

# PREA AUDIT: AUDITORS'S SUMMARY REPORT COMMUNITY CONFINEMENT FACILITIES

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

Name of facility: Rubidoux Residential Re-Entry Center  
Physical address: 3263 Rubidoux Blvd. Rubidoux, CA 92509  
Date report submitted:

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Date of facility visit: October 27-28, 2014

Facility information:

Facility mailing address: (If different from above)

Telephone number: (951) 684-4840

...e facility is:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Military                      | <input type="checkbox"/> Private not for profit | <input type="checkbox"/> Federal |
| <input checked="" type="checkbox"/> Private for profit | <input type="checkbox"/> County                 | <input type="checkbox"/> State   |
|  | <input type="checkbox"/> Municipal              |                                  |

The facility Type:

- |  |  |
|--|--|
| <input type="checkbox"/> Community Treatment Center            | <input checked="" type="checkbox"/> Community based confinement facility |
| <input type="checkbox"/> Halfway House                         | <input type="checkbox"/> Mental Health facility                          |
| <input type="checkbox"/> Alcohol or drug rehabilitation center | <input type="checkbox"/> Other   |

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Title: Facility Director

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Agency Information

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Governing authority or parent agency: (if applicable)

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# AUDIT FINDINGS

## **NARRATIVE:**

The PREA audit of the Rubidoux Re-Entry Center (RRC) was conducted on October 27-28, 2014 by Teri Brister, Certified PREA Auditor. Teri was assisted by Christina Kampczyk, Certified PREA Auditor. Notice of the audit with auditor contact information was posted six-weeks prior to the audit in various locations through-out the facility. This was verified with photos received from the agency. The pre-audit questionnaire was received three weeks prior to the audit along with the requested documentation which were reviewed prior to the on-site visit.

An entrance meeting was conducted with Executive Vice President Bari-Caine Lomberto who is the agency-wide PREA Coordinator and Facility Director Shaney Grey who is the facility PREA Compliance Manager. During the meeting we discussed our agenda for the two-day on-site visit and explained what we would need to accomplish during that time frame. Following the entrance meeting, we toured the interior and exterior of the facility including the male and female housing units, the classrooms, staff offices, dining hall, kitchen and food prep/storage areas, the control room. 24 Cameras are positioned in visible areas on both the interior and exterior of the facility. It was also noted during the tour, the facility was in very clean, orderly and well-maintained condition. During the facility tour, PREA information was located on the PREA board located in the main building and in the back classroom. It was recommended that PREA postings be placed at the entrance to the facility and in each resident's living area. The facility director immediately placed the postings in the areas we recommended.

We interviewed a total of 12 staff which includes: the Director/PREA Compliance Manager, Executive Vice President/PREA Coordinator, kitchen staff, lead security staff, the social services coordinator, casework staff, graveyard staff and 13 randomly selected residents. There were no residents with disabilities, limited English speaking ability, lesbian, gay, bisexual, transgender or intersex who had reported abuse. At the time of the audit, there were some polices that needed some revision which were completed during the 30-days prior to the final report.

Ten staff files and ten resident files were reviewed. Among the documents reviewed in the staff files included: staff background clearance, PREA training, and PREA acknowledgment. The review of resident files included: screening assessments for victimization and abusiveness, PREA handout, re-assessments and PREA training. During the audit the facility logbook was reviewed. The logbook is a chronologically maintained journal of the resident's daily activities. The staff and facility director reported if any incident occurred, then a written recording should be made in the logbook.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Rubidoux Residential Re-Entry Center (RRC) is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation headquartered in San Clemente, California. Currently, BSS provides community correctional services to the Federal Bureau of Prisons (BOP), residential parolee service centers for the California Department of Corrections and Rehabilitation with three residential facilities in California and three residential facilities in Arizona. A non-residential day reporting center and a non-residential drinking driver program are other services offered by BSS.

There are 6 BSS RRC's facility locations. All BSS locations are under contract with the Federal Bureau of Prisons and are based on a social service model using evidence-based programming so that the particular needs of the ex-offender can be met. The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Inmates residing in the structured environment of an RRC remain in federal custody while serving the remainder of their sentences. They are able to participate in work and school activities outside of the facility and seek/utilize community resources with the assistance of BSS casework staff. Participation in the RRC averages 6 months and includes a home detention component. Each RRC operated by BSS is accredited by the American Correctional Association (ACA).

Rubidoux RRC is located in Riverside County, California. The facility houses both male and female inmates with a total of 60 beds. 12 beds are designated for females and 48 beds are designated for males with living quarters in two separate buildings. The female living quarters are located in the main building and consist of one large dorm-style room with 12 bunk beds and locker space for the residents' personal belongings. A large female bathroom is located down the hall with separate and private shower and toilet stalls. The kitchen, dining hall, the file room, urinalysis room, staff offices, food storage room, and staff restroom are located in this building. The control room is located at the front of the facility and is the hub of activity. This is the location where new residents go through the intake process, and where residents are processed prior to departing and/or returning from community-based activities such as work or school. Cameras are located throughout the building and additionally security mirrors are strategically placed in several areas to aid in supervision.

To the rear of the facility is the male housing quarters which consist of 7 dorm-style rooms with bunk beds for 4-8 residents each. Two rooms are connected by a "Jack and Jack" bathroom. Toward the rear of this U-shaped building is a classroom and a computer room. The laundry room is located to the front of the building and closest to the female living quarters. The laundry room is well-lit with interior and exterior cameras. The laundry room closes at 10:00 PM with the door secured by security staff.

The outdoor facility grounds consists of an outdoor smoking area, a barbeque area with picnic tables, a weight-lifting area, two storage sheds, and an area where residents can secure their personal bicycles. The last building is used as office space for casework/social services staff. Residents are never allowed in this building without staff. Other areas outside the facility that residents are not allowed access are secured by fences. Cameras are located throughout the exteriors of the facility, including the side parking lot and front entrance to the building. These are areas that are also routinely part of the grounds-checks conducted by security staff 24/7.

#### **SUMMARY OF AUDIT FINDINGS:**

<b>Number of standards exceeded:</b>	<b><u>0</u></b>
<b>Number of standards met:</b>	<b><u>34</u></b>
<b>Number of standards not met:</b>	<b><u>0</u></b>
<b>Number of non-applicable</b>	<b><u>5</u></b>

§ **115.211- Zero Tolerance of sexual abuse and sexual harassment; PREA coordinator**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Behavioral Systems Southwest has an agency-wide policy mandating zero tolerance of sexual abuse and harassment. The policy is located in the agency's employee handbook, the Acknowledgment of PREA Training for staff and residents, and in the PREA Resident handout. Interviews with residents and staff indicate the understanding that both sexual abuse and harassment in any form will not be tolerated and dealt with accordingly. The facility has both a PREA Compliance Manager and PREA Coordinator who stated they have the sufficient time and resources to provide the development, implementation and oversight of the PREA standards. PREA posters are located in various areas throughout the facility in locations accessible to residents, visitors as well as staff.

§ **115.212- Contraction with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

Behavioral Systems Southwest (BSS) owns and operates five other RRC's locations and is a private provider that does not contract with other agencies for their residents.

§ **115.213- Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

A thorough tour was conducted by the auditors where the staffing levels and use of the video monitoring systems were observed. Staff conduct rounds every 15-20 minutes which is documented. The facility's director and assistant director monitor the staffing plan and review the time schedules. Rubidoux is a co-ed facility; therefore every shift will have both male and female staff scheduled. The agency recently installed an additional 8 cameras with now 24 cameras strategically located throughout the interior and exterior of the facility. Use of the video monitoring allows for enhance supervision, but does not take away from the privacy of residents when using the restroom, showering or changing. The staffing plan is discussed and reviewed by the facility managers and agency administration. When the plan is insufficient, adjustments to the plan will be made as necessary.

**§ 115.215- Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS staff do not conduct cross-gender viewing, cross gender searches or visual body cavity searches. Staff adheres to the policy of announcing their presence when conducting rounds and checking on residents in their sleeping quarters as well as the restroom. Residents acknowledge this occurring with not only staff of the opposite sex, but staff of their same gender. Residents stated they are able to shower, change, and use the restroom without being viewed by staff of the opposite sex. Staff stated they receive training on how to conduct pat-down searches and that there is always a female staff on-duty to conduct the searches when needed.

A concern was noted and discussed with BSS administration regarding the door to the female resident bathroom. When the door is opened, there is direct view from the dining room where male residents are present allowing women to potentially be seen dressing or performing other bodily functions. A CAP was requested for the bathroom door to be reversed. The PREA Coordinator enlisted the services of the agency's maintenance employee to reverse the door which was completed prior to the completion of this report. Pictures were sent to the auditor to verify compliance. This correction ensures that no person is able to observe females when the door is open.

**§ 115.216- Residents with disabilities and residents who are limited English proficient**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS provides residents with PREA information in the following other languages: Spanish, Armenian, Korean, Hebrew and Russian. Additionally, the agency has staff available to interpret these languages with the exception of Hebrew. If an interpreter was needed to translate Hebrew, they would contact the local temple. There were no residents with disabilities or who speak any other language than English at the time of the audit in order to conduct an interview. Agency administration stated that if a resident entered the program and they were visually impaired or if they were illiterate, they would ensure the PREA information was read to them by staff. The use of resident interpreters is not utilized except in an exigent circumstance which would be documented.

**§ 115.217- Hiring and promotion Decisions**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS is bound by the guidelines set forth in the Statement of Works (SOW) governed by the Federal Bureau of Prisons (BOP). This mandate requires a background check be completed at time of hire for all new employees. Additionally, at the time of their contract renewal with BOP, background checks are completed again which is within the five-year requirement. BSS has a policy against hiring or promoting anyone with a history of sexual abuse conviction in any institution or in the community. The auditor reviewed 10 random staff files and verified that background checks are completed in accordance with the standard and that documentation is maintained in the employee file. BSS also asks applicants about previous sexual misconduct on the supplemental information form submitted with their application. All employees of BSS have a continuing affirmative duty to disclose sexual misconduct both adjudicated and non-adjudicated, in any institution or in the community.

**§ 115.218- Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The facility began upgrades and renovations to include expansions in early 2012 which were completed on November 2013. During this time renovations were considered and made with PREA in mind. The renovations included complete toilet and shower dividers to allow for privacy, fencing around certain outdoor areas to prevent difficulties with line of sight supervision and additional cameras to enhance staff supervision. An increase in 8 additional cameras allows for all outdoor and indoor areas to be viewed with the exception of excluded areas due to privacy. The cameras also allow for a review of video in the case of potential incident review.

**§ 115.221- Evidence Protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS does not conduct criminal investigations. The agency will initiate investigation through BOP or local law enforcement in the case of a PREA incident. According to the Statement of Works, BOP is to immediately be notified of a PREA incident and will provide instructions and guidelines in the case of such an incident. The Residential Re-Entry Manager (RRM) from BOP carries a duty phone 24/7 so there is no delay on the notification process and for receiving immediate instruction in such situations. This information regarding investigations is also listed in the employee handbook. Residents have access to local Rape Crisis Centers and hospitals which is posted with additional information on the PREA board in the main dining room. Each facility listed was contacted by the auditor to verify services, phone numbers and addresses were correct. There were no residents who reported sexual abuse or sexual harassment during this audit cycle.

**§ 115.222- Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency refers allegations of sexual abuse or sexual harassment to BOP or local law enforcement. This policy regarding the referral of allegations of sexual abuse or sexual

harassment is contained on the agency website. There have been no allegations of sexual abuse/harassment during the last 12 months including any allegations that resulted in administrative investigation. Per the PREA Coordinator all allegations of sexual abuse/harassment referred for criminal investigation will be documented.

During the audit process it was discovered that BSS, did not have a system in place to document incidents and investigations regarding sexual abuse and sexual harassment. A CAP was requested prior to the writing of this report that BSS maintain a log of such incidents which will include but not limited to the date of incident, the date the incident was report to BOP, individuals involved, circumstances of the complaint, conclusion of the investigation and notification to the victim. This request was developed and a copy of the completed document was provided prior to the writing of this report.

**§ 115.231- Employee training**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS trains all employees on each of the required elements including the agency's zero-tolerance policy for sexual abuse and harassment, the rights of residents to be free from sexual abuse and sexual harassment and how to detect and respond to signs of threatened and actual sexual abuse. BSS documents that residents understand the training they have received through signature. During staff interviews it appeared that some of the staff did not retain information presented on the following: the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement and how to comply with relevant reporting laws related to mandatory reporting of sexual abuse to outside authorities.

All staff were re-trained through the agency's the PREA training curriculum with the focus on the areas where they were found to be deficient. This re-training was verified by a staff attendance roster. Further, upon completion of the training, a test was administered to the employees. Copies of the test were also provided to the auditor with each employee missing minimal to no questions. The PREA refresher training will be conducted a minimum of one time per year; however the PREA coordinator stated she planned to include PREA information at least quarterly on her agency's yearly training calendar. The PREA re-training was conducted prior to the completion of the final audit report and all documentation was provided to the auditor during that time period.

**§ 115.232- Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)



for the relevant review period)

- Does Not Meet Standard (requires corrective action)
- Currently, a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not use contractors or volunteers.

**§ 115.233- Resident education**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Each resident receives PREA information as contained in their resident handbook at time of intake which includes telephone numbers to report abuse. This information is provided in 5 different languages. All residents sign an acknowledgement that they have received the information. Residents interviewed stated they understand their right to be free from sexual abuse and sexual harassment and the avenues available to them should they have a need to report. Residents overall understand their ability to report outside the agency and within the agency. Some residents offered they would use the confidential suggestion box located outside the facility director's office in which to make a private report or they would report directly to facility staff.

The facility has a dedicated PREA board near the dining room which includes reporting phone numbers and advocacy information as well as the PREA posters. There are also brochures with information from the Riverside Rape Crisis Center. This information includes facts, safety tips and what to do in such situations and is continuously available to residents. Residents are given the information again within three weeks of their intake and upon transfer to another BSS facility.

**§ 115.234- Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not conduct investigations per BOP requirements, all investigations are referred to BOP or local law enforcement. BSS does not conduct administrative or criminal sexual abuse investigations.

§ **115.235- Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not employ medical or mental health care practitioners. All medical and mental healthcare services are referred to outside, community-based resources. Since these are outside resources, and not employees or contractors of BSS, the agency does not maintain training records as required per the standard.

§ **115.241- Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

All residents are screened upon arrival by staff using an objective-based risk assessment tool. The screening tool assesses their risk for abusiveness and for victimization. The screening tool outlines all required criteria as per the standard. Residents are re-assessed within 30-days of intake. A review of resident files indicated the residents are receiving this assessment.

§ **115.242- Use of screening information**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Information obtained at time of screening is used to form housing decisions. A high score will trigger a call to the BOP RRM for discussion and further direction which could include transfer of the inmate to another facility. If a resident scores a medium, then potential issues will be discussed at the program review team meeting which is held weekly. BOP and the assigned probation officer are invited to attend this meeting where strategies will be designed to keep the resident safe and address their issues further, often with referrals to community resources.

Residents are informed of BOP policy regarding transgender and intersex, they will be placed in housing based upon their physical anatomy; however, prior to being transferred to an RRC, residents have a choice not to go to this facility based upon this policy. When performing searches, male staff will search the male part of the body and female staff will search the female part of the body or they will use a metal detecting wand at the request of the resident. The facility does have separate shower facilities for residents who request to shower apart from other residents.

**§ 115.251- Resident reporting**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Interviews with the residents indicate they were able to articulate multiple ways in which to report allegations of sexual abuse and harassment. These methods include verbal reporting to the director, the PREA Coordinator or directly to BOP. Residents are aware they can make a confidential report to DTR, a local community resource to which the agency has established an MOU. This information is contained in the resident handbook. Staff is aware of their responsibilities in accepting reports of abuse including third-party reports and that documentation will be completed as soon as possible or before the end of their shift. This policy is contained in the BSS Employee handbook and discussed in PREA training.

**§ 115.252- Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy which indicates what steps residents can take to file a grievance regarding sexual abuse or harassment and that there is no time limitation in which they need to adhere to. This policy is also in accordance with BOP's policy as per the Statement of Works (SOW). Grievances can be submitted to BOP, the facility director or to the PREA Coordinator. Staff is not informed of information contained in the grievance. Final decisions are made within 30 days of submission which is well within the 90 day guidelines as per the standards. There have been no grievances filed in relation to sexual abuse or harassment. Should a resident file a grievance in bad faith, then BOP will determine their discipline on a case-by-case basis.

**§ 115.253- Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Residents are provided with a resident handbook which contains information on access to support and victim advocacy services in the community including telephone numbers and addresses. This information is provided at intake and is written in 5 different languages. BSS maintains an MOU with DTR where residents can receive emotional support services related to abuse. Residents are also provided with brochures to local rape crisis centers which contains information on the definitions of abuse and how to access services. Interviews were conducted with residents who were able to articulate how they would seek support services outside the facility.

**§ 115.254- Third-party reporting**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS provides several methods in which to receive third-party reports. Residents can report on behalf of another resident directly to staff verbally or in writing or to BOP or DTR. Family members are provided this information during visitation and during the family orientation meeting. Contact numbers are also posted on the PREA board in the dining hall and are accessible to visitors.

§ 115.261- Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency policy regarding staff reporting responsibilities is contained in the employee handbook and employees are trained on this policy during their PREA training. Interviews conducted with staff, supervisors and managers verify that they understand they must immediately report any knowledge, suspicion or information regarding sexual abuse and harassment. Additionally, staff acknowledges they must keep this information confidential and not share with others who do not have a need to be informed. Staff indicated that in addition to verbally informing their director they are also required to provide written documentation of the incident or allegations.

During the interview process with staff, they were clearly able to articulate the agency's policy regarding resident's retaliation of reporting sexual abuse and sexual harassment. However, staff was unable to articulate the agency's policy regarding staff that retaliates for reporting incidents of sexual abuse or retaliation. A CAP was requested that all staff be re-trained and proof of said training be provided. The agency did retrain all staff which included a test to ensure retention of the materials they covered. All staff passed the training exercise and test and proof of completion was provided prior to the writing of this report.

§ 115.262- Agency protection duties

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy and interviews with staff, when the facility learns that a resident is at substantial risk of imminent sexual abuse, staff take immediate steps to ensure the safety of the resident. The PREA coordinator and facility director both confirmed there have been no incidents in which a resident was substantial risk of sexual abuse.

§ 115.263- Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency has a policy, as contained in the BSS Employee Handbook, that the information will be reported by the program director or PREA coordinator immediately to BOP/California Department of Corrections (CDCR), via the duty phone or e-mail and or local law enforcement. This report will be followed up with a Serious Incident Report. BOP/CDCR personnel would provide further guidance pending investigation and notification of the other facility. There have been no allegations received during the last twelve months that a resident was abused while at another facility.

**§ 115.264- Staff first responder duties**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

First responder duties are clearly outlined in the agency's policy. All staff are trained to act as first responders. During the staff interviews, some staff were not able to adequately and confidently articulate a thorough step-by-step process on how they would respond in sexual abuse situation. It was recommended that a re-training be conducted to reaffirm the processes involved when learning that a resident was sexually abused. This re-training included a review of the agency's PREA training curriculum with the focus on first responder duties. Upon completion of this training, a test was administered to staff. This re-training was verified by a review of the test results and by the staff attendance roster. All staff scored high marks on the test. All documentation was provided to the auditor prior to the finalization of this report. During the last 12months, there have been no allegations of a resident being sexually abused.

Staff and administration were able to clearly articulate that there is to be no collection of evidence and that process is left to BOP or law enforcement. All staff stated they would immediately "lock-down" the scene and would separate the victim and abuser and ensure, to the best of their ability that the victim or abuser take no action that could destroy the evidence.

**§ 115.265- Coordinated response**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Based upon agency policy and interviews with the facility director and PREA coordinator, there is a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders. Staff will ensure the victim is taken to a facility with SAFE/SANE certified staff and ensure that the victim receives mental health services as necessary as the agency does not provide direct medical or mental health services.

**§ 115.266- Preservation of ability to protect residents from contact with abusers**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard

**Auditor comments, including corrective actions needed if does not meet standard**

There is no collective bargaining agreement.

**§ 115.267- Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

This is written in BSS policy as contained in the employee handbook. The facility director is responsible for monitoring retaliation or potential retaliation; however all staff have been informed and charged with monitoring and reporting such incidents. This includes monitoring for body language, gestures and comments as well as disciplinary action taken against staff or offenders. This monitoring will continue for the duration of the resident's stay at the facility. Monitoring checks will be conducted every two weeks during case management visits with the resident. If any other resident expresses retaliation and based on the nature of the retaliation, the perpetrator will be reviewed for possible removal from the program.

**§ 115.271- Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

At no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to BOP and/or local law enforcement. According to BSS policy, BOP or CDCR will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community members. The issue will be referred for investigation to the contracting agency (BOP or CDCR) to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation.

**§ 115.272- Evidentiary standard for administrative investigation**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Currently, this is a non-applicable standard.

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does not conduct administrative investigations nor does it determine whether allegations of sexual abuse or sexual harassment can be substantiated.

**§ 115.273- Reporting to residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Upon notification by BOP and/or local law enforcement, the PREA coordinator will inform the resident of the findings of the investigation. A sexual incident review will be conducted at the conclusion of every sexual abuse investigation. BSS will maintain contact with BOP and/or local law enforcement to provide feedback during the investigation and shall request information



regarding the progress of the investigation in order to inform the resident. Per the facility director and PREA Coordinator, there have been no criminal/administrative investigations of alleged resident sexual abuse that were completed by the facility, BOP or local law enforcement within the last 12 months.

**§ 115.276- Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS policy states based on the information provided to the BOP, the BOP may preclude the employee from working with offenders in which case the employee would be placed on suspension. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be on unpaid suspension pending investigation of the allegation. Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated.

**§ 115.277- Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, if the allegation is lodged against a volunteer or contractor, that volunteer or contractor's services will be suspended and they will have no access to any BSS facility or offender pending investigation. BSS currently does not utilize volunteers or contractors at the Rubidoux facility and has not utilized volunteers or contractors during the current PREA cycle.

**§ 115.278- Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, residents are subject to discipline per the BOP Prohibited Acts as contained in the Inmate Discipline Program. This program helps ensure the safety, security, and orderly operation of correctional facilities and the protection of the public by allowing Bureau staff to impose sanctions on inmates who commit prohibited acts. Sanctions will not be imposed in a capricious or retaliatory manner. This policy applies to all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities.

The facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. These services are provided through community resources. BSS's casework staff provides referrals to residents when needed. Additionally, the PREA board contains information as to where the resident can obtain therapy and counseling as needed.

§ **115.282- Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS does not employ medical and/or mental healthcare practitioners. However, in the event that sexual abuse occurs, BSS will immediately contact local law enforcement and assist the resident with contacting a local rape crisis center. BSS staff will stay with the resident until outside resources respond for assistance. Contact information for these crisis centers is located on a centralized PREA bulletin board and throughout the facility. This information is also located in the residents Acknowledgement of PREA Training paperwork. The crisis centers are available 24/7 and the local hospitals provide SAFE and/or SANE forensic medical examiners. Outside providers will stay with the victim at their request to provide advocacy throughout the immediate investigation and medical examinations. This service is free of charge to the victim. The crisis centers also provide information about contraception and sexually transmitted infections.

During the interviews, staff was not able to articulate the responsibilities of the first responder although training records indicated they had been trained in this area. A CAP was requested which required staff to be re-trained in this area and that a test be administered after the training. This CAP was completed and proof of training was provided with exam results for all staff prior to the writing of this report.

§ **115.283- Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirements of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

All medical and mental health care is provided by agencies within the community. This is done through the Rape Crisis Center. All services provided through the Rape Crisis Center are free of charge. These services include, but are not limited to forensic collection of evidence, pregnancy tests, treatment and ongoing treatment and services. The listing is contained in the Offender Handout provided at intake and during training as well as posted on the PREA board in the facility.

**§ 115.286- Sexual Abuse incident reviews**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will conduct a sexual incident review at the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review will be conducted within 30-days of the conclusion of the administrative or criminal sexual abuse investigation. The incident review team will consist of the agency-wide PREA coordinator, the PREA Manager and the management team of the facility where the incident occurred. The facility Program Director will prepare a report of the findings from the incident review. This report will include, but not be limited to recommendations made or documentation of reasons for not implementing recommendations made by the review team. This report will be forwarded to the corporate office for review.

**§ 115.287- Data collection**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will collect PREA data and will complete an annual compilation of said data. The data collected will be adequate to answer all questions from the Department of Justice Survey of Sexual Violence Report (SSV). Should there be a substantiated incident of sexual victimization, the facility will fill out and submit an SSV-IA form as well. BSS will aggregate the incident-based sexual abuse data, at least annually. BSS will maintain, review and collect data as

needed from all available incident-based documents, including reports, and sexual incident reviews. BSS does not conduct investigations; therefore investigative reports will be unavailable to inclusion.

§ **115.288- Data review for corrective action**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

BSS reviews collected data and aggregates in order to assess and improve the effectiveness of the sexual abuse, prevention, detection, response policies and training. This includes identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report of findings from the data review and corrective actions for each facility, as well as BSS as a whole. BSS will compare current year data and corrective actions with those from prior years.

§ **115.289- Data storage, publication and destruction**

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Per BSS policy, the agency will prepare an annual report regarding PREA compliance and ensure a copy is provided to the Residential Re-entry Management Office (using the data forms provided by BOP) and if requested by CDCR, to the Program manager assigned to the facility. The annual report provides an assessment of BSS's progress in addressing sexual abuse. The annual reports will be made available on the agency's website on an annual basis. All personal identifiers will be removed from the report prior to posting on the agency's website.

**BSS website:** [www.behavioralsystemssouthwest.com](http://www.behavioralsystemssouthwest.com)

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

T. Brister  
Auditor Signature

11-22-14  
Date

Facility

Behavioral Systems Southwest – Rubidoux