and medical personnel. When qualified medical or mental health practitioners are unavailable, security staff remain responsible for initiating protective measures under Standard 115.62 and arranging emergency medical assistance. Using the applicable DOJ PREA Audit Interview Protocol for Security and Non-Security Staff First Responders, the auditor confirmed that personnel understood their responsibilities for

	protecting victims, preserving evidence, immediately notifying medical and mental health practitioners, and facilitating emergency treatment. The institutional response procedures establish notification through the supervisory chain and referral to the facility's medical services. *115.82 Provision (c)* Article XVI of Regulation 8715 and Physician Correctional's PREA protocol provide for medically appropriate preventive treatment following sexual abuse, including emergency contraception and sexually transmitted infection prophylaxis. The Puerto Rico Department of Health's sexual assault intervention protocol, reinforced by its January 28 and May 21, 2026 guidance, addresses preventive treatment for sexually transmitted infections, HIV, and pregnancy, as clinically indicated. The auditor reviewed these requirements and assessed procedures for informing victims of available preventive treatment and ensuring timely access to medically appropriate services. Medical personnel confirmed that treatment decisions are based on clinical evaluation and professionally accepted standards of care. Institución Correccional Bayamón 501 houses an adult male population; therefore, emergency contraception is generally not clinically applicable to its population, while sexually transmitted infection and HIV prophylaxis remain applicable when medically indicated. *115.82 Provision (d)* Article XVI of Regulation 8715 requires medical and mental health treatment for victims of sexual abuse to be provided without financial cost. Physician Correctional's PREA protocol establishes that emergency evaluation, treatment, and necessary referrals are not conditioned on the victim's participation in an investigation. The auditor reviewed the applicable requirements and confirmed that emergency medical treatment, crisis intervention, and necessary follow-up services are provided without charge, regardless of whether the victim identifies the alleged abuser or cooperates with investigative authorities. The available information concerning the transferred individual documented access to emergency medical and forensic services. **Corrective Action:** None.

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:

1. DCRPR Regulation 8715
2. Physician Correctional, Protocolo de Prevención y Manejo de los Casos de Abuso Sexual en el Sistema Correccional de Puerto Rico, revised July 2, 2025
3. Physician Correctional procedures for notification, evaluation, treatment, and follow-up of sexual abuse victims
4. Puerto Rico Department of Health, Protocolo de Intervención con Víctimas de Agresión Sexual
5. Puerto Rico Department of Health/CAVV guidance concerning the treatment and follow-up of sexual assault survivors
6. Available PREA investigative and medical referral documentation
7. Procedures governing sexually transmitted infection testing, mental health evaluations, and continuity of care

Interviews, Document and Site Review

No allegations of sexual abuse originated at Institución Correccional Bayamón 501 during the audit review period. One incarcerated individual housed at the facility reported inmate-on-inmate sexual abuse alleged to have occurred at another DCRPR facility before his transfer. The administrative and criminal investigations remained ongoing at the time of the audit. The auditor reviewed Regulation 8715, Physician Correctional's PREA protocol, applicable Department of Health guidance, and available documentation concerning medical and mental health services. Preliminary investigative information concerning the transferred individual documented access to outside hospital services, including a SAFE/SANE forensic examination, hospital-based victim advocacy, and outside emotional support through the Centro de Ayuda a Víctimas de Violación (CAVV).

Using the applicable DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, the auditor assessed ongoing treatment, follow-up services, continuity of care, sexually transmitted infection testing, and mental health evaluations. Interviewed personnel demonstrated an understanding of these requirements. The auditor made repeated attempts to interview the incarcerated individual who reported sexual abuse; however, he declined participation. The applicable DOJ PREA Audit Interview Protocol for Inmates Who Reported Sexual Abuse could not be completed.

115.83 Provision (a)

Article XVI of DCRPR Regulation 8715, pages 31–32, requires victims of sexual abuse to receive medical and mental health services, including treatment, follow-up care, and referrals when necessary. Physician Correctional's PREA protocol, pages 24–26, establishes procedures for evaluating sexual abuse victims, addressing physical and psychological needs, and arranging appropriate treatment. The auditor reviewed these requirements and, using the applicable DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, confirmed that incarcerated individuals who experienced sexual abuse in any confinement setting are offered medical and mental health evaluations and treatment based on their clinical needs. The available

documentation concerning the transferred individual supported access to medical and forensic services following the reported allegation.

115.83 Provision (b)

Article XVI of Regulation 8715 requires medical and mental health follow-up services for victims of sexual abuse, including referrals when an individual is transferred, relocated, or released. Physician Correctional's PREA protocol, pages 25–26, establishes procedures for ongoing physical and mental health evaluations and necessary referrals following emergency treatment. The auditor reviewed applicable procedures and assessed the development of treatment plans, follow-up appointments, and continuity of care. Interviewed personnel confirmed that treatment and referrals are coordinated according to clinical needs, including when individuals transfer to another facility or are released from custody.

115.83 Provision (c)

Standard 115.83(c) requires medical and mental health services for sexual abuse victims to be consistent with the community level of care. Physician Correctional's PREA protocol establishes procedures for clinical evaluation, treatment, mental health intervention, and referrals to outside medical facilities when specialized services are necessary. The auditor reviewed these procedures and the Puerto Rico Department of Health's sexual assault intervention guidance. The auditor confirmed that treatment is determined by qualified practitioners according to professionally accepted standards of care.

115.83 Provision (d)

Standard 115.83(d) requires pregnancy testing to be offered to victims of sexually abusive vaginal penetration. Institución Correccional Bayamón 501 is an adult male correctional facility. This provision was not applicable in the facility's audit findings.

115.83 Provision (e)

Standard 115.83(e) requires timely information about and access to lawful pregnancy-related medical services when pregnancy results from sexually abusive vaginal penetration. Based on the facility's population identified during the audit, this provision was determined to be not applicable.

115.83 Provision (f)

Article XVI of Regulation 8715 requires victims of sexual abuse to be offered testing for sexually transmitted infections. Physician Correctional's PREA protocol, pages 25–26, establishes procedures for sexually transmitted infection testing, preventive treatment, and medical follow-up when clinically indicated. The auditor reviewed these requirements and applicable Department of Health guidance and, through the DOJ PREA Audit Interview Protocol for Medical and Mental Health Staff, confirmed that sexual abuse victims are offered testing and treatment for sexually transmitted infections according to clinical evaluation and professionally accepted standards of care.

115.83 Provision (g)

Article XVI of Regulation 8715 requires medical and mental health services for sexual abuse victims to be provided without financial cost. Physician Correctional's PREA protocol establishes procedures for treatment and follow-up without conditioning services on the individual's participation in an investigation. The auditor reviewed these requirements and confirmed that treatment and follow-up services are provided without charge, regardless of whether the victim identifies the alleged abuser or cooperates with investigative authorities.

115.83 Provision (h)

Article XVI of Regulation 8715, page 32, requires correctional institutions to conduct mental health evaluations of known inmate-on-inmate sexual abusers within 60 days of learning of the abuse history and to offer treatment when clinically appropriate. The auditor reviewed this requirement and confirmed the procedures for identifying known sexual abusers, arranging mental health evaluations within 60 days, and offering treatment based on professional clinical judgment. No inmate-on-inmate sexual abuse investigations originated at Institución Correccional Bayamón 501 during the review period; therefore, no individuals were identified as requiring evaluation under this provision.

Corrective Action:

None.

115.86	Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation reviewed in assessing compliance with this standard included:

- DCRPR Regulation 8715, Article XVII – Recopilación de Información, Section A – Comité Revisor, pages 34–36
- OISC investigative policies and procedures
- Available PREA investigative files and reports
- Procedures governing sexual abuse incident reviews
- Requirements for incident review team composition, findings, recommendations, and corrective measures

Interviews, Document and Site Review

No allegations of sexual abuse originated at Institución Correccional Bayamón 501 during the audit review period so no completed sexual abuse incident reviews were

	available for examination. The auditor reviewed DCRPR Regulation 8715 and applicable procedures and, using the relevant DOJ PREA Audit Interview Protocols, assessed review requirements, team composition, timelines, reporting responsibilities, and implementation of recommendations. Interviews with appropriate personnel supported the facility's understanding of these requirements. *115.86 Provision (a)* Article XVII, Section A, of DCRPR Regulation 8715 establishes a review committee responsible for examining sexual abuse incidents following completion of an OISC investigation. The regulation requires reviews of substantiated and unsubstantiated allegations, excluding those determined to be unfounded. The auditor reviewed the applicable requirements and confirmed through interviews that personnel understood when incident reviews are required. No investigations at Institución Correccional Bayamón 501 were completed during the audit period. *115.86 Provision (b)* Article XVII, Section A, of Regulation 8715, page 35, requires incident reviews to occur within 30 days following completion of an investigation. The auditor reviewed this requirement and confirmed through the applicable DOJ PREA Audit Interview Protocols that personnel understood the required timeframe. No completed incident reviews were available to assess adherence to the 30-day requirement. *115.86 Provision (c)* Article XVII, Section A, of Regulation 8715 establishes a multidisciplinary review committee comprising representatives from security, programs and services, investigations, and medical and mental health services. Standard 115.86(c) requires upper-level management participation, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor reviewed these requirements and confirmed through interviews with appropriate personnel that the facility's review process incorporates the required management participation and multidisciplinary input. *115.86 Provision (d)* Article XVII, Section A, of Regulation 8715, pages 34–36, establishes the review committee's responsibilities for evaluating sexual abuse investigations, identifying institutional deficiencies, and recommending corrective measures. These include assessing whether changes to policy or practice are necessary, examining incident locations for physical barriers, evaluating staffing levels across shifts, determining whether monitoring technology should be enhanced, and preparing written findings and recommendations for institutional leadership and PREA compliance personnel. The auditor reviewed these requirements and, using the applicable DOJ PREA Audit Interview Protocols, confirmed staff understanding of the review process and required documentation. No completed sexual abuse incident reviews were available for examination during the audit period.

115.86 Provision (e)

Article XVII, Section A, of Regulation 8715 requires the review committee to document its findings and recommendations and submit them to institutional leadership for appropriate corrective action. Standard 115.86(e) further requires implementation of recommendations or documentation of the reasons for not doing so. The auditor reviewed these requirements and confirmed through interviews with appropriate personnel that the facility's procedures address evaluation and implementation of recommendations, including documenting decisions when recommendations are not adopted. No qualifying incident review recommendations were available for examination during the audit period.

Corrective Action:

None.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XVII – Recopilación de Información, pages 33–35 • DCRPR Regulation 8715, Article XIII – Respuesta a Incidentes de Violencia Sexual DCRPR Form DCR-PREA-006, Anejo D – Informe Institucional de Incidente de Violencia Sexual PREA • DCRPR procedures for collecting, reviewing, and aggregating PREA incident data • Available PREA incident reports and investigative documentation • Agency procedures for annual reporting and submission of sexual abuse data **Interviews, Document and Site Review** The auditor reviewed DCRPR Regulation 8715, standardized PREA reporting forms, and applicable procedures for collecting and reporting sexual abuse data. Article XVII establishes agency-wide requirements for collecting incident information, preparing monthly institutional reports, aggregating information, and evaluating trends to improve prevention, detection, and response practices. No allegations of sexual abuse originated at Institución Correccional Bayamón 501 during the audit review period. The auditor assessed the facility's responsibilities for documenting and reporting PREA incidents and the agency's procedures for maintaining and

aggregating incident-based information.

115.87 Provision (a)

Article XVII of DCRPR Regulation 8715 requires the agency to collect sexual abuse incident information using established reporting procedures. Article XIII and Form DCR-PREA-006, Anejo D, provide a standardized instrument for documenting allegations, including the incident date, location, type of sexual misconduct, individuals involved, injuries, protective measures, and institutional response. The auditor reviewed these requirements and the standardized reporting instrument to assess the collection of accurate, uniform incident-based data. The agency's procedures establish consistent definitions and documentation requirements across DCRPR facilities.

115.87 Provision (b)

Article XVII of Regulation 8715, page 33, requires annual collection of sexual abuse incident information. Institutional PREA compliance personnel prepare monthly reports that are submitted to regional compliance management, while the agency's PREA coordination process supports the aggregation and evaluation of incident-based data. The auditor reviewed the applicable procedures for compiling institutional reports and aggregating sexual abuse information at the agency level. These procedures provide for annual aggregation of incident-based data consistent with Standard 115.87(b).

115.87 Provision (c)

Standard 115.87(c) requires incident-based data to include, at a minimum, the information necessary to answer all questions in the most recent Department of Justice Survey of Sexual Violence. DCRPR Form DCR-PREA-006, Anejo D, collects information concerning the nature and circumstances of sexual abuse allegations, incident locations, victim and alleged perpetrator characteristics, injuries, medical services, protective actions, and institutional responses. The auditor reviewed the standardized reporting instrument and agency data collection requirements to assess the information maintained for PREA reporting and the DOJ Survey of Sexual Violence.

115.87 Provision (d)

Standard 115.87(d) requires agencies to maintain, review, and collect information from available incident-based records, including reports, investigative files, and sexual abuse incident reviews. Article XVII of Regulation 8715 establishes procedures for collecting and evaluating sexual abuse incident information, while Articles XIII and XIV govern incident documentation and investigations. Article XVII further provides for review of completed investigative findings to identify trends, institutional deficiencies, and opportunities for improvement. The auditor reviewed these provisions and the agency's incident reporting procedures. The established process incorporates information from institutional reports, investigative documentation, and incident reviews into agency-wide data collection and evaluation activities.

115.87 Provision (e)

Standard 115.87(e) requires agencies contracting with private facilities for the confinement of incarcerated individuals to obtain incident-based and aggregated sexual abuse data from those facilities. DCRPR does not contract with private facilities for the confinement of incarcerated individuals. Therefore, this provision is not applicable.

115.87 Provision (f)

Standard 115.87(f) requires agencies, upon request, to provide the Department of Justice with sexual abuse data from the preceding calendar year no later than June 30. The auditor reviewed the agency's annual data collection and reporting requirements. No applicable DOJ request for submission of the previous calendar year's data was identified during the audit review period. Accordingly, this provision was determined to be not applicable.

Corrective Action:

None.

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 33–35
- DCRPR Regulation 8715, Article XVIII – Auditoría y Acción Correctiva, page 36
- DCRPR policies and procedures governing PREA data collection, review, and corrective action
- Agency PREA annual reports and aggregated sexual abuse data
- Procedures governing publication of annual PREA reports and protection of confidential information

Interviews, Document and Site Review

The auditor reviewed DCRPR Regulation 8715 and applicable agency procedures governing the collection, analysis, and use of sexual abuse data to identify institutional deficiencies and improve prevention, detection, and response practices. Article XVII establishes responsibilities for compiling incident information, reviewing investigative findings, identifying areas requiring improvement, and developing corrective measures. Using the applicable DOJ PREA Audit Interview Protocols for the

	Agency Head, PREA Coordinator, and PREA Compliance Manager, the auditor verified procedures for reviewing aggregated sexual abuse data, identifying areas requiring improvement, implementing corrective actions, and preparing annual reports. Interviews also confirmed the requirements for protecting security-sensitive information and identifying the nature of any material redacted from publicly released reports. *115.88 Provision (a)* Article XVII of DCRPR Regulation 8715, pages 33–35, requires the agency to collect and evaluate sexual abuse incident data to assess the effectiveness of its prevention, detection, response, and training practices. The regulation establishes a review process involving PREA personnel and a multidisciplinary review committee responsible for identifying institutional deficiencies and recommending corrective measures. The auditor reviewed these requirements and, using the applicable DOJ PREA Audit Interview Protocols, confirmed that the agency's data review process addresses the identification of problem areas, ongoing corrective action, and preparation of annual reports documenting findings and corrective measures at both the facility and agency levels. *115.88 Provision (b)* Article XVII of DCRPR Regulation 8715, pages 33–34, requires the agency to review aggregated sexual abuse data, compare findings with previous years, and evaluate the effectiveness of its prevention, detection, and response efforts. Consistent with Standard 115.88(b), the annual review must assess trends, corrective actions, and the agency’s progress in addressing sexual abuse. The DCRPR makes PREA-related statistical information publicly available through its official website under “Informes estadísticos,” specifically “Referidos de Incidentes de Acoso y Abuso Sexual en las Instituciones Correccionales (P.R.E.A.),” accessible at [https://dcr.pr.gov/indice-informes-estadisticos/]. The auditor reviewed the applicable regulatory requirements and the agency’s publicly accessible statistical reporting resource. Through interviews conducted using the DOJ PREA Audit Interview Protocols for the Agency Head and PREA Coordinator, the auditor also verified that the agency’s annual review process includes identifying trends, evaluating corrective measures, and assessing progress in preventing and addressing sexual abuse at both the facility and agency levels. *115.88 Provision (c)* Standard 115.88(c) requires the agency's annual report to be approved by the agency head and made publicly available through its website or another accessible means. Article XVII of Regulation 8715, page 34, requires the agency's annual report to receive approval from the Secretary of DCRPR and be published on the agency's official website. The auditor reviewed this requirement and assessed the approval and publication process through the applicable DOJ PREA Audit Interview Protocols. Interviewed personnel confirmed their understanding of the agency's responsibility to approve and publicly release the annual report. *115.88 Provision (d)*

	Standard 115.88(d) permits the agency to redact specific information from publicly released reports when disclosure would present a clear and specific threat to facility safety or security, provided the report identifies the nature of the information withheld. The auditor reviewed the agency's reporting and confidentiality requirements and, through the applicable DOJ PREA Audit Interview Protocols, assessed procedures governing the protection of sensitive information in publicly released reports. Interviewed personnel confirmed that security-sensitive information may be withheld when justified and that the nature of any redacted material must be identified. **Corrective Action:** None.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715 • Agency procedures for collecting, aggregating, and publicly reporting sexual abuse data • DCRPR official website, Informes estadísticos: https://dcr.pr.gov/indice-informes-estadisticos/ • Available PREA incident reports and investigative documentation • Requirements for removing personal identifiers before public disclosure **Interviews, Document and Site Review** The auditor reviewed DCRPR Regulation 8715, applicable record retention procedures, and the agency's public statistical reporting resources to assess the secure storage, publication, and retention of sexual abuse data collected pursuant to Standard 115.87. Consistent with the DOJ PREA Audit Site Review Protocol for Record Storage, the auditor examined physical safeguards for confidential PREA records at Institución Correccional Bayamón 501. Investigative files and risk screening records are maintained in paper format in secured locations, with access restricted to authorized personnel. Electronic PREA-related information at the facility is limited to internal email communications. Informal staff conversations confirmed the restrictions governing access to confidential records. Using the applicable DOJ PREA Audit Interview Protocol for the PREA Coordinator, the auditor also assessed agency-level responsibilities for data security, public reporting, removal of personal identifiers, and record retention.

115.89 Provision (a)

Article XVII of DCRPR Regulation 8715, page 34, requires the agency to securely maintain sexual abuse data collected under its PREA reporting procedures. Article XII establishes confidentiality requirements for sexual abuse reports, while Article XIV addresses the maintenance of investigative records. The auditor reviewed these provisions and assessed record security during the onsite review. Confidential PREA records were maintained in secured areas, with access limited to authorized personnel based on their assigned responsibilities. Interviews and staff conversations further confirmed the safeguards governing the storage and disclosure of sensitive information.

115.89 Provision (b)

Article XVII of Regulation 8715, pages 33–34, establishes requirements for collecting and aggregating sexual abuse incident data and publishing the agency's annual report following approval by the Secretary of DCRPR. Standard 115.89(b) requires aggregated sexual abuse data from facilities under the agency's direct control to be made publicly available at least annually. The auditor reviewed the agency's publication requirements and its official Informes estadísticos website, which provides a public reporting platform for correctional statistical information. The agency's reporting framework includes PREA-related statistical reporting under Referidos de Incidentes de Acoso y Abuso Sexual en las Instituciones Correccionales (P.R.E.A.). Using the applicable DOJ PREA Audit Interview Protocol, the auditor assessed the procedures for preparing and publishing aggregated sexual abuse data.

115.89 Provision (c)

Article XVII of Regulation 8715, page 34, requires the removal of personally identifying information before sexual abuse data are publicly released. This requirement protects the confidentiality of individuals involved in reported incidents while permitting publication of aggregated statistical information. The auditor reviewed the applicable requirements and assessed agency procedures for distinguishing confidential incident-specific records from information intended for public reporting. The applicable DOJ PREA Audit Interview Protocol confirmed personnel's understanding of the requirement to remove personal identifiers before publication.

115.89 Provision (d)

Article XVII of Regulation 8715, page 34, requires the agency to retain sexual abuse data for at least 10 years following initial collection, unless otherwise required by applicable federal or Puerto Rico law. This requirement is consistent with Standard 115.89(d). The auditor reviewed the regulatory retention requirement and assessed the agency's recordkeeping procedures through the applicable DOJ PREA Audit Interview Protocol. The established policy provides for secure retention of collected sexual abuse data throughout the required minimum 10-year period.

Corrective Action:

	None.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XVIII – Auditoría y Acción Correctiva, pages 36–37 • Applicable DOJ PREA Standards and Audit Protocols • Available agency PREA audit history and audit-cycle information • PREA Pre-Audit Questionnaire and supporting documentation • PREA Notice of Audit and related posting requirements • Records and documentation made available during the pre-audit and onsite review • Procedures governing auditor access, private interviews, and confidential correspondence **Interviews, Document and Site Review** The auditor assessed the agency's PREA audit requirements, prior audit-cycle information, and arrangements for conducting the audit at Institución Correccional Bayamón 501. This was the facility's first PREA audit and occurred during the first year of the current audit cycle. During the onsite review, the auditor was provided access to facility areas, relevant documentation, and incarcerated individuals and staff selected for interviews. The auditor also assessed procedures for confidential correspondence and communication with the auditor, consistent with the applicable DOJ PREA Audit Site Review Protocols. *115.401 Provision (a)* Standard 115.401(a) requires each facility operated by the agency, or by a private organization on its behalf, to undergo a PREA audit at least once during each three-year audit cycle. Article XVIII of DCRPR Regulation 8715 establishes the agency's requirements for conducting PREA audits and addressing identified deficiencies. Institución Correccional Bayamón 501 had not previously undergone a PREA audit. The agency did not establish that every facility under its jurisdiction had been audited during the preceding three-year cycle. The prior-cycle finding was recorded as "No." This response is informational and does not affect the compliance determination for the current audit. The present audit represents the facility's

participation in the current audit cycle. DCRPR remains responsible for ensuring that all facilities under its jurisdiction are audited within the applicable three-year period.

115.401 Provision (b)

Standard 115.401(b) requires the agency to audit at least one-third of each facility type during each year of the three-year audit cycle. The auditor confirmed that the present audit occurs during the first year of the current cycle. Accordingly, the questions concerning completion of one-third of audits during the preceding year of a second-year audit and two-thirds during the preceding two years of a third-year audit were not applicable. The agency's audit scheduling obligations remain subject to the requirements of Standard 115.401(b) throughout the current cycle.

115.401 Provision (h)

Standard 115.401(h) requires the auditor to have unrestricted access to and the ability to observe all areas of the audited facility. During the onsite review at Institución Correccional Bayamón 501, the auditor was permitted to access and observe all areas necessary to assess compliance with the PREA Standards, including housing units, intake and screening areas, segregation cells, medical and mental health service areas, administrative offices, and other relevant operational locations. No restrictions were imposed on the auditor's access or ability to conduct observations.

115.401 Provision (i)

Standard 115.401(i) requires the agency to permit the auditor to request and receive copies of relevant documents, including electronically stored information. The auditor was permitted to request and obtain relevant policies, institutional records, PREA documentation, training materials, and other information necessary to assess compliance. Records maintained in paper format were made available for review, along with applicable electronically maintained information. The facility did not restrict access to requested documentation.

115.401 Provision (m)

Standard 115.401(m) requires the auditor to be permitted to conduct private interviews with incarcerated individuals. The auditor conducted private interviews with selected incarcerated individuals in settings that allowed communication without being overheard by staff or other incarcerated individuals. The facility accommodated interview selections and provided access to individuals identified through the audit sampling process. No restrictions were imposed on the auditor's ability to conduct private interviews.

115.401 Provision (n)

Standard 115.401(n) requires incarcerated individuals to be permitted to send confidential information or correspondence to the auditor under the same confidentiality protections afforded to correspondence with legal counsel. The auditor assessed the facility's procedures for informing incarcerated individuals

	about the PREA audit and providing confidential communication with the auditor. The applicable DOJ PREA Audit Site Review Protocol requires advance posting of the Notice of Audit in housing units, including information about confidential correspondence and the means of contacting the auditor. The auditor reviewed the facility's communication arrangements and assessed the availability of confidential correspondence procedures. The facility permitted incarcerated individuals to communicate directly with the auditor without institutional interference, consistent with the confidentiality requirements of this provision. **Corrective Action:** None.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed in assessing compliance with this standard included: • DCRPR Regulation 8715, Article XVIII – Auditoría y Acción Correctiva • DCRPR official website, Auditorías P.R.E.A. (Audit Reports) • Publicly available final PREA audit reports issued during the applicable three-year review period • DOJ PREA requirements governing publication of final audit reports **Interviews, Document and Site Review** The auditor reviewed DCRPR's official PREA audit reporting website to assess public availability of final audit reports issued during the three years preceding the current audit. The agency maintains a dedicated webpage providing public access to final PREA audit reports from correctional institutions under its jurisdiction. Although this is the first PREA audit of Institución Correccional Bayamón 501, the agency has previously completed and published audits of other facilities. *115.403 Provision (f)* Standard 115.403(f) requires agencies to publish all final PREA audit reports on their official websites or otherwise make them publicly available within 90 days of issuance. This obligation remains applicable regardless of any pending appeal under 28 CFR § 115.405. The auditor reviewed the DCRPR's official Auditorías P.R.E.A. (Audit Reports) webpage and confirmed that final audit reports are publicly accessible. The agency's publication process provides public access to final PREA audit findings, consistent with the requirements of this provision.

	Corrective Action: None.

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	yes

	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.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

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

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

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

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

	whichever is later.)	
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

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

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

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

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

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

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

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

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

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

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	**Access to emergency medical and mental health services**	

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

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

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

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

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

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