

PREA Facility Audit Report: Final

Name of Facility: Rubidoux Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/03/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Christina Kampczyk	Date of Signature: 09/03/2021

AUDITOR INFORMATION	
Auditor name:	Kampczyk, Christina
Email:	kampaudit2@yahoo.com
Start Date of On-Site Audit:	07/19/2021
End Date of On-Site Audit:	07/20/2021

FACILITY INFORMATION	
Facility name:	Rubidoux Residential Reentry Center
Facility physical address:	3263 Rubidoux Blvd., Rubidoux, California - 92509
Facility Phone	
Facility mailing address:	3263 Rubidoux Blvd., Rubidoux, California - 92509

Primary Contact	
Name:	Bari Caine-Lomberto
Email Address:	bcainelomberto@behavioralsystemssouthwest.com
Telephone Number:	818-378-6470

Facility Director	
Name:	Michael Valenzuela
Email Address:	mvalenzuela@behavioralsystemssouthwest.com
Telephone Number:	9516844840

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	54
Average daily population for the past 12 months:	48
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-80
Facility security levels/resident custody levels:	mimum
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Behavioral Systems Southwest, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	118 Avenida Victoria, San Clemente, California - 92672
Mailing Address:	California
Telephone number:	949-492-3574

Agency Chief Executive Officer Information:	
Name:	Christopher Lindholm
Email Address:	cslindholm@behavioralsystemssouthwest.com
Telephone Number:	949-492-3574

Agency-Wide PREA Coordinator Information			
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Name:	Bari Caine-Lomberto	Email Address:	bcainelomberto@behavioralsystemssouthwest.com
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AUDIT FINDINGS

Narrative:

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

The on-site Prison Rape Elimination Act (PREA) audit of the Rubidoux Residential Re-Entry Center (RRC) was conducted on July 19-20, 2021. Behavioral Systems Southwest (BSS) operates the facility that houses both male and female residents from the Bureau of Prisons (BOP). The audit was previously scheduled to occur on May 4, 2020; however, due to the global pandemic of COVID-19, the audit was postponed. The audit was conducted by the United States Department of Justice (USDOJ) Certified PREA Auditor Christina Kampczyk with the assistance of Teri Brister as a Support Staff. On the first day of the on-site visit there were fifty-four (54) residents housed at the facility and twenty-one (21) staff employed at the facility.

Pre-Audit Phase

On May 25, 2021, the PREA Audit Notice was sent via email to the PREA Coordinator for confidential communications. The PREA coordinator emailed the auditor, photos of the PREA Audit Notice confirming they were posted in both English and Spanish, thus allowing a full six-week, advance notice prior to the first day of the on-site visit. The audit notice contained auditor mailing address with the statement "What you send will be kept CONFIDENTIAL and can only be disclosed if required by law." As of August 30, 2021, no confidential correspondence letters were received from residents or staff.

Pre-audit preparation included telephone calls and on-going email communications with the PREA Coordinator, a thorough review of information submitted by the PREA coordinator in the Pre-Audit Questionnaire (PAQ), BSS policies and procedures, a review of the Federal Operations Manual (FOM), and the Statement of Work (SOW). Additionally, the auditor provided the PREA Coordinator with information from the PREA Resource Center which includes links to the audit process map and the checklist of documentation for Community Confinement Facilities.

Prior to the onsite visit, the auditor conducted a general web search of the Rubidoux RRC to gather any additional information on the facility that may assist in the audit. No relevant news articles were found regarding the sexual safety of residents at the facility. A review of the BSS website was also conducted for agency and PREA-related information. The last tab on the agency website under "Newsletters" contains the following PREA-related information:

- The PREA policy to include the Zero Tolerance Policy against sexual abuse and sexual harassment;
- PREA Coordinator telephone number;
- Third-Party Reporter telephone number;
- Annual PREA reports;
- PREA Audit Reports for all five BSS facilities for 2017;
- Information regarding who conducts administrative and criminal investigations.

In preparation for the on-site visit, the auditor sent a tentative schedule and a list of the following requested documentation:

- List of staff (who have contact with residents) by shift, housing unit and assignment/role;
- List of residents by housing units;
- List of residents who identify or have been viewed as being LGBTQ, deaf or hard of hearing, Spanish speaking only, limited English, cognitive disability, and those who reported sexual victimization during risk assessment;
- List of residents with disabilities;
- All incident reports for the last 12 months;
- Grievances for the last 12 months;
- Documentation of residents or staff that filed a grievance in bad faith;
- Files of persons who were promoted in the last 12 months (115.217);
- Files of persons who were hired in the last 12 months;
- Resident and staff training curriculum (115.231);
- Training records for staff and residents (115.235);
- Daily population report for the 1ST, 10TH, and 20th day of the month for the past 12 months;
- Minutes/emails from meetings referencing the installation or update of monitoring technology.

The PREA Resource Center provided guidance regarding audits conducted during the COVID-19 pandemic. Per this guidance: *"auditors are not permitted to conduct interviews with non-supervisory, non-administrative staff and residents remotely, either by phone or video as staff/residents may likely be unable to speak privately and freely to auditors when compared to supervisory and administrative staff. However, supervisory, and administrative staff, because of their positions of authority and access to private locations such as private*

offices, are typically more likely to speak privately and freely to auditors than non-supervisory and non-administrative staff. As a result, DOJ-certified PREA Auditors are permitted to conduct virtual interviews, including by both phone and/or video of supervisors and administrators, as well as certain specialized staff." As a result of this guidance, five (5) interviews with supervisory staff were conducted via telephone on July 16, 2021.

During a telephone interview, the PREA Coordinator shared of the impacts the COVID-19 pandemic has had on the Rubidoux facility, the residents, and staff. She stated, when the pandemic and lockdowns were announced in late March 2020, all on-grounds visitation stopped at the agency's five residential programs. In the beginning, there was zero hands-on contact with the residents such as pat-downs, and urinalysis testing. Searches were conducted by using a hand-held metal detector "wand." Plastic partitions were set up as barriers in the case managers' offices. Use of personal protection equipment (PPE), masks and temperature guns were instituted. Initially, all new residents were placed on quarantine for two-weeks when entering the program. However, BOP implemented the two-week quarantine before releasing the inmate to the RRC, so the quarantine at the RRC was no longer needed at intake.

Residents have smart phones, thus substance abuse counseling, therapy appointments or meetings with case managers were completed telephonically, via Zoom, or Skype. Residents were allowed minimal access to the community and only allowed to go on job interviews once verified by staff. Residents were allowed to utilize the computer lab for job search, to complete applications and arrange for interviews with prospective employers. Staff meetings and staff training were conducted via Zoom per the program director.

In January 2021, as COVID-19 precautions began to lift, residents were allowed to resume job searches in the community and staff resumed urinalysis testing and pat-down/property searches of the residents. Case managers resumed meeting in-person residents assigned to their caseload. On grounds visitation continues to be on-hold and the use of COVID screening, masks and temperature checks remain. The program director shared he expects in-person staff meetings and training would resume sometime in August 2021.

It should be noted, the facility does not provide on-site medical or mental health services. Residents receive those services from community-based providers.

On-Site Audit Phase

Entrance meeting

The Auditor and Support Staff arrived at the Rubidoux RRC for the site review on July 19, 2021, at 8:00 am. We were greeted by BSS security staff and asked to sign into the visitor's log. We were then escorted to the Program Director's office where an entrance meeting was conducted with the Executive Vice President/PREA Coordinator, the Program Director/PREA Compliance Manager, and the Assistant Program Director. After introductions, the Auditor and Support Staff shared a brief description of their work history and auditing experience. The tentative schedule for the on-site visit was discussed including the interview process, and what we planned to accomplish during our visit. We were provided with a file of the additional requested documentation. There were no physical plant expansions or modifications made at the facility since the last PREA Audit in 2017. The video monitoring system and hard drive was upgraded just prior to the audit with two additional cameras and a hard drive.

The Program Director provided us with the current staff roster, staff schedule and inmate roster. The population consisted of fifty-four (54) residents, with twelve of the residents being female. Twenty-one (21) staff were employed at the facility per the staff roster. From the staff and resident rosters, the auditor randomly selected and highlighted staff, and residents for interviews. The rosters were returned to the program director for use in coordinating our interviews of staff and residents. We were provided with two office locations for conducting private interviews with staff and residents.

Facility Tour

The Program Director conducted the facility tour with the auditor at 9:00 am while the Support Staff began interviews of residents. The tour began at the entrance of the facility leading into the control office. The facility entrance is also referred to as the "box" and staff control the door electronically. Residents enter and exit through the "box" to the control office whenever they depart or leave the facility for work, furloughs, home passes, or for any reason. Security staff log the resident's departure or return in the Accountability Logbook. New arrivals are processed in the control office. Temperature checks are completed in accordance with COVID-19 guidelines followed by the Breathalyzer, and a pat-down search. A hand-held metal detector (wand) was observed hanging in the control office. The Security Supervisor's office was located adjacent to the control office which is utilized as a private location for conducting the initial risk assessments of new residents.

PREA Standard 115.401(h) states, "*The auditor shall have access to, and shall observe, all areas of the audited facilities.*" All interior and exterior areas of the facility were observed including the control office, the staff offices, the dining room, the food storage room, kitchen, the multipurpose room (MPR), the classroom, the laundry room, staff restrooms, and the case services building. Seven housing units for males and one housing unit for females and five restrooms were observed during the tour. The PREA knock/announce notice was posted on the door of each housing unit. Male restrooms are connected to each male housing unit. The female restroom is next door to the female housing unit. All showers have curtains for privacy and the toilet stalls have partitions and doors also allowing for privacy. During the tour, the Program Director pointed out the system of the green light/red light alarm system in the female hallway and stated that male residents are not allowed to be in the female hallway. He explained when one of the exterior doors opens at the end of each hallway, an alarm will activate in the control office alerting the security staff that someone entered or exited the hallway, prompting them to check the camera

monitors.

The exterior of the facility to include the recreation area, male and female smoking and weight-lifting areas, the parking lot, and the perimeter of the two buildings were observed. Fencing with locked gates were observed on both sides at the rear of the facility and residents were prohibited from entering this area. During the tour and throughout the on-site visit security staff were observed conducting grounds/wellness checks and knocking/announcing their presence prior to entering a housing unit of residents of the opposite sex. The Program Director responded to the Auditor's questions regarding supervision procedures, camera placement, restroom, and shower procedures for residents. Two new cameras were installed on the exterior of the building and on the building interior. The Program Director shared the two new cameras were added to provide additional coverage of the cameras placed in adjacent areas.

There is a modular building on the facility grounds with three offices for the three Case Managers and Case Manager Supervisor and a restroom for staff use. Residents meet with their assigned Case Manager in one of the offices. The door to the building is kept locked when caseworkers are not present. PREA information was posted in the hallway about the agency's zero-tolerance policy in English and Spanish and the telephone number for reporting to the PREA Coordinator.

PREA information was posted in various areas around the facility. The dining room has a designated bulletin board with comprehensive PREA specific information, such as the Rape Crisis Center and contact numbers, the contact information for the PREA Coordinator. Another board contained the agency's PREA policy in six different languages and third-party reporting information to Dolan Mental Health and Rape Abuse & Incest National Network (RAIN). The PREA Audit Notice was posted in English and Spanish and the knock and announce notice was displayed on the door of each housing unit and each restroom designated for residents. Comprehensive PREA information was also posted in the multipurpose room (MPR) including telephone numbers to the PREA-related community-based resources, and the PREA coordinator. PREA information was posed in the front entrance about the agency's zero tolerance policy in English and Spanish and the telephone for reporting to the PREA coordinator. Two (2) pay telephones were observed in the MPR. It should be noted that residents are allowed to possess and use personal cellular phones at the facility. However, new residents who are in the process of obtaining a cellular phone would also be allowed to use the facility phone if needed or the pay phone.

The auditor observed and confirmed twenty-six (26) camera locations which were positioned in visible areas to capture broad views as well as potential blind spots. The camera locations were matched to the facility diagram. No cameras were placed or located in any housing unit or restroom. The camera monitors were observed in the control office and in the program director's office. The regular viewing of the camera monitors is a duty of the security staff and aids in the supervision of residents throughout the day. The hard drive has recording capability and is saved for thirty (30) days. Evidence from the hard drive can be downloaded to a flash drive for use after the thirty days (30) if needed. The Program Director, Assistant Program Director, and Security Supervisor randomly view the camera footage to conduct spot checks on staff to ensure they are conducting their wellness checks on the inmates and supervision rounds.

The facility tour ended at 10:30 am. It should be noted that the facility was organized, clean and in a well-maintained condition. During the facility tour, the Auditor was able to speak with residents about the program, as well as staff regarding facility procedures.

Staff Interviews

A total of twelve (12) staff were interviewed including five (5) security monitors, four (4) case managers, the security supervisor, the facility PREA Compliance Manager/Program Director, Assistant Program Director, the Employment Placement Specialist, and the PREA Coordinator/Executive Vice President. Staff interviews were conducted in accordance with the guidelines in the PREA Auditor Handbook and utilizing the interview protocols as guides. Each of the twelve staff were interviewed using the interview protocols that matched their job duties. There are no medical staff or investigative staff employed by the agency, so investigation and medical staff were not interviewed. Several spot interviews of staff were conducted during the audit visit.

The Auditor spoke to security in the control office. These staff explained the intake process of a new resident as well as a resident checking back into the facility after returning from a pass in the community.

Interviews were conducted as follows:

- Facility Director – 1
- PREA Coordinator/Incident Review/Monitoring - 1
- Staff who Perform Risk Screening Assessment – 3
- Intake Staff – 2
- Random Staff –5

The total staff interviews conducted: 12

File Review- Staff

Eleven (11) staff files were reviewed by the Auditor and Support Staff. The files were organized under tabbed/labeled sections. All documents contained staff signatures on the agency's PREA policies, the Employee Handbook and PREA trainings. Background (criminal history) checks were completed for all staff by the BOP and included in the files. Other documents contained in the files include mandated Elder Abuse acknowledgement, Employee Standards of Conduct, PREA training, and PREA quizzes. Each employee file contained the

required documentation, the auditors requested for review.

Resident Interviews

A total of sixteen (16) residents were interviewed of which, four (4) were female. Ten (10) residents were randomly selected from each housing unit for interviews. Six (6) residents were targeted interviews; four (4) of which were limited English speaking. Two (2) residents reported prior victimization on the risk assessment screening. Overall, each resident reported feeling safe at the facility, happy with their placement at Rubidoux RRC, and that they felt staff were respectful of them and never used foul language. Throughout the interviews, it was clear that residents were provided with PREA information at intake.

The Auditor spoke to several random residents during the audit tour and while on-site. Two of the residents were unaware that auditors would be on-site for the visit and that they could request to speak to the auditors if they wanted to. Both residents declined wanting to speak with the auditors.

The number of residents housed on at the Rubidoux facility on the first day of the onsite audit was 56.

The total client interviews were conducted: 16

- Physically Disabled/Blind/Deaf/Hard of Hearing/LEP – 0 (none at the facility at the time of the onsite audit)
- Limited English Speaking- 4
- Cognitive Disability – 0 (none at the facility at the time of the onsite audit)
- LGB – 0 (none at the facility at the time of the onsite audit)
- Transgender/Intersex – 0 (none at the facility at the time of the onsite audit)
- Clients that reported previous sexual abuse - 2
- Clients that reported sexual abuse during an assessment - 0 (none at the facility at the time of the onsite audit)
- Random Clients – 10

File Review- Residents

Sixteen (16) resident files were reviewed, and all files included the documentation needed to verify residents were receiving PREA information and screened for risk of sexual abusiveness or sexual victimization upon intake and again within ten (10) to thirty (30) days after intake. Additional records revealed residents were receiving PREA education by their signatures contained in their files. These records include:

Observation of the Intake Process

The Auditor was able to observe the arrival and processing of a female intake. The Program Director was present during the process and responded to the Auditor's questions. The intake process is the same for a new in-house resident as for an inmate being released directly to home detention. The female Security Staff was polite and respectful during the pat-down search, and search of property, while advising the new intake of what would happen at each step of the intake process. The risk screening assessment was completed in a private office and intake paperwork, including PREA information was provided at this time.

Exit Meeting/Corrective Action Plan

An exit interview was conducted at the conclusion of the on-site visit with the PREA Coordinator, Program Director and Assistant Program Director. At this time, the Auditor and Support Staff discussed the areas requiring corrective action and the agency discussed their plan to achieve compliance. The auditor explained that overall the staff understand the importance of sexual safety and security of the residents. We further discussed the PREA Standards the facility achieved and those standards that needed a corrective action plan. A review of training records indicated staff had been trained in all areas listed below upon hire and during quarterly trainings. However, staff could not articulate these duties when interviewed. Additionally, in order to achieve compliance the facility provided residents with additional education regarding the available resources to sexual abuse and sexual harassment victims. During the on-site audit, the following corrective actions were addressed:

1. The annual staffing plan did not document any changes or adjustments if needed to the staffing plan. A corrective action was discussed. 115.213

- The facility created a separate form to document the discussion and review by key staff members of any changes or adjustments if needed to the annual staffing plan.

2. When interviewed, staff who completed the Risk for Sexual Victimization and Sexual abusiveness tool were unable to articulate the purpose of the assessment and who has access to the assessment. A corrective action was discussed. 115.242(a)

- The facility retrained staff regarding this standard and provided proof of the curriculum, roster and test questions and answers.

3. When interviewed, staff could not articulate their duty as a California State Mandated Reporter (Welfare and Institutions Code 15630)

and their duties to report an incident of sexual abuse. Specifically, staff were unable to articulate that they would need to report the incident by calling Adult Protective Services (APS), filling out the APS reporting form, and submitting the form to the appropriate agencies. A corrective action was discussed. 115.231, 115.261(d)

- The facility retrained staff regarding this standard and provided proof of the training curriculum, roster and test questions and answers.

4. When interviewed, staff were unable to articulate that the use of an outside interpretation company would be utilized for residents who needed translation services. Staff stated they would contact another staff who could translate. However, they were unaware that the facility uses LanguageLine for their translation needs. 115.216(b)

- The facility retrained staff regarding this standard and provided proof of the curriculum, roster and test questions and answers.

5. When interviewed, staff could not articulate their duties to monitor for retaliation or how long retaliation monitoring would take place. 115.267(c)

- The facility retrained staff regarding this standard and provided proof of the curriculum, roster, and test questions and answers.

6. When interviewed, staff could not articulate the agency 's protocol for obtaining usable physical evidence. Per the agency policy, staff do not collect physical evidence. Staff are to secure the scene so that law enforcement may collect the evidence. 115.221(a), 115.264(a)

- The facility retrained staff regarding this standard and provided proof of the curriculum, roster and test questions and answers.

7. When interviewed, staff could not articulate the first responder duties. Specify, not allowing the victim or the abuser to shower, brush their teeth, change clothes, use the bathroom, or anything that would possibly destroy evidence. 115.264 (a)(d)

- The facility retrained staff regarding this standard and provided proof of the curriculum, roster and test questions and answers.

8. When interviewed, residents could not articulate the available resources for sexual abuse and sexual harassment victims and the services they provide, how to submit a written complaint, and whether or not telephone calls to these resources are confidential, and that residents must be informed if a call is being recorded prior to the conversation. 115.233

- The facility provided additional education to the residents regarding this standard and provided proof of the curriculum and copies of the quizzes to the Auditor.

Post Audit Phase

In preparation for the review of the corrective action plan, the facility immediately began preparing an updated training curriculum and testing for the items addressed. The Program Director and PREA Coordinator worked closely with the Auditor to ensure the curriculum and testing would enhance the staff's ability to retain the information they received. On July 26, 2021, the facility retrained all staff regarding the items listed in the corrective action plan. Upon completion of staff training, the training curriculum, test questions and answers, and the training roster were provided to the Auditor for review. On August 9, 2021, the Auditor returned to the facility, and reinterviewed staff. At that time, staff were able to clearly identify their duties and facility policies regarding all of the items in the corrective action plan.

The facility provided additional education to the residents regarding the items listed in number eight (8) above. The Program Director revised the education materials and quizzes to ensure better comprehension and understanding of the resources by the residents. All residents were provided this additional education during their transition classes by the EPS. Further, all residents were required by the facility to complete and pass a quiz to show their understanding of the information they received. The Auditor was sent copies of the quizzes and training curriculum for the residents on August 26, 2021.

During the weeks following the on-site audit visit, and the subsequent visit to the facility, the auditor conducted a final review of the information received, contacting the Program Director or PREA Coordinator for clarification or for additional information if needed regarding certain standards. All standards were met, and the facility was therefore, in compliance with all PREA standards prior to the finalization of the audit report.

Audit Methodology

The Online Audit System (OAS) was used to complete this audit. The Auditor completed the Audit Initiation Form and the PREA Coordinator was granted access to the OAS. The PREA Coordinator was then able to upload the facility's information and complete the PAQ. The Auditor utilized the tools available on the PREA Resource Center website for Community Confinement Facilities, including the Auditor Compliance Tool, the PAQ, Instructions for the Audit Tour, the Interview Protocols, the Checklist of Documentation, and the Audit Process Map. Throughout all phases of the audit, the Auditor utilized the PREA Auditor Handbook, Version 2.0 for reference and guidance.

Interviews with both staff and residents, a thorough review of the documentation gathered during all three phases of the audit, observation of the interactions between staff and residents, interviews with the community-based resources/advocacy and observations made during the on-site tour assisted the Auditor in determining compliance with each standard. This triangular approach assisted the auditor in connecting policy, procedure, and practice, when making the final determination for each standard.

AUDIT FINDINGS

Facility Characteristics:

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

The Rubidoux Residential Re-Entry Center (RRC) is located Rubidoux, California and is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation with headquarters in San Clemente, California. The agency provides residential re-entry services for the Federal Bureau of Prisons (BOP) with five (5) RRC locations in California and Arizona.

The Rubidoux RRC facility is under contract with the BOP. The agency's five (5) RRCs were audited in 2014, in 2017, and two (2) were audited in 2019 and one (1) in 2020. This is the Rubidoux RRC's third PREA audit.

The Rubidoux RRC is based on a social service model designed to address the criminogenic needs of the ex-offender population by introducing evidence-based, cognitive behavioral intervention. According to the agency website, *"the mission is to help problematic people change their lifestyle, with emphasis placed on showing individuals how to lead a more productive, self-supporting, drug-free life, thus breaking the criminal cycle."* The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Residents can participate in work and school activities outside of the facility and utilize community-based resources. Participation in the RRC averages four (4) to six (6) months and includes a home detention component. Eligible residents can go on home detention toward the end of their confinement, provided there is a stable and approved home location,

BSS conducts programming in the following areas using Cognitive Behavioral Change curricula and counseling techniques:

- Life Skills Development
- Anger Management
- Stress Management
- Money Management
- Effective Parenting
- Housing Development
- Job Search Assistance
- Employment Development
- Substance Abuse Education and Counseling

The facility consists of sixty (60) beds for male and female offenders, with twelve (12) beds dedicated for females. The facility's layout is a single-story building with a connected "U" shaped back building and a stand-alone modular building for case services. There are a total of eight housing units with one (1) housing unit utilized for female residents and seven (7) housing units for male residents.

The control office is located at the entrance of the building and is the center of activity. Residents and visitors must first check into the facility in the lobby, where they are "buzzed in" electronically by security staff. When residents depart or return to the facility for any reason, they must enter the facility through the lobby to the control office where they are processed by security staff. Residents are required to sign into their accountability logbook, undergo a pat-search or a search with a metal detection device called the "wand," and submit to urinalysis testing or the breathalyzer. When they depart grounds they must sign out of their accountability log. Anytime a visitor comes on grounds they must sign into and out of the visitor's log. All new intakes are processed in the control office by the security staff. Home detention residents are required to check in at the facility for random drug screenings and to see their case manager. They are also processed in the control center, where security staff will conduct their pat-search or a search with the wand, and complete their drug testing. Two large video monitors show clear footage for each of the twenty-six (26) cameras posted throughout the facility. Security Staff are required to view the monitors during the course of their duties.

The Program Director, Assistant Program Director, Security Supervisor, and the Employment Placement Specialist (EPS) have offices in the main building. There is a dining room, kitchen, and food storage room and staff lounge in the main building. Kitchen staff prepare residents three meals a day (one hot and two cold). Residents are served through an open window in the kitchen and eat in the adjacent dining room. Residents are not allowed in the kitchen unless supervised by staff when performing cleaning duties. The dining room also serves as a recreation room with television for the female residents. The female housing unit is in this building with six (6) sets of bunk beds, and lockers. The female restroom is just next door and consists of showers with shower curtains, sinks and private toilet stalls. The placement of his housing unit was determined by the proximity of staff. At the end of the female hallway is a door with an alarm and only females and staff are allowed to enter or exit the building through this door. When the alarm goes off, staff are required to check that a male resident is not accessing the female hallway. Male residents are not allowed to enter the female hall for any purpose.

There are seven (7) male housing units in the "U" shaped area outside the main building. The male housing units accommodate up to eight residents. Each room has a connected restroom. All restrooms have showers with shower curtains, sinks and toilets in private stalls. According to facility rules, residents are required to change clothing in the restroom. In the middle of this area is the multipurpose room (MPR) equipped with a television, vending machines, and reading materials. There are also large bulletin boards containing information on

community-based resources, phone numbers, and PREA information. Next door to the MPR, is the classroom, which is where the residents attend classes and other groups and are allowed computer use.

The laundry room is located outside the female hallway. There are posted hours for male and female residents. The laundry room closes at 10:00 pm and the door is secured during grounds check by security staff.

The outdoor facility grounds include a weight-lifting area, picnic tables, male and female smoking area, two locked storage sheds, and a bicycle storage area. Cameras are located in various areas of the facility interior and exterior, including the front entrance and parking lot. The camera placement and positioning are designed to help capture potential blind spots and used to aid staff in their supervision of residents. Security staff include the facility exterior in their regular rounds and grounds' checks, which are documented in the logbook.

The case Services building has two (2) offices for the four (4) Case Managers and one office for the Assistant Program Director. Residents are not allowed in this building without staff present. The door to the building is secured when the case managers leave the building. Residents meet with their case managers for a variety of services such as: employment assistance, counseling, and transitional guidance and support in the case services building.

Medical and mental health services are not provided at the facility. Residents utilize resources in the community. Each resident is assigned a case manager, who meet with them regularly and assist them in accessing resources when needed. The EPS assists residents in locating jobs in the community. Upon transfer to the RRC, all residents are required to attend one (1) week of Transition Skills classes facilitated by the EPS. There are two (2) classes which specifically addresses PREA and residents are required to take a quiz at the end of the class.

The following is a list of the training topics for this class:

- PREA Training;
- Healthy Relationships;
- HIV/Health Education;
- Handling Social Influence;
- Roadblocks in Transition;
- Thinking for a Change;
- PREA Training;
- Authority Figures;
- Managing your Anger;
- Your Safety Net;
- Criminal Thinking Errors & Realistic Expectations.

Facility Demographics:

- Rated Capacity: 60
- Population on First Day of Audit: 54
- Average Daily Population for the last 12 months: 48
- Number of Residents Admitted to the Facility during the last 12 Months: 150
- Age Range: 18-80
- Average Length of Stay: 4 to 6 Months
- Security Level: Minimum
- Population Gender: Male 32 and Female 2
- Number of Staff Positions: 21
- Number of Buildings: 3
- Number of Housing Units: 11

The facility has not been over capacity in the last twelve (12) months.

Staff Positions:

- Security Monitors: 10
- Security Supervisor: 1
- Cooks: 3
- Employment Placement Specialist: 1
- Case Managers: 4
- Program Director: 1
- Assistant Program Director: 1

Each RRC operated by BSS is audited by BOP, and the American Correctional Association (ACA). Additionally, each RRC operated by BSS is accredited through ACA. The Rubidoux RRC completed their ACA audit in June 2021

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	41
Number of standards not met:	0

Standards Exceeded: 0

Standards Met: 41

Standards Not Met: 0

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 462 300">Documents reviewed:</p> <p data-bbox="242 329 622 358">PREA Pre-Audit Questionnaire (PAQ)</p> <ul data-bbox="282 409 770 869" style="list-style-type: none"> • Statement of Work (SOW) • PREA postings • Employee Handbook (EH) • Organizational Chart • Agency website • Federal Operations Manual (FOM) Chapter 22 • PREA posters • Resident Rules and Procedures Handout • Employee Handbook (EH) • Resident and staff files • PREA Training PowerPoint • PREA quizzes • Acknowledgment of Training • PREA Brochures <p data-bbox="242 900 347 929">Interviews</p> <ul data-bbox="282 981 641 1106" style="list-style-type: none"> • PREA Coordinator • Program Director • Specialized and Random Staff • Random and Targeted Residents <p data-bbox="242 1193 1493 1520">Behavioral Systems Southwest (BSS) has a written policy mandating a zero-tolerance toward all forms of sexual abuse and sexual harassment which was evidenced by the multiple documents reviewed/observed during the pre-audit, the on-site audit and the post-audit phases. This policy is posted throughout the facility in both English and Spanish and in areas visible to staff and residents. The policy is posted at the front entrance and is visible to visitors and contractors entering the facility. Upon checking into the facility, visitors and contractors are provided with a brochure titled "End the Silence" which states the agency's zero-tolerance policy and includes the definitions of sexual abuse and sexual harassment, and the multiple ways in which to report an incident. The PREA policy and training curriculum for staff describe the agency's approach to the prevention, detection and response to an incident of sexual abuse and sexual harassment. This PREA policy begins on page 73 of the Employee Handbook. The policy includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the procedures to follow should an incident occur at the facility.</p> <p data-bbox="242 1554 1493 1778">The Behavioral Systems Southwest's Organizational Chart shows the Executive Vice President as the agency-wide PREA Coordinator who is responsible for overseeing the agency's five residential facilities. The PREA coordinator's position in the organizational chart hierarchy shows her as an upper-level employee. During the interview, the PREA Coordinator stated she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PREA Coordinator was present during the on-site portion of the audit and was responsive throughout the entire audit process. BSS staff and the program director reported during interviews they are responsible for reporting all PREA-related incidents to the PREA Coordinator.</p> <p data-bbox="242 1812 1493 1872">Based upon the review and analysis of the documentation reviewed and interviews, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.212	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Facility Operations Manual (FOM) <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager • Residential Re-Entry Manager (RRM) <p>BSS is a private provider currently under contract with the Bureau of Prisons (BOP) and does not sub-contract with outside agencies or any entity for the confinement of residents. BOP contracts with BSS for the confinement of residents and all residents are placed at the facility through the BOP.</p> <p>As indicated on page 33 of the FOM. BSS is under contract with the BOP and all residents who are ordered into confinement at a BSS facility are placed there by the BOP. This contract (FOM) states that the agency cannot subcontract with other agencies for the confinement of residents. Specifically, <i>"BSS is responsible to the Government for any acts and omissions of employees. BSS performs all requirements of the contract and does not subcontract requirements out."</i> When reviewing the PAQ, the PREA Coordinator mistakenly reported that BSS entered into contracts with other agencies for the confinement of BSS residents. As confirmed with the PREA Coordinator and RRM, BSS does not contract with other agencies to house BSS's residents. The PREA Coordinator stated the response in the PAQ were incorrect. When interviewed, the PREA Coordinator stated BSS's contract with BOP does not allow BSS to contract with other agencies for the placement of residents and that doing so would never be permitted.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.213	Supervision and monitoring
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 654 613" style="list-style-type: none"> • Federal Operations Manual (FOM) • Statement of Work (SOW) • Staffing Plan • Annual Staffing Plan Review • Monthly Staff Schedule • Log Book • Resident Daily Rosters • Pre-Audit Questionnaire (PAQ) <p data-bbox="240 640 352 667">Interviews:</p> <ul data-bbox="282 721 767 846" style="list-style-type: none"> • Program Director/PREA Compliance Manager • Assistant Program Director • Security Supervisor • PREA Coordinator <p data-bbox="240 878 1457 936">Behavioral Systems Southwest develops, and documents, a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against sexual abuse.</p> <p data-bbox="240 967 1406 994">Per interviews with the Facility Program Director and Assistant Program Director, the facility takes into consideration:</p> <ol data-bbox="276 1048 1147 1173" style="list-style-type: none"> 1. The physical layout of the facility; 2. The composition of the resident population; 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 4. Any other relevant factors. <p data-bbox="240 1205 1485 1568">The capacity for the Rubidoux RRC is sixty (60) and the average daily population is forty-eight (48). The RRC is a co-ed facility housing both male and female residents. The Staffing Plan requires both male and female staff to be on duty at all times, twenty-four (24) hours per day, seven (7) days per week and three hundred sixty-five (365) days per year. According to the SOW, (page 12), the contractor must staff a minimum of two positions (one male and one female if the facility is co-ed), on seven-day posts, twenty-four (24) hours a day, dedicated only to the supervision of federal residents. Pages 29 through 31 of the FOM describes the staffing patterns and states the requirement that if the facility exceeds the average monthly population by twenty-five percent (25%) that the facility must add staff in accordance with this increase. The FOM additionally states that the facility shall not accept more residents than the rated capacity. Per the PREA Coordinator, BSS has always maintained a higher staffing ratio than what is required by BOP and that if the daily population drops, the number of staff scheduled would not change. The PREA Coordinator reviews the facility staffing needs and determines what, if any changes/adjustments need to be made (ex; additional staff needed, less staff needed, or shift adjustments).</p> <p data-bbox="240 1599 1477 1693">Each time the staffing plan is not in compliance, the facility would document and justify any deviations from the staffing plan. According to the PAQ and per interviews with the Program Director, and Assistant Program Director, there have been no circumstances where there were deviations to the staffing plan during this audit period.</p> <p data-bbox="240 1724 1481 2051">The staffing plan states, <i>"BSS ensures that resources, financial and personnel, are made available, at all times to ensure proper staff coverage. Should a deviation to the staffing plan occur, documentation of that deviation will exist with clear rationale for the deficiency."</i> Per the Program Director, should a staff call out sick, the same gender staff will remain on duty an additional four (4) hours to cover and the same gender staff coming in on the next shift will come in four (4) hours early to cover the second half of the shift. If the on-duty staff or next shift are unable to cover, then the Program Director will contact other same gender staff on overtime to ensure that coverage is provided. He further shared any staff (Case Manager, Administrative Assistant, the Employment Placement Specialist, or Cook) are trained to provide same gender supervision duties. This information is clearly outlined in the staffing plan. A review of the staff training logs confirms all staff receive training specific to security monitor's duties. Changes in the staff schedule due to staff calling off unexpectedly are made in the logbook and in the electronic (Nova time) schedule system.</p> <p data-bbox="240 2083 1493 2141">The SOW states the contractor will notify the residential re-entry manager (RRM) at BOP of any unforeseen circumstances which may affect the safety and the security of the facility. The Program Director stated during his interview that the RRM and</p>

the PREA Coordinator would be notified if there were any unforeseen circumstances in which any shift was not properly staffed; however, this has not occurred. At least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;
- Prevailing staffing patterns;
- The deployment of video monitoring systems and other monitoring technologies; or
- The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The staffing plan states the Program Director, the Assistant Program Director, and Security Supervisor randomly review video surveillance. The camera footage for all cameras around the facility is backed up to a DVR recording system. If an incident occurred, the reviewing staff will download the clip to a flash drive for investigators. The Program Director further stated the incident review team would meet after an incident and would look at the location of the incident and check if the number of cameras and the positioning to see if camera angles need adjustment or if additional cameras are needed.

The staffing plan is discussed and reviewed annually by the PREA Coordinator, the Program Director, the Assistant Program Director, and the Security Supervisor; however, changes or adjustments were not documented on the form provided. The auditor was provided with a signed copy of the annual staffing plan; however, the document did not include the review of the staffing plan, including documentation of any changes, or adjustments if needed to the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility resources to commit to the staffing plan. The Auditor and Support Staff discussed the corrective action needed to achieve compliance with this standard. The PREA Coordinator created a separate form for the annual review of the staffing plan. The PREA Coordinator provided the Auditor with the Annual Staffing Plan Review form on July 21, 2021. The form contains the elements as required in the standard. Further, the Annual Staffing Plan Review was approved and signed by key personnel and was provided to the Auditor prior to the writing of this report which brought the facility in compliance with this standard.

Based upon the review and analysis of the documentation reviewed and interviews, the Auditor has determined the facility is in compliance and meets this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Federal Operations Manual (FOM)
- Statement of Works (SOW)
- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Training Curriculum
- Training Acknowledgement Statement
- Training Sign-in Roster
- Resident grievances
- Incident Reports
- Prior Audit Reports
- Gender Announcement

Interviews:

- Random Staff
- Random and Targeted Residents

The Rubidoux facility does not conduct cross-gender strip searches and staff are prohibited from doing so per agency policy. This policy specifically states, "BSS policy prohibits strip/visual body cavity searches. The agency's contract with the BOP prohibits staff from conducting cross-gender pat searches, strip searches and visual body cavity searches. The FOM (page 208) states regarding strip searches, "BSS personnel are not authorized to perform this type of search" and regarding Body Cavity Searches, "BSS personnel are not authorized to perform this type of search. A body cavity search is a medical procedure wherein qualified medical personnel examine the body cavities for the presence of suspected prohibited items. The BOP must give prior consent for this procedure." The SOW (page 76) states, "Search which requires the person to remove clothing other than outer garments, (e.g., strip search, cavity search) are only authorized through the RRM and must be conducted by law enforcement or medical personnel." This information was also confirmed during an interview with the RRM. BSS does not employ medical staff and does not provide any on-site medical services. All medical needs are accessed through medical providers in the community. There have been zero (0) requests for cross-gender strip, or cross-gender visual body cavity searches of residents.

As stated in the SOW on page 76, "the facility shall not conduct cross-gender pat-down searches of female residents except in exigent circumstances or when performed by medical personnel." In reviewing the PAQ, BSS states that they do not permit cross-gender pat-down searches of female clients.

The facility does not restrict female clients' access to regularly available programming or other outside opportunities in order to comply with this provision. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search. When interviewed, residents confirmed that the staff do not perform cross-gender pat-down searches and a "wand" is used if needed. Residents further confirmed that at no time have they ever been denied programming because there was no opposite gender staff available to conduct the search. All female residents who were interviewed by the auditors stated there was always a female staff on duty. However, if they return to the facility and a female staff is not readily available, they are immediately processed back into the facility by the male staff using the "wand" to search them.

Facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. Because facility policy prohibits these types of searches, this would not occur. However, if there was a situation in which this was warranted, the facility would document via a report and email to the RRM at the BOP.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Interviews with random and targeted residents confirmed that they are able to change clothing, use the restroom and shower without being viewed by staff of the opposite gender or any staff member. All residents stated they are given privacy in these situations and have never been naked in full view of staff.

The facility houses both male and female residents. The auditor observed both the male and female housing units and restrooms during the audit tour. The female housing unit is in a separate building from the male housing units. The female

restroom is next door to the female housing unit. At the end of the female hallway is a door equipped with an alarm, security cameras, and a security mirror to enhance staff supervision. The restroom includes toilets in private stalls with doors and showers with PREA friendly shower curtains and sinks in an open area. The housing units are open rooms with bunk beds and lockers. The male housing units have connected restrooms with toilets in private stalls with doors, and showers with PREA friendly shower curtains and sinks in an open area. All residents are required to change clothing in the shower or toilet stall which prevents viewing by anyone. Postings of the staff of the opposite gender announcement were viewed on the doors of each housing unit and each restroom. Whenever a staff enters a resident's restroom, they knock, announce their gender and then allow the resident time to respond before entering the restroom. Staff were observed during the audit tour and throughout the on-site visit, adhering to the knock announce notice prior to entering a housing unit of residents of the opposite gender. Both staff and resident interviews confirm staff are adhering to the policy of knocking and announcing their presence prior to entering a housing unit of their opposite gender. Cameras are not located in any of the male or female housing units or restrooms.

The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status per the EH (page 76). The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. In the case of a transgender or intersex resident, the facility is notified of the resident's gender, sexual preference, and genital anatomy in writing by BOP prior to entering the facility.

The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. When transgender and intersex residents arrive at the facility they are searched based upon their genital anatomy and also asked who they would prefer to search them. If there are ever any concerns, the resident will be searched using a hand-held metal detector (wand). Training rosters and the curriculum were reviewed to confirm staff received training on searches of transgender and intersex residents and the techniques used during searches. At no time would a resident be physically examined for the sole purpose to determine their gender status. There were no transgender or intersex residents housed at the facility during the time of the audit.

Based upon the review and analysis of the documentation reviewed and interviews, the Auditor has determined the facility is in compliance and meets this standard.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Federal Operations Manual (FOM)
- PREA Pre-Audit Questionnaire (PAQ)
- PREA Postings
- Employee Handbook (EH)
- LanguageLine Website
- PREA Resident Handout

Interviews:

- Random Staff
- Case Managers
- Program Director
- PREA Coordinator
- Random and Targeted Residents

The agency has taken appropriate steps to ensure that residents with disabilities (including, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Rubidoux RRC provides PREA information in six other languages; including, English, Spanish, Vietnamese, Korean, Armenian, Romanian, and Hebrew. The residents are provided a copy of the PREA Resident Handout in their Intake packet. This comprehensive document provides information on the zero tolerance policy against sexual abuse and sexual harassment, the multiple methods in which to make a report of sexual abuse or sexual harassment and the names, addresses and telephone numbers to the local rape crisis center, advocacy centers and the local hospital which provides services for sexual assault victims. In addition, the agency ensures that written materials are provided in formats and methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

According to the EH (Page 76) *"BSS will ensure that any offender with disabilities (ex: such as deaf, hard of hearing, sight impaired, mobility impaired, cognitively impaired) and those with limited English proficiency will have equal opportunity to participate in and benefit from all aspects of BSS's efforts to prevent, detect and respond to sexual abuse and sexual harassment."* This information was posted to the OAS and reviewed in residents' files during the on-site audit by the auditors. Facility staff who are able to translate for some of these languages, ensure full understanding of the resident's rights to be free from sexual abuse and sexual harassment and how to report a PREA incident FOM (page 89). Should an offender be visually impaired and unable to read the material provided, staff will read the literature to the offender as they do with the intake paperwork EH (page 77). Additionally, casework staff stated during their interview that they are required to meet with new residents within 24-hours of intake. They are responsible for ensuring the resident receives and understands the PREA information during orientation FOM (page 89).

The agency provides outside interpreter services for the facility through LanguageLine Solutions which provide services 24-hours a day 365 days a year. This was verified by the auditor contacting LanguageLine Solutions and verifying available services. These services are provided in any language over the telephone. All staff can access the translation service and are authorized to call the service if needed. For the deaf or hard of hearing resident LanguageLine Solutions also provides the InSight Video Interpreting service with the use of computer, tablet, or smartphone. Per the PREA Coordinator, they allow and assist the deaf or hard of hearing residents in the use of the Telecommunications Device for the Deaf (TDD) system to communicate with anyone outside of the facility (information is posted on the BSS website).

All staff interviewed confirmed residents are not used as interpreters. This information was also verified and written in the EH (page 76) which states, *"Except under emergent circumstances, the use of offenders as interpreters, readers, or other offender assistants is prohibited."* However, when interviewed, staff were not knowledgeable about the agency's ability to contact LanguageLine for interpreter services. The PREA Coordinator and the Program Director were informed that staff were not aware of LanguageLine, the services they provide, and how to access the services if needed. The Auditor and

Support Staff discussed the corrective action needed to achieve compliance and the Program Director and PREA Coordinator agreed to provide additional training to staff regarding the outside interpreter services. Proof of training, rosters, and quizzes were provided to the auditor. On August 9, 2021, the Auditor returned to the Rubidoux facility and reinterviewed the staff. Staff were able to articulate how to access LanguageLine for interpretation services if needed. The training of staff and additional interviews by the Auditor were completed with the staff prior to the completion of this report. Therefore, compliance of this standard was met.

The PREA audit notice was posted in the facility in both English and Spanish. The evidence shows the agency ensures access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide 24-hour interpreter service who can interpret effectively, accurately, and impartially.

The agency prohibits use of resident interpreters, resident readers, or other types of residents assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations. Interviews with staff indicated that they will document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Information provided on the PAQ, for this auditing period indicates there have been no instances where residents were used for this purpose. Staff interviewed articulated that using residents for these purposes was prohibited.

PREA information is posted throughout the facility in both English and Spanish and other languages are available to residents if needed and when identified by staff at time of intake, staff would provide resident with information in their native language.

Based upon a review of this standard, the Auditor has determined the agency is in compliance and meets the provisions of this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 655 479" style="list-style-type: none"> • Federal Operations Manual (FOM) • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) <p data-bbox="240 506 352 533">Interviews:</p> <ul data-bbox="282 589 683 680" style="list-style-type: none"> • Program Director • PREA Coordinator • Residential Re-entry Manager (RRM) <p data-bbox="240 707 1485 1039">The BOP provides guidelines and mandates to BSS regarding hiring and promotion decisions of employees. When BSS has determined that an applicant is appropriate for employment or promotion, the applicant's information will be sent to the BOP to receive a background clearance. Per the EH (pages 73-79), applicant background check and reference checks will take place as part of the recruitment process. Applicants with any history of sexual violence or applicants with a history of validated sexual harassment will not be considered for employment. The SOW (pages 16-17) states contract employees must be cleared before they may work with federal residents. These mandates require a background check to be completed at time of hire for all new employees, at the time of promotion, and at the time of the agency's 10-year contract renewal per the SOW (pages 16-17). All employees will undergo another background clearance 5 years into the 10-year contract. Employees may not begin working until all background clearances have been completed and the RRM has sent the notice of approval to BSS. Background clearances consist of a review of the following:</p> <ul data-bbox="282 1088 863 1218" style="list-style-type: none"> • Civil Application System (CAS) • National Crime Information Center (NCIC) • Local law enforcement • Checks and prior employment and personal references. <p data-bbox="240 1245 1485 1541">BSS has a policy against hiring anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in sexual misconduct SOW (page 39). BSS requires all applicants to report previous sexual misconduct, to include civil or administrative adjudication, on a supplemental form which is submitted with their application. The employee then signs and dates the affirmation. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct in past employment or while employed at a BSS facility, as listed in the EH (pages 73-79). Twelve (12) staff files were reviewed during the on-site portion of the audit and this information was found in the file. The review of staff files included pre-employment background checks/clearances, promotional background checks/clearances, and recurring background checks/clearances within the 5-year requirement. This information was verified during a review of twelve (12) staff files and interviews with the Program Director and PREA Coordinator.</p> <p data-bbox="240 1568 1485 1666">The Rubidoux facility did not have any volunteers or contractors at the time of the on-site audit. Per the Program Director, the same background clearance/record check process applies to volunteers and contractors who would have any contact with residents. This information is also written in the EH (page 74).</p> <p data-bbox="240 1693 1461 1792">The agency's policy allows the sharing of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work, only if the employee has signed a waiver for such information to be released.</p> <p data-bbox="240 1818 1461 1881">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets the provisions of the standard.</p>

115.218	Upgrades to facilities and technology
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 738 443" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Facility diagram/map with camera locations • Camera/video monitors <p data-bbox="240 474 352 501">Interviews:</p> <ul data-bbox="282 555 644 680" style="list-style-type: none"> • PREA Coordinator • Program Director (PD) • Assistant Program Director (APD) • Security Staff <p data-bbox="240 712 1481 904">BSS has not acquired a new facility or made a substantial expansion or modification to the Rubidoux facility since the last PREA audit in 2017. In June 2021, the facility upgraded video monitoring system with a new hard drive and two new cameras. The cameras were added to areas to provide additional coverage and angles of view. New monitors were also added to the Program Director's office and in the control room. The Auditor was able to view the activity on the monitors and observed the video resolution to be very clear. According to the Program Director the video footage is stored for thirty (30) days and can be recorded onto an external drive if needed for review in the case of an incident or an investigation.</p> <p data-bbox="240 936 1485 1294">During the on-site tour of the facility, the twenty-six (26) cameras locations (facility interior and exterior) were compared with the facility diagram/map of the Rubidoux facility. The monitors are located in the control office and the Program Director's office. Security staff in the control office were observed watching activity on the monitors while engaged in the course of their duties. The monitors were observed in both offices during the audit visit and all twenty-six (26) cameras were functioning and the video footage was very clear. The Program Director, the Assistant Program Director, and Security Supervisor are responsible for randomly viewing the video footage to ensure staff performing their job duties in the proper supervision of the residents. Per the Program Director and the Security Supervisor, there must always be at least one Security Staff in the security office monitoring the cameras at all times. He additionally stated, if there is a PREA incident or any other incident, they would be able to go back and review the footage. The Program Director and the PREA Coordinator stated during interviews that they routinely consider how camera technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 1326 1461 1384">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Statement of Work (SOW)
- Employee Handbook (EH)
- PRE-Audit Questionnaire (PAQ)
- Partners Against Violence (Formerly San Bernardino Sexual Assault Services)
- Riverside University Health System Medical Center, Sexual Assault Center (RUHSMCSAC)

Interviews:

- Program Director
- PREA Coordinator
- BOP Residential Re-Entry Manager (RRM)
- Random Staff
- Riverside Police Department Public Information Officer

The Rubidoux RRC does not house residents under the age of eighteen (18) and they do not conduct criminal or administrative investigations. The EH, (pages 73-74) clearly states that all allegations of sexual abuse or sexual harassment are reported to the BOP for investigations and BSS is not permitted to question any individuals who are subject of the investigation. If the incident is criminal in nature, local law enforcement will be contacted. All staff are required to cooperate with any investigation. Per policy, staff would not be involved in evidence collection. The staff are trained as part of first responder duties to seal off the potential crime scene area and to request alleged victims and perpetrators to not take any action that could destroy potential evidence.

Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome. BSS maintains records regarding the onset of the investigation to the completion of the investigation. Staff training records indicated that staff had received prior training regarding the collection of physical evidence and were given quizzes at the end of each training to show their proficiency in what they had learned. Staff were also provided the employee handbook which clearly states that staff are not to collect physical evidence. When interviewed, staff were unable to articulate that policy prohibits them from collecting physical evidence and that physical evidence would be collected by the investigating authority. The Auditor and Support Staff discussed the corrective action needed to achieve compliance regarding this standard, specifically that staff not be engaged in the collection of physical evidence per BSS policy. The Program Director was able to retrain the staff prior to the writing of this report. The training was conducted on July 26, 2021, which was verified by the Auditor. In addition, the Auditor returned to the facility on August 9, 2021, and reinterviewed staff regarding the facilities uniform evidence protocol. At that time, staff were clearly able to articulate the BSS policy in that they are not allowed to collect physical evidence. The training curriculum was approved, rosters and quizzes were provided for the Auditor's review, placing the facility in compliance with this standard.

The Rubidoux RRC does not have on-site health care personnel and they do not conduct forensic medical examinations. If a resident has been sexually abused, the Riverside Police Department would be contacted. The Riverside Public Information Officer was contacted and stated a victim of sexual abuse would be referred to a detective who has had specialized training for dealing with victims of sexual abuse. The victim would be transported to the Riverside University Health System Medical Center, Sexual Assault Services <https://www.ruhealth.org/medical-center/medical-services/safe-clinic> where they would be examined by a Sexual Assault Forensic Examiner. The RUHSMCSAC provides many services to include, but are not limited to:

- Forensic services available 24 hours/ day free of charge for survivors of sexual assault over the age of 11
- Private, exclusive exam room
- Evidence collection/ forensic examinations up to 120 hours (5 days) after sexual assault occurs
- Medication provided to prevent HIV, pregnancy, and sexually transmitted diseases
- Referrals for advocacy and mental health services
- Forensic examinations performed at the request of law enforcement

RUHSMCSAC's website also states that victims are entitled to a forensic examination for sexual assault without completing a report with law enforcement and they follow the federal Violence Against Women Act (VAWA).

In addition, the Rubidoux RRC facility also works with Partners Against Violence (Formerly San Bernardino County Sexual Assault Services) <https://www.partnersagainstviolence.org> who provides services to include but not limited to:

- Crisis response
- Accompaniment for medical exams and legal appointments
- Counseling
- Advocacy for continue care throughout the victim's service needs
- Referral services
- Individual survivor assistance
- Emotional support

All services are free and at no cost to the victim.

Based upon the review and analysis of the documentation, the Auditor has determined the facility is in compliance and meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Statement of Work (SOW)
- Employee Handbook (EH)
- Pre-Audit Questionnaire (PAQ)
- BSS Website
- Employee Standards of Conduct
- Staff Training and Meeting Minutes (July 26, 2021)
- PREA Tests

Interviews:

- Program Director
- PREA Coordinator
- Random Staff
- Residential Re-Entry Manager (RRM)

The agency ensures that an administrative and criminal investigation are completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). BSS and the facility have policies and procedures in place to ensure that any allegation of sexual abuse or harassment is reported to the appropriate authority. According to the EH page 73, *"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 member. 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."* The Riverside Police Department would be responsible for criminal investigations and the BOP would investigate any administrative allegation of sexual abuse or sexual harassment. For any incident, the BOP RRM would be immediately notified. In the past 12 months, there have been:

- Zero allegations of sexual abuse and sexual harassment were received;
- Zero allegations resulting in an administrative investigation were received;
- Zero allegations were referred for criminal investigation;
- There were no PREA incidents at the Rubidoux facility, therefore there were no administrative and/or criminal investigations completed.

The BSS website was reviewed for published policies regarding investigations. The last tab on the website (Newsletters) states *"BSS does not conduct PREA investigations. Any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP/DOJ or CDCR) and/or local law enforcement to conduct an internal/administrative and/or criminal investigation."* As contained in the SOW (page 21) states, *"The contractor will not conduct an investigation of any misconduct allegation without the COTR's approval. This includes questioning the subject of a misconduct allegation. The contractor will advise all employees that they are subject to government investigation if an allegation is made concerning any matter affecting the interests of the government. Said investigation conducted will follow all PREA guidelines as identified in PREA standard."*

Interviews with the PREA Coordinator and the Program Director indicated they are very clear on their policies and procedures for investigations. All incidents of sexual abuse and sexual harassment would be immediately documented and referred to the BOP. The EH (pages 77) states, *"At no time will BSS staff conduct any investigation. Administrative/Criminal Investigations will be left solely to the BOP and/or local law enforcement. All PREA issues will be referred to local law enforcement."* On page 78 of the EH, it states, *"Upon notification by BOP and/or local law enforcement, the PREA Coordinator will inform the resident of the findings of the post incident review."* The PREA Coordinator and program director confirmed that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse incident. All staff were able to clearly articulate the contacts they would make should an incident occur (call 911, contact the program director, or assistant program director, the BOP and the PREA Coordinator).

The SOW (page 21) states *"The contractor will not conduct an investigation of any misconduct allegation without COR's approval. This includes questioning the subject of the misconduct allegation."* The FOM (pages 249-250) states *"The local law enforcement agency having jurisdiction will most likely be called at the direction of the local RRM, appropriate agency representative or On-Call Duty Officer. Staff will follow their instructions and will not interfere with their investigation. Adequate documentation will be provided for the duration of investigation. A Serious Incident Report will be written. BSS*

upper management shall be notified whenever serious incident occurs and be furnished with written documentation, as appropriate." The FOM further states "All staff will be trained in the Investigative Process. Once the misconduct is reported, the BOP and/or other appropriate law enforcement agency will conduct an investigation. The purpose of the investigation will be to determine the nature and extent of the alleged misconduct. Staff may be asked to give a statement during an investigation. It is BSS's policy for employees and volunteers to be honest and helpful during any investigation. If criminal charges are brought, you may be asked to testify during criminal proceedings. If a resident was the person who was assaulted, BSS will coordinate with the referring agency to see if this resident is going to be transferred to another facility or institution."

Based upon the review and analysis of the available documentation and interviews, the Auditor has determined the facility is in compliance and meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Employee Personnel Files
- Master PREA Training Calendar
- PREA PowerPoint Training
- PREA Training Acknowledgement
- PREA Quiz and Answer Sheet
- BSS Employee Standards of Conduct
- BSS Zero Tolerance Policy
- BOP Program Statement
- Federal Operations Manual (FOM)
- Staff Training Attendance Logs (Sign-in Sheets)
- Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders

Interviews:

- Program Director
- Assistant Program Director
- Specialized and random staff
- Residential Re-Entry Manager (RRM)
- PREA Coordinator

The agency trains all employees who may have contact with residents on:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment, prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- 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 juvenile facilities;
- The common reactions of juvenile victims of sexual abuse and sexual harassment;
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The agency conducts PREA training as part of the initial new employee training, and during quarterly training which includes an in-depth training on one or more of the PREA standards. Refresher training is provided as needed. Training is documented and placed in the employee's file. This training curriculum includes testing after the training to ensure the staff understand the training they received. Copies of the graded quizzes are maintained in the employee's file. Additionally, all employees receive the EH as part of the new hire and training process. The zero-tolerance policy and the PREA policies and procedures are included in the EH (Pages 73-80). The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

PREA training is tailored to the gender of the residents at the facility, including male and female residents, and LGBTI residents. The PREA training addresses policies and procedures tailored for both male and female resident and LGTBI residents and is the same training used at all BSS facilities. The auditor reviewed all training curriculum, tests and training rosters to ensure staff were receiving the appropriate training.

A review of the Master Training Schedule, staff meeting minutes, staff quizzes, and sign in rosters, confirmed the PREA training was being conducted. When interviewed, all staff were able to explain the training they received on PREA at the time of hire, the refresher training, and their on-going quarterly PREA trainings.

All employees of the Rubidoux RRC, have received PREA training as part of the initial training for new employees. Employees are required to sign the PREA training documents indicating their understanding of the training they received and

acknowledging their receipt of the training. The training curriculum includes testing after the training to ensure the staff understand the training they received. Copies of the graded quizzes are also maintained in the employee's file. This was confirmed by a review of staff training rosters and by acknowledgements contained in the employee files.

Staff receive comprehensive PREA information at hire and during initial and quarterly training. Staff have a good understanding and could describe the elements contained in 115.231 (a) with the exception of how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities 115.231 (a)-10. The Auditor and Support Staff discussed the corrective action needed to achieve compliance with this standard regarding the mandatory reporting required to the State of California Adult Protective Services (APS). The Program Director provided additional training to staff on July 26, 2021. The Program Director forwarded the copies of the training curriculum, staff quizzes, and the staff training roster to the Auditor. Additionally, the Program Director ensured that all staff sign the Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders which is retained in the employee files. This form when completed is provided to Adult Protective Services or local law enforcement and meets the requirements of the Mandatory Reporting for Dependent Adult and Elder Abuse Reporting. The Auditor reviewed the subsequent training materials and returned to the facility on August 9, 2021, for the purpose of reinterviewing staff. All staff were able to articulate how they would make a report to the State of California in the event of a suspected incident of sexual abuse or sexual harassment at the facility, and where they would find the forms to complete such a report.

In conclusion, the Auditor and Support Staff reviewed several training documents, test questions, and responses when conducting the on-site audit. It was evident that the staff were being trained in this area. The subsequent training found staff could clearly articulate their responsibilities. Therefore, the Auditor found that the facility and the staff were in compliance with this standard. It should also be noted, the Rubidoux facility has not had an allegation of sexual abuse as documented in the Annual PREA Report, prior PREA Audits and per interviews with the RRM and PREA Coordinator.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.232	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Emplotee Handbook (EH) • PREA training PowerPoint • Federal Operations Manual (FOM) <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PREA Coordinator <p>The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have any contact with residents receive the same training, including PREA training, as an employee. All volunteers and contractors must also sign an acknowledgement stating they have received and understand the PREA training. There were no volunteers or contractors working at the Rubidoux RRC during this reporting period. According to BSS PREA policy <i>"All new employees, volunteers and/or contractors who have contact with offenders will receive sexual abuse/sexual harassment training during thier first week of employment/working with offenders. This training includes reporting any incident to thier immediate supervisor immediately upon discovery. Refresher training will be conducted annually thereafter."</i> The PREA training volunteers and contractors receive includes the zero-tolerance policy for all forms of sexual abuse and sexual harassment.</p> <p>Chapter 22 of the FOM clearly lays out the PREA and Sexual Abuse, Prevention and Intervention policy which includes language that applies to volunteers. The FOM states, <i>"Sexual abuse/assault/misconduct is defined as verbal or physical conduct of a sexual nature directed toward an offender by another offender, staff member, agent or volunteer of a corrections agency, department or private organization. Sexual misconduct by BSS staff against an offender shall be prohibited by policy. Sexual misconduct, as it relates to offenders, is a sexual advance, welcome or not, by an offender, staff member, agent or volunteer of BSS, department or private organization. It is illegal and a violation of federal law."</i> Volunteers and Contractors would also receive and sign this document.</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Per the PREA Coordinator and Program Director, if and when they have a volunteer or contractor, the volunteer/contractor would go through the same training as employees, which would be documentated with copies of the training acknowledgement and rosters retained in the volunteer/contractor files.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets this standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed and Observations:</p> <ul style="list-style-type: none"> • PREA Education & Screening Logs • Resident PREA Quizzes • Acknowledgement Statements • Resident PREA Handouts • Resident Handbook • PREA Boards • PREA Reporting Methods (Flow Chart) • Transitional Skills class rosters (PREA training) • PREA Incident Report Form <p>Interviews:</p> <ul style="list-style-type: none"> • Random and Targeted Residents • Security Staff • Case Managers • Employment Placement Specialist (EPS) <p>During the intake process, residents receive information explaining:</p> <ul style="list-style-type: none"> • The agency's zero-tolerance policy regarding sexual abuse and sexual harassment; • How to report incidents or suspicions of sexual abuse or sexual harassment; • Their rights to be free from sexual abuse and sexual harassment; • Their rights to be free from retaliation for reporting such incidents; • BSS policies and procedures for responding to such incidents of sexual abuse and sexual harassment. <p>When residents arrive at the Rubidoux facility, a security monitor will go over the PREA information during the intake process. They explain the zero-tolerance policy against sexual abuse and sexual harassment and provide them with the Resident Rules and Regulation handout which also includes PREA information. During orientation residents are shown where the PREA boards are located and provided information regarding the resources and postings on the board. These postings were observed during the on-site walkthrough of the facility. The postings contained toll free phone numbers for reporting a PREA incident as well as available resources in the community. Other information posted on the PREA boards include resources such as third-party reporting, the PREA Coordinator's phone number, rape crisis hotline and additional resources for victims of sexual abuse and sexual harassment. The PREA boards are located in the lobby and in the multipurpose room (MPR) which ensures the information is continuously and readily available for both male and female residents. Residents are physically shown the PREA boards when they first arrive at the facility and staff explain the information posted on the board. Whenever a resident is transferred from another facility or returns to the facility after having exited the program, they will be provided the same information and training as that of a new resident.</p> <p>Within 24-hours of arrival, the resident will meet with their Case Manager and the PREA information will again be reviewed with them to ensure they understand their rights and responsibilities regarding how to report and respond to a PREA incident and the sanctions if they violate such rules. The Employment Placement Specialist holds weekly transitional skills classes which includes resident education on PREA. Residents are required to take a quiz as part of the class to test their knowledge and understanding of the information they received.</p> <p>Interviews with residents confirmed that staff were providing them with PREA information and education upon intake and within 24-hours of arrival. Residents stated during their interviews that they were aware information was posted on the PREA board with telephone numbers and that they could call the numbers at any time. However, residents could not articulate or describe the types of resources available and the services they provide, whether or not telephone calls to these resources are confidential and that they must be informed if a call is being recorded prior to the conversation, and how they can make a written complaint. The Auditor and Support Staff discussed the areas requiring corrective action and the agency discussed their plan to achieve compliance. The facility provided additional education to the residents regarding this standard and provided proof of the curriculum and copies of the quizzes to the auditor.</p> <p>To achieve compliance with the standard, the facility revised the education materials and quizzes to help ensure better comprehension and understanding by the residents. All residents were provided with this additional education during their</p>

Transition Skills class by the EPS. Further, all residents were required to complete and pass a quiz to show their understanding of the information they received. The revised education materials included the PREA Reporting Methods (Flow Chart) which describes how they can make a report inside or outside of the facility. The PREA education quiz for residents was expanded with additional questions. The EPS goes over all of the information in the Transition Skills class prior to giving the quiz to the residents, and will go over the questions with the residents individually if needed to ensure the resident understands the information. The Auditor was sent copies of the quizzes and training curriculum for the residents on August 26, 2021. The Auditor reviewed this information and the steps the facility took to provide additional education to the residents, bringing the facility in compliance with the standard.

The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as residents who have limited reading skills. The facility posts PREA information in the lobby in the following six (6) languages:

- English
- Spanish
- Armenian
- Korean
- Russian
- Hebrew

For residents who are vision-impaired or who have limited reading skills, security staff or casework staff would read them the information. For residents who are hearing impaired, BSS employs a staff from one of their other programs who is proficient in American Sign Language (ASL). The Program Director stated that they would contact the staff and arrange a video conference with them and the hearing-impaired resident to provide the PREA education and ensure they understand the information. The facility utilizes translation and interpreting services through LanguageLine. BSS maintains a contract with LanguageLine and staff explained they are able to access these services, if needed, to assist with communicating with a resident when and if needed.

Interviews conducted with Security Staff, Case Managers, and the EPS, confirmed residents are receiving PREA information in multiple formats and at multiple times. If a non-English speaking resident arrives at the facility, they will be provided PREA information in their language. There is an Intake Checklist that is followed during the intake process and staff check off each item that is to be covered during the intake process. Upon initial intake, the resident is given the Resident Rules and Regulations describing the zero-tolerance policy. Within 24-hours, the case manager will meet with the resident to go over the intake packet and PREA information in detail. Within the first few days of arrival, the new resident will attend the transitional skills class. This class consists of rules and regulations, movements, budgeting, resume building, home detention rules, setting goals and PREA.

A review of resident training records and sixteen (16) resident files was conducted. Each resident file contained signed documents (PREA acknowledgement, quizzes, Resident Rules and Regulations, PREA flowchart) indicating the residents received initial PREA training within 24-hours of their intake and during the transitional skills class. The PREA flowchart details the PREA reporting methods for inside and outside of the facility and is posted on the PREA boards.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents reviewed:</p> <ul style="list-style-type: none"> • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Handbook (EH) • BSS Website <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • Assistant Program Director • PREA Coordinator • Residential Re-entry Manager (RRM) <p>RRC does not conduct investigations per the SOW (page 23), the FOM (page 42) and the EH (page 74). All incidents of sexual abuse or sexual harassment would be referred to local law enforcement and/or the BOP who would be responsible for conducting the sexual abuse investigation. Since an outside agency is responsible for conducting the investigation, the RRC does not employ investigators and therefore is not responsible for training employees in conducting sexual abuse investigations or maintaining documentation of said training.</p> <p>The Program Director and the PREA Coordinator were very specific when articulating that administrative investigations are completed by the BOP. All criminal investigations are completed by local law enforcement. The RRM at BOP was also contacted and confirmed this information.</p> <p>Based on the information and evidence to support the provisions of this standard, the Auditor found that the facility is in compliance and meets this standard.</p>

115.235	Specialized training: Medical and mental health care
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 644 300">Documents reviewed and Observations:</p> <ul data-bbox="282 349 1074 512" style="list-style-type: none"> • PREA Board postings • Resident Handout • Employee Handbook (EH) • Staff Roster • Partners Against Violence (formerly San Bernardino Sexual Assault Services) <p data-bbox="240 544 352 571">Interviews:</p> <ul data-bbox="282 620 480 714" style="list-style-type: none"> • Case Manager • Program Director • Random Staff <p data-bbox="240 745 1484 972">The Rubidoux RRC does not employ or contract for services with medical or mental health practitioners. Per PREA policy as stated in the EH (page 78), <i>"BSS does not employ medical or mental health care practitioners. Therefore, the victim will be referred to a Rape Crisis Counseling Agency in the community to receive crisis counseling free of charge to the victim, as well as other emotional support services."</i> The policy further states, <i>"the Rape Crisis Clinic will provide all on-going medical/mental health services at no cost to the victim."</i> A review of the staff roster confirms, there are no medical or mental health staff employed at the facility and therefore, the requirements that medical and mental health staff have received the training on conducting forensic examinations does not apply.</p> <p data-bbox="240 1003 1476 1097">The PREA Coordinator and Program Director report that all residents medical and mental health needs are met by community-based resources. Residents are referred to resources within the community by their Case Managers where they will receive services for sexual abuse and sexual harassment counseling.</p> <p data-bbox="240 1128 1492 1288">Forensic exams, if needed, would take place at the Riverside University Health System Medical Center by certified Sexual Assault Forensic Examiner (SAFE) staff. Advocacy is provided through the Riverside Area Rape Crisis Center and the Partners Against Violence. This information is posted on bulletin boards in the facility. Interviews conducted with Case Managers, the Program Director and random staff support that no medical or mental health services to address sexual abuse or sexual harassment are provided in the community.</p> <p data-bbox="240 1319 1430 1377">Based on the information and evidence to support the provisions of this standard, the Auditor found that the facility is in compliance and meets this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 646 577" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Sample of Assessments: • Sexual Victimization Assessment, • Sexual Abuse Assessment • Medical Intake form • Risk Assessment Scoring Sheet <p data-bbox="240 609 352 636">Interviews:</p> <ul data-bbox="282 689 579 815" style="list-style-type: none"> • Case Managers • Random Staff • Program Director • Assistant Program Director <p data-bbox="240 846 1485 1173">All residents are assessed upon arrival to the facility during the intake process and screened for their risk of being sexually abused by other residents or sexually abusive towards other residents. If residents are transferred from another facility, they undergo the same assessment and screening process. The PREA policy states per the EH (page 75), <i>“Upon intake, staff will complete a Medical Intake form which includes assessing the offender’s past sexual victimization, if any, along with conducting an assessment to determine risk of victimization or abusiveness. Further, should a history of sexual predation be noted, staff will immediately notify the Program Director. This action is taken to determine the offenders’ suitability for placement, to ensure the safety of all offenders and staff.”</i> The RRC receives information regarding the resident’s background from the BOP, prior to the resident arriving at the facility. This information may include history of victimization or abusiveness. Upon intake to the RRC, the resident meets with staff who provide them with an intake packet at which point the initial risk screening assessment is completed. This objective screening tool considers the following:</p> <ul data-bbox="282 1227 1155 1621" style="list-style-type: none"> • Mental, physical, and developmental disabilities; • The age of the resident; • The physical build or the resident; • Whether the resident has previously been incarcerated; • If the resident’s criminal history is exclusively nonviolent; • Prior convictions for sexual offenses; • Where the resident is or perceived to be LGBTQ, Intersex or gender non-conforming; • Prior sexual victimization; • The resident’s own perception of vulnerability; • Prior acts of sexual abuse; • Prior convictions for violent offenses; • Prior institutional violence or sexual abuse. <p data-bbox="240 1653 1485 1980">The Case Managers will meet with the resident within 24-hours of intake and will go over the intake packet and the risk assessments with the resident. The resident is reassessed for risk of sexual victimization and abusiveness by the case manager between ten (10) and thirty (30) days of intake. If new information is obtained after the initial screening and the reassessment screening, such as an incident of sexual abuse, or receipt of information that bears on the resident’s risk of sexual victimization or abusiveness the resident will be reassessed again, and the RRC will ensure steps are taken to ensure the safety of the resident. Interviews with random staff, Case Managers, the Program Director, the Assistant Program Director, and residents, confirm the risk screenings are being completed at the time of intake followed by the reassessment between ten (10) and thirty (30) days of intake. Residents are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during interviews with staff. A review of the resident files also confirms the assessments are being completed within the required time frames.</p> <p data-bbox="240 2011 1485 2105">The RRC implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers, the program director, assistant program director or PREA Coordinator if needed. The assessments are secured in file cabinets in the staff lounge which is always locked.</p> <p data-bbox="240 2136 1485 2159">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and</p>

meets this standard.

115.242	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="284 349 711 577" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Sample of Assessments: <ul data-bbox="347 452 711 515" style="list-style-type: none"> ◦ Sexual Victimization Assessment, ◦ Sexual Abuse Assessment • Medical Intake form • Risk Assessment Scoring Sheet <p data-bbox="240 609 352 636">Interviews:</p> <ul data-bbox="284 689 579 815" style="list-style-type: none"> • Case Managers • Random Staff • Program Director • Assistant Program Director <p data-bbox="240 846 1493 1137">The facility uses the information from the initial risk screening assessment and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate residents who are at high risk of sexually victimized with residents who are at high risk of being sexually abusive. Individualized determinations are made to ensure the safety of all residents. Per the EH (page 75) which states, <i>“Should an offender be assessed to have a high probability of becoming a victim of sexual abuse, BSS will utilize that data to ensure safe housing, work, and program assignments. If it is determined that transferring the offender to another program would be in that individual’s best interest and/or to protect the offender from imminent sexual abuse, BSS staff will contact the BOP/CDCR and facilitate an immediate transfer request.”</i> This process was confirmed during interviews with the Case Managers, the Program Director, the Assistant Program Director, and the PREA Coordinator.</p> <p data-bbox="240 1169 1493 1630">Prior to the resident’s intake, the RRC receives information from the BOP that may include any special considerations such as, disabilities, prior institutional behavior, and history that may impact a resident’s stay in the program. This information will also include documentation on the resident’s biological sex and may include information on the resident’s gender identity. With this information, the Program Director makes a provisional housing determination as to where the resident should be housed. This individualized determinations helps to ensure the safety of each resident. The EH (pages 75-76) provides guidance to staff regarding the use of the information obtained from the risk assessments. A medium risk score requires security staff or case managers to place the resident in housing, but to discuss the potential issues and concerns with the Program Director prior to doing so and during the program review team meeting. Interviews with Case Managers verify that they are using the risk assessment screening tools to determine housing unit and other program assignments with the goal of meeting the resident’s needs and keeping everyone safe. The SOW (page 45) states if after screening the resident is determined to be at risk for victimization or abusiveness, the RRM must be contacted to refer the resident for Community Treatment Services (CTS). Interviews with the Case Managers indicated, that they would notify the RRM and CTS for medium and high scores and discuss the need for transfer to another facility or for a request for referral of services in the community such as mental health counseling.</p> <p data-bbox="240 1662 1493 2024">Interviews with Security Staff indicate staff did not have a full understanding of the purpose of the Sexual Victimization and Sexual Abusiveness Assessments and who has access to those forms, although they indicated they are completing the assessments on all residents at the time of intake. The Auditor and Support Staff discussed the corrective action needed to acheive compliance with this standard. The facility provided additional training to security staff as to the purpose of the screening tool and provided copies of the training materials to the auditor. Additional training was provided to all staff on July 26, 2021. The Program Director sent the Auditor copies of the training materials, the staff training roster, and copies of the staff’s quizzes, showing staffs’ comprehension of the information they received. The Auditor reviewed the training materials and supporting documentation and returned to the facility on August 9, 2021 for the purpose of reinterviewing staff. Staff who were interviewed were able to clearly describe the purpose of the screening assessment for sexual victimization and sexual abusiveness. Overall, staff were able to articulate the information is used to help determine the resident’s risk for victimization or abusiveness and the usefullness in determine housing, work, education, and programming assignments.</p> <p data-bbox="240 2056 1493 2145">The Rubidoux RRC makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Per the EH (page 76), the facility does not place lesbian gay, transgender, or intersex residents in dedicated housing units solely based on such identification or status. Interviews with the Case Managers, Program Director, and the</p>

Assistant Program Director revealed that the resident's own views are considered when making the housing unit or other programming determinations that would also ensure the resident's health and safety. Residents are also given the opportunity to shower separate from other residents. Each housing unit has communal restrooms with private shower stalls and privacy curtains. In the event, the resident feels uncomfortable using one of the restrooms in the housing unit, accommodations will be made for the resident to use the staff restroom which has a shower. According to the Program Director, placement and programming assignments for transgender or intersex residents shall be assessed every six (6) months to review any threats to the safety experienced by the resident.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.251	Resident reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 973 613" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Grievance forms • Resident Rules and Regulations handout • PREA Posters with Third-party reporting and advocacy information • Resident Handout • PREA Reporting Methods (Flow Chart) • PREA Incident Report Form <p data-bbox="240 640 352 667">Interviews:</p> <ul data-bbox="282 716 647 882" style="list-style-type: none"> • Program Director (PD) • Assistant Program Director (APD) • Random Staff • PREA Coordinator • Residents <p data-bbox="240 909 1485 1205">The agency provides multiple ways for residents to file a report of sexual abuse and sexual harassment, neglect of staff ,and retaliation. Internal ways to report include, telling a staff, filing a grievance, and placing a written note in the grievance box that sits outside the Program Director's office. The key to the grievance box is held by the Program Director. In the event that the program director in on leave, it would be the responsibility of the assistant Program Director to review the contents of the box. Residents can choose to report anonymously. The agency also provides multiple ways for resident to make a report outside of the facility that is to part of the agency. These agencies are listed on the PREA boards and contain the agency's address and toll-free telephone numbers. Most of these outside reporting agencies also have a website and email address. The Auditor observed these postings during the tour of the facility. Residents are able to confidentially file a report by using their cell phone or the facility phones and computers at the facility.</p> <p data-bbox="240 1232 1493 1464">Residents are provided documents that includes the many ways they can report an incident including telephone numbers and addresses. The PREA Reporting Methods (flow chart) is posted on the bulletin boards which describes the different ways to make a report. Additionally, there is a folder on the PREA boards which contains the PREA Incident Report Form. This form can be used by staff or residents to make a written report (can also be anonymous) with instructions on the different methods in which to submit the report. During interviews, residents were able to give examples on how they could make a report both to someone inside or outside of the facility. Residents that were not able to state the third-party reporting (Dolan Mental Health), they were able to articulate where they would find the information.</p> <p data-bbox="240 1491 1493 1688">All residents are able to file a grievance to the BOP if they have any concerns. Grievance forms are located in a centralized location and are available to the residents at all times. The resident may send the grievance directly to the BOP without going through the facility mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations SOW (page 78). If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to Program Director who will contact the BOP for investigation SOW (pages 78-79).</p> <p data-bbox="240 1715 1485 2047">When interviewed, staff and residents were able to articulate the grievance procedure. BOP will issue a final decision of a grievance alleging sexual abuse or sexual harassment within 90-days. An extension of time to respond, can be requested for up to 90-days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. Third-party individuals, residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file requests on behalf of a resident. If a third-party files a request on behalf of a resident, the facility will require as a condition of processing, the alleged victim agree to have the request filed on their behalf. The victim may also be required that the alleged victim personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility documents the resident's decision.</p> <p data-bbox="240 2074 1485 2136">The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to staff interviews, when the facility receives an emergency grievance alleging a</p>

resident is at substantial risk of imminent sexual abuse, the staff immediately begin the BOP investigation process. A grievance form shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Rubidoux RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken.

The Employee Handbook (page 78) regarding emergency grievances states, *"Should the offender believe there is a substantial risk of imminent sexual abuse, the offender may file an emergency grievance; the offender may be transferred to another facility for their own protection and peace of mind. A response will be ensured within 48 hours with a final decision to be made within 5 days, via the RRM office."* While pending the outcome of the BOP decision, the facility would take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filing a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were able to clearly articulate this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this audit cycle.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.252	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 509 300">Documentation Reviewed:</p> <ul data-bbox="282 349 719 544" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) • Grievance forms • Resident Rules and Regulations handout • PREA Posters with reporting information <p data-bbox="240 575 352 602">Interviews:</p> <ul data-bbox="282 651 646 745" style="list-style-type: none"> • Program Director (PD) • Assistant Program Director (APD) • PREA Coordinator Residents <p data-bbox="240 777 1489 1070">Th agency provides multiple ways for residents to file a report of sexual abuse and sexual harassment, neglect of staff and retaliation. Internal ways to report include, telling a staff, filing a grievance, and placing a written note in the grievance box that sits outside the program director’s office. The key to the grievance box is held by the Program Director. In the event that the Program Director is on leave, it would be the responsibility of the Assistant Program Director to review the contents of the box. Residents can choose to report anonymously. The agency also provides multiple ways for resident to make a report outside of the facility that is not part of the agency. These agencies are listed on the PREA boards and contain the agency’s address and toll-free telephone numbers. Most of these outside reporting agencies also have a website and email address. The auditor observed these postings during the tour of the facility. Residents are able to confidentially file a report by using their cell phone or the facility phones and computers at the facility.</p> <p data-bbox="240 1102 1493 1296">All residents are able to file a grievance to the BOP if they have any concerns. Grievance forms are located in a centralized location and are available to the residents at all times. The resident may send the grievance directly to the BOP without going through the facility mail. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations SOW (page 78). If a resident uses the grievance process for a PREA related incident, staff immediately submits the grievance to the Program Director who will contact the BOP for investigation SOW (pages 78-79).</p> <p data-bbox="240 1328 1489 1657">When interviewed, staff and residents were able to articulate the grievance procedure. BOP will issue a final decision of a grievance alleging sexual abuse or sexual harassment within 90-days. An extension of time to respond, can be requested for up to 90-days, if determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made. Third-party individuals, residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file requests on behalf of a resident. If a third-party files a request on behalf of a resident, the facility will require as a condition of processing, the alleged victim agree to have the request filed on their behalf. The victim may also be required that the alleged victim personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the facility documents the resident’s decision.</p> <p data-bbox="240 1688 1489 1915">The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to staff interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff will take immediate steps to ensure the safety of the resident, notify the program director and the RRM at the BOP to discuss a possible transfer to another facility. A grievance form shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Rubidoux RRC staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken.</p> <p data-bbox="240 1946 1493 2141">The Employee Handbook (page 78) regarding emergency grievances states, <i>“Should the offender believe there is a substantial risk of imminent sexual abuse, the offender may file an emergency grievance; the offender may be transferred to another facility for their own protection and peace of mind. A response will be ensured within 48 hours with a final decision to be made within 5 days, via the RRM office.”</i> While pending the outcome of the BOP decision, the facility would take steps to protect the resident. It is at the discretion of the BOP to determine if a resident may be disciplined for filling a grievance in bad faith. BOP will render a decision regarding discipline on a case-by-case basis. During interviews, all employees were</p>

able to clearly articulate this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this audit cycle.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.253	Resident access to outside confidential support services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 507 300">Documentation Reviewed:</p> <ul data-bbox="282 349 743 544" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Resident Rules and Regulations • PREA Board Postings • Riverside University Medical Health System • Dolan Mental Health <p data-bbox="240 575 352 602">Interviews:</p> <ul data-bbox="282 651 499 779" style="list-style-type: none"> • Program Director • PREA Coordinator • Random Staff • Random Residents <p data-bbox="240 810 1485 904">The facility has PREA posters posted on bulletin boards in common areas in the facility, which include the name and toll-free contact information for Dolan Mental Health. The facility, with contact names, addresses, telephone numbers and websites for local rape crisis centers, victim advocacy organizations and emotional support and counseling organizations.</p> <p data-bbox="240 936 1493 1294">As reported in the PAQ, the facility provides residents with access to outside victim advocacy for emotional support and resource services with the Riverside Area Rape Crisis Center, Riverside University Medical Health System, and Dolan Mental Health Services. Residents are able to access these agencies by using their cell phones, the payphones within the Rubidoux facility, or by writing a letter. All calls are free and confidential. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case managers. Residents are able to call these agencies 24-hours a day, 7-days a week. In addition to local services, residents are able to contact the Rape Crisis hotline which is a toll-free number for additional resources. The information for all of these resources is listed on the PREA boards throughout the facility. This information is also listed in the resident's handbook as viewed by the Auditor. Rubidoux staff do not monitor calls made to these agencies. When interviewed, the residents were familiar with these resources and where to access the information on the PREA boards. Calls to these agencies by the Auditor further confirmed the services provided. These services are free and accessible to all residents.</p> <p data-bbox="240 1326 1481 1453">Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Documentation with resident signatures verifying they received such information was contained their files as observed during the onsite visit. Interviews with the facility employees and with residents during the onsite audit confirmed that the residents were provided this information and understood how to obtain assistance if needed.</p> <p data-bbox="240 1485 1461 1543">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Facility Postings • Dolan Mental Health Memorandum of Understanding (MOU) <p>Interviews:</p> <ul style="list-style-type: none"> • Assistant Program • Director Program Director • PREA Coordinator • Random Staff • Random Residents • Dolan Mental Health Services • Residential Re-Entry Manager (RRM) <p>Rubidoux RRC has an established Memorandum of Understanding with Dolan Mental Health to report to BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The agency has posted on its website, the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information and then file a complaint on behalf of the resident. Additionally, family members, friends, or other persons associated with the resident, can make a third-party report directly to the PREA Coordinator and can find her number listed on the agency's website, posted at the entrance of the facility and in an informational pamphlet that is provided to them when they visit a resident. The auditor spoke with the Dolan Mental Health and confirmed the MOU. The agency explained the process that would occur in the event they received a third-party report on behalf of a resident at the Rubidoux facility. Upon receipt of the report, the BOP, specifically Community Treatment Services (CTS) within the BOP, would be contacted and notified of the report. Dolan Mental Health would be required to complete a PREA assessment on behalf of the resident and send it back to the BOP who would determine next steps and approve the referral for services for the victim by Dolan Mental Health. Per the RRM, there were no such incidents at the Rubidoux facility in which a third-party report was received.</p> <p>This information was reviewed and confirmed by the auditor during interviews with residents, staff and Dolan Mental Health. In addition, this information is posted on the PREA boards throughout the facility and provided to the residents upon intake.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 654 297">Documents Reviewed and Observations:</p> <ul data-bbox="284 349 1310 544" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) • Resident Handout • PREA Board • Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders <p data-bbox="240 573 352 600">Interviews:</p> <ul data-bbox="284 651 480 712" style="list-style-type: none"> • Program Director • Random Staff <p data-bbox="240 741 1481 1003">The agency policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information is contained in the EH pages (77-78) and responses in the PAQ. The SOW (page 23) states, "All PREA incidents should be referred to the appropriate Law Enforcement Agency and RRM Staff as soon as possible after staff become aware of the incident." Staff participate in annual refresher trainings that review the staff's responsibility for reporting sexual abuse and sexual harassment. A review of staff files and interviews with staff confirm staff understanding of this requirement.</p> <p data-bbox="240 1032 1469 1261">Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. Staff who breach confidentiality may be subject to corrective/disciplinary action. Per staff interviews, it is their responsibility to immediately report any sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff reported they would make this report to the Program Director, or the Assistant Program Director, the PREA Coordinator. Staff interviewed stated they will accept and act on reports made verbally or in writing via a note or sealed letter. Additionally, they are required to document the incident on an incident report form.</p> <p data-bbox="240 1290 1485 1485">BSS requires all staff, to include employees, contractors, and volunteers (EH, page 73-74), to immediately report incidents and allegations as identified in the standard. Staff, contractors, and volunteers are required to report to their immediate supervisor or the program director who will in turn report to the BOP as identified in the SOW (page 22). Agency policy prohibits revealing any information related to a sexual misconduct report or incident other than as necessary for related treatment, investigation, and other security and management decisions. During this audit period, there were no allegations of sexual abuse.</p> <p data-bbox="240 1514 1493 1641">The interviews with staff, Program Director and the PREA Coordinator provided confirmation that they were knowledgeable in their requirements regarding reporting duties. Staff interviews further confirmed their understanding of their expectations to document all verbal reports immediately. However, staff struggled with substandard .261 (d), which states the agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws.</p> <p data-bbox="240 1671 1489 1865">California Mandated Reporting Law requires notification to the State of a sexual abuse incident. When interviewed, staff were unable to articulate their requirements under the mandatory reporting laws. Staff described the notifications they would make for a sexual abuse incident, but not to the State. The Auditor and Support Staff discussed the corrective action needed to achieve compliance with this standard regarding the mandatory reporting required to the State of California Adult Protective Services (APS). This training would also include the reporting forms, how to complete the forms, and the timeframes in which to make a report to the State for an allegation of sexual abuse or harassment.</p> <p data-bbox="240 1895 1485 2130">Additional training was provided to all staff by the Program Director and the Assistant Program Director on July 26, 2021. Subsequent training materials including staff roster and quizzes were provided to the auditor. On August 9, 2021, the Auditor returned to the facility to speak with staff. Staff were reinterviewed regarding substandard .261 (d). Staff were able to articulate their responsibilities as a mandated reporter to the State. Additionally, they were aware of the process and where they would locate the forms should they need to make such a report. Based on the corrective actions taken by the RRC on this substandard, the facility was able to come in to compliance with all requirements of the standard. It should be noted, the facility has not experienced a sexual abuse allegation as documented in the annual reports and prior PREA Audits.</p>

Based upon the review and analysis of the information provided, the Auditor has determined the facility is in compliance and meets this standard.

115.262	Agency protection duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 655 300">Documents Reviewed and Observations:</p> <ul data-bbox="282 349 625 479" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Resident Handout (EH) • BSS PREA training PowerPoint <p data-bbox="240 506 352 533">Interviews:</p> <ul data-bbox="282 589 600 649" style="list-style-type: none"> • Program Director • Random and Casework Staff <p data-bbox="240 676 1453 770">When the facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Rubidoux staff are required to immediately protect the residents by implementing protective measures. As reported during staff interviews, upon receiving a report, they would take immediate action to protect the victim.</p> <p data-bbox="240 797 1485 994">The sexual vulnerability and sexual abusiveness risk assessments provides information that assists and guide staff in keeping residents safe through housing and program assignments. Additionally, the facility receives referral information prior to the intake of a new resident and such information would provide a history of past victimization or abusiveness. This information assists in determining housing and program assignments and in keeping residents safe. Per the EH (page 75,) <i>“should a history of sexual predation be noted, staff will immediately notify the program director.”</i> This action is taken to determine the resident’s suitability for placement and to ensure the safety of all residents and staff.</p> <p data-bbox="240 1021 1485 1187">The interviews of random staff, Program director and PREA Coordinator revealed protective measures include, but are not limited to, alerting supervisors and management staff, separating the residents, moving them to a different housing unit, another BSS facility or by having them remanded back to prison. The Program Director and staff indicated the expectation is that any action to protect a resident would be taken immediately. A review of staff training records and the training curriculum indicate staff are trained on the immediate steps they must take to protect the resident.</p> <p data-bbox="240 1214 1430 1344">Interviews with residents indicate staff are asking them at intake how they feel about their safety and asking about prior victimization. A review of resident’s vulnerability and assessments risk tools contained in the resident’s file supports the information provided by residents. The Program Director and PREA Coordinator report during the past 12-months, no residents were identified as being subject to substantial risk of imminent sexual abuse.</p> <p data-bbox="240 1370 1461 1433">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.263	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed and Observations:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director PREA Coordinator • Random Staff • Residential Re-Entry Manager (RRM) <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director would immediately notify the PREA Coordinator and the BOP.</p> <p>The EH, (pages 77-78) states that all allegations of sexual abuse or sexual harassment will be reported to a supervisor, program director or the PREA Coordinator who will notify the RRM so that they may begin an investigation. The BOP RRM handles all investigations for allegations of sexual misconduct for all residential re-entry centers that are contracted with BOP regardless of where the incident occurred. This is also stated in the SOW (page 23). The RRM stated, if the incident involved a staff member, the matter would be forwarded to the Office of Internal Affairs (OIA). If the incident appeared criminal, the matter would be forwarded to the Office of the Inspector General (OIG). The PREA Coordinator stated, all allegations are taken seriously and handled with an immediate response but no later than 72-hours from receiving the allegation. All allegations would be documented via an incident report which would be sent to the RRM.</p> <p>BOP has employees trained in investigating sexual abuse allegations per the RRM. He stated, <i>“Our Residential Re-Entry Centers do the fact-finding and they do not investigate.”</i> There were no cases at the Rubidoux facility alleging sexual abuse/harassment of a resident while confined at another facility in the last year according to the PREA Coordinator. Based upon the information received and interviews, the Auditor has determined the facility is compliant with this standard regarding reporting to other confinement facilities.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Training records
- First Responder Duties document
- PREA Training Outline and Quiz
- Quarterly Training Calendar

Interviews

- Program Director
- PREA Coordinator
- Random Staff
- Residential Re-Entry Manager (RRM)

Per the EH (page 77) upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the incident is required to:

- Secure the victim (separate abuser if abuser is still on grounds);
- Clear the area and call 9-1-1;
- Preserve the scene by disallowing any person access to the area;
- Assign another staff to stay with the victim until the paramedics and law enforcement arrive on scene;
- Request that the victim not take any action that could destroy the physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking;
- Responders will ask that the victim will be transported to a SAFE or SANE facility;
- Notify the Program Director and the PREA Coordinator and write their initial report.

According to the PAQ, the PREA Coordinator, the Program Director, and the RRM in the past 12-months, there were no allegations that a resident was sexually abused.

If the first staff responder to an incident of sexual abuse is not a security staff member, the responder is still required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All Rubidoux staff receive the same PREA training including the duties of a first responder. Therefore, if a kitchen staff or case manager is the first staff to respond to an incident of sexual abuse, they would be responsible for adhering to all the steps as outlined in the Facility's First Responder Duties.

Staff are trained on these duties as part of their initial PREA training, their annual training and during their quarterly trainings. First Responder Duties was the topic of their training in April 2021. Staff training rosters reviewed, indicate staff have received the training. The quizzes reviewed in their file show their understanding of the information they received. Overall, staff were able to describe the steps they would take if they were first to respond to an incident of abuse; however, they missed the requirement in which they describe requesting the victim not to take any action that would destroy the physical evidence. Although, it was clear the staff were provided with the training multiple times and in multiple methods, they were not able to articulate an important piece as described in section .264 (a)-4, & 5 which requires staff to request the alleged victim/alleged abuser not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Additionally, staff were unclear that as a first responder they are required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and that it would be law enforcement's responsibility to collect physical evidence (115.264 (a)-3).

The Auditor and Support Staff discussed the corrective action needed to achieve compliance with this standard, specifically regarding the agency's requirement that responding staff request that the victim not take any action that could destroy the physical evidence, and that they do not collect physical evidence. All staff were retrained on July 26, 2021. The Program Director provided the Auditor with the training curriculum, quizzes and staff roster. The Auditor returned the facility on August 9, 2021, and reinterviewed the staff. At that time, the staff were able to articulate all duties of the first responder and clearly stated their duty is to protect and preserve any crime scene, by immediately clearing the area and requesting the victim/abuser (if the abuser remains at the facility) not take any action that could destroy potential evidence.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.265	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Training records and Quizzes • Safety Incident Program Binder • BSS PREA Coordinated Response to Sexual Abuse Incidents <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PREA Coordinator • Random Staff <p>Rubidoux RRC has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in the event of a sexual abuse incident. All staff are trained to act in the capacity as first responders and the plan outlines the actions of the identified staff members such as the first responder; supervisors; security personnel, case managers and management. The facility plan is documented, provides detailed actions for first responders. The BSS PREA Coordinated Response is a checklist that include the responsibilities of the staff first responder, the supervisor on duty and the Program Director. The checklist explains the protocol which must be completed for each PREA related incident. It includes the actions to be taken by the first responder and facility leadership. This checklist was developed to ensure the appropriate notifications in a timely and consistent manner. Signatures are required upon completion in each area of the checklist. The form is maintained in resident's file. The information regarding first responder duties is also listed in the EH (page 78) and is contained in the PREA training curriculum.</p> <p>Interviews with the Program Director and the PREA Coordinator indicated training for staff regarding their specific duties annually and during quarterly staff meetings. The auditor reviewed this information within the training plan. The facility does not employ medical or mental health practitioners therefore, staff will request that local law enforcement take the victim to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. The facility also does not have investigators. Local Law Enforcement and/or BOP is responsible for conducting investigations. Therefore, the supervisor on-duty is responsible for ensuring 9-1-1 has been called and the PREA Coordinator is responsible for ensuring the BOP has been notified.</p> <p>Interviews with staff and the Program Director indicated an understanding of the steps they would take if they needed to act as a first responder. Based upon the review and analysis of the available evidence, the Auditor has determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed</p> <ul style="list-style-type: none"> • Employee Handbook (EH) <p>Interviews:</p> <ul style="list-style-type: none"> • Program director • PREA Coordinator <p>Behavioral Systems Southwest does not participate in any collective bargaining agreements which includes the Rubidoux facility. Therefore, there are no collective bargaining related limitations of the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or to determine to what extent of discipline is warranted. Should BSS enter into a bargaining agreement restriction would be imposed that would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination. Interviews with the PREA Coordinator and facility director confirmed this statement.</p> <p>As stated in the EH, <i>"During an investigation of an allegation of sexual abuse or sexual harassment against an employee, the employee will be placed on unpaid suspension, via a preclusion to work with federal offenders from BOP, pending investigation of the allegations."</i> The EH further states, <i>"Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated."</i></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Training records
- Employee Handbook (EH)
- Resident Rules and Regulations handout
- PREA Retaliation Monitoring Report

Interviews:

- Program Director
- Assistant Program Director
- PREA Coordinator
- Staff

The agency has established a policy to protect all residents and staff who report sexual abuse or harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation as described in the EH (page 78). The policy states, "BSS will ensure that all staff and offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be free from retaliation by other offenders or staff. This includes, but not limited to monitoring a disciplinary action taken against staff or offenders, observing body language of staff and offenders, following up on any information provided regarding suspected retaliation. BSS will monitor staff and offenders following a report and response to suspected retaliation."

All staff are provided training on the agency's policy against retaliation upon hire. A review of the staff files and training records confirmed the staff had received training upon intake and during staff meetings. This training includes the following:

- Monitoring disciplinary action against staff or residents (is one staff writing more incident reports on a particular resident than other staff).
- Observing body language of staff and offenders.
- Following up on any reports of retaliation.
- Review video monitors more closely.
- Be aware of staff or residents who complain about a person to try and get them written up.
- Provide them with easy access to someone they feel conformable within the agency or an outside resource.
- Talk to the person more often.

When interviewed the PREA Coordinator, the Program Director and the Assistant Program Director stated the agency will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Per the PREA PowerPoint that is provided to staff during initial PREA training and during refresher training, "The management staff will maintain a watchful eye on the reporter to ensure that no retaliation is occurring, such as determining if disciplinary reports are warranted, body language exhibited by the reporting offender, general affect, etc." The Program Director reiterated he would periodically check in with the individual who cooperated with an investigation of sexual misconduct. If there is an identified aggressor, the RRC can request through the RRM that the individual be removed from the program.

Resident retaliation will be monitored by all staff and overseen by the Assistant Program Director and the Program Director. The goal is to ensure the safety of all residents as well as staff. The Program Director is responsible for monitoring all acts of retaliation between one staff to another. The PREA Coordinator will receive a bi-weekly PREA Retaliation Monitoring Report. Any individual, who seeks to deter an inmate or other individual from reporting sexual abuse or sexual harassment, or who in any manner, harasses or intimidates any person who reports the alleged contact is subject to discipline.

The facility employs multiple protection measures to include:

- Monitoring housing changes;
- Transfers for inmate victims and abusers;
- Removal of staff through termination;
- Emotional support services;

- Monitoring the inmate and staff performance evaluations;
- Disciplinary actions;
- Unannounced lockdowns;
- Denial of privileges;
- Grievances.

The Program Director will work with the BOP who will have the final decision on the action to take should there be evidence of retaliation. The EH and the Resident Rules and Regulations handout clearly define methods for reporting retaliation. During staff interviews, they were not able to articulate what to watch for when monitoring residents for retaliation for reporting or suffering abuse and for how long the monitoring of a resident would take place. The Auditor and Support Staff discussed the corrective action needed to achieve compliance with this standard, 115.267 (c). The Program Director provided additional training to staff on July 26, 2021 and forwarded verifying documents on August 4, 2021. The Auditor returned to the facility on August 9, 2021 and reinterviewed staff. Per the staff interviews, they were able to explain the definition of retaliation, what they would look for when monitoring for retaliation, and for how long the resident would be monitored following a report or incident of sexual abuse or sexual harrassment.

The agency will monitor staff retaliation by reviewing changes in performance evaluations, changes in facility job assignments, or behavioral changes. Monitoring for retaliation will continue as long as the resident is housed in the program and until they are released. When interviewed, staff and residents stated they feel safe in the facility. The RRC has not had a PREA related complaint that would require the monitoring of residents or staff.

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) • Federal Operations Manual (FOM) <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PREA Coordinator • Residential Re-entry Manager (RRM) <p>Local Law enforcement conducts all criminal investigations, and the BOP conducts administrative investigations. The Rubidoux RRC does not conduct investigations of sexual abuse allegations, including any misconduct allegation or from anonymous/third-party reports. Per the EH (page 77), <i>“At no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to the BOP and/or local law enforcement. All PREA issues will be referred to local law enforcement.”</i> The SOW (page 23) provides additional policy which states, <i>“All PREA incidents should be referred to the appropriate Law Enforcement Agency and RRM staff as soon as possible after staff becomes aware of the incident.”</i> The FOM (page 42) states the following, <i>“BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. The issue will be referred for investigation to the contracting agency (BOP) to conduct an internal investigation and/or to local law enforcement to engage in a criminal investigation.”</i></p> <p>When interviewed, the RRM stated when BOP conducts an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. BOP has investigators who are trained in conducting sexual abuse investigations. Any allegation involving a staff member would be sent over to the Office of Internal Affairs (OIA) and they would not utilize polygraphs as a condition for proceeding with an investigation. If there was a sexual assault at the facility, the RRC would contact local law enforcement and they would do the investigation and the BOP would follow up on the outcome of the investigation with local law enforcement. If the matter is criminal, then the Office of the Inspector General (OIG) would be notified, and OIG would work with local law enforcement. If administrative allegations are sustained, BOP will determine and impose the appropriate sanctions.</p> <p>The PREA Coordinator stated, investigations will be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment through the BOP and/or law enforcement. There were no administrative investigations involving residents alleged during this reporting period according to the PREA coordinator.</p> <p>When a sexual assault occurs and local law enforcement responds, law enforcement officers are responsible for all aspects of the investigation, which includes gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. As far as notifications to victims in criminal investigations, the RRM would receive information regarding the outcome of the case by BSS per the auditor’s interview with the RRM. The facility will remain informed of the outcome of the investigation and ensure the victim has been notified.</p> <p>There were no criminal investigations involving residents alleged during this reporting period. Policy states all reports shall be retained while the abuser is incarcerated or employed by the agency, plus five years. Policy and interviews with the program director and the PREA Coordinator provide support that the departure of the alleged abuser or victim from employment or control of BOP shall not provide a basis for terminating an investigation. The EH (page 78) states staff shall cooperate with any outside investigators and shall remain informed about the progress of the investigation. There have not been any allegations of sexual abuse during this audit period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 619 448" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Employee Handbook (EH) <p data-bbox="242 474 352 504">Interviews:</p> <ul data-bbox="284 555 496 616" style="list-style-type: none"> • Program Director • PREA Coordinator <p data-bbox="242 642 1493 873">Per the PAQ and the EH, BSS does not engage in administrative investigations. The BOP investigates administrative allegations and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the Program Director and the PREA Coordinator stated they may fact find at the direction of the BOP but would not compel interviews. BOP would impose sanctions and the standard they would use is the preponderance of evidence.</p> <p data-bbox="242 900 1461 963">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 654 479" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Handbook (EH) <p data-bbox="240 506 352 533">Interviews:</p> <ul data-bbox="282 589 496 647" style="list-style-type: none"> • Program Director • PREA Coordinator <p data-bbox="240 678 1481 871">The Rubidoux RRC does not conduct criminal or administrative investigations. The Program Director and PREA Coordinator stated during interviews, they will remain in communication with the investigating agency until the end of the investigation and would ensure the resident is provided with information regarding the outcome of the investigation. The policy states, (as contained in the EH page 78), that following a resident's allegation that a staff member committed sexual abuse against them, the resident would be informed of the following, unless it has been determined that the allegation is unfounded, whenever:</p> <ul data-bbox="282 925 1225 1050" style="list-style-type: none"> • The staff member is no longer assigned within the resident's housing unit; • The staff member is no longer employed at the facility; • The staff member has been indicted on a charge related to sexual abuse within BOP; • The staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1081 1406 1140">Following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be subsequently informed by the BOP whenever:</p> <ul data-bbox="282 1193 1015 1252" style="list-style-type: none"> • The alleged abuser is criminally charged related to the sexual abuse; • The alleged abuser is adjudicated on a charge related to sexual abuse. <p data-bbox="240 1283 1493 1512">The Rubidoux RRC reported no allegations of sexual abuse or sexual harassment during the past 12-months. In the case of a staff on resident sexual abuse incident, the resident would be informed of the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The Rubidoux RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data EH (page 79), in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. The Program Director and the PREA Coordinator's interviews supported their knowledge of the reporting process to a resident regarding the outcomes of an allegation of sexual abuse.</p> <p data-bbox="240 1543 1461 1601">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 687 577" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Statement of Work (SOW) • Federal Operations Manual (FOM) • Employee Standards of Conduct • Zero Tolerance Policy • Equal Employment Opportunity Policy <p data-bbox="240 609 352 636">Interviews:</p> <ul data-bbox="284 685 496 748" style="list-style-type: none"> • Program Director • PREA Coordinator <p data-bbox="240 779 1493 1034">The EH (page 52) specifically states, <i>“Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.”</i> BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the EH (page 52) will result in termination. The EH (page 68) further describes prohibited conduct and states <i>“a member of BSS that subjects another client, program participant or business associate of the company to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal.”</i> In addition, EH (page 74), <i>“should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated.”</i> The policy further indicates that termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse.</p> <p data-bbox="240 1066 1493 1196">The FOM (page 245) states, <i>“sexual misconduct by BSS staff against an offender shall be prohibited by policy. Sexual misconduct, as it relates to offenders, is a sexual advance, welcome or not, by an offender, staff member, agent or volunteer of BSS, department or private organization. It is illegal and a violation of federal law.”</i> BSS policy EH (page 73) states, <i>“At no time is any sexual relationship between staff and offenders, offenders and offenders of a consensual nature.”</i></p> <p data-bbox="240 1227 1493 1518">The Rubidoux RRC will notify and collaborate with BOP for allegations of staff violation of the agency’s sexual abuse or sexual harassment policies. All criminal matters are reported to local law enforcement and BOP for investigation. All administrative matters are reported to BOP for investigation. Staff shall be subject to disciplinary sanctions up to, and including, termination for violating agency resident sexual abuse and/or sexual harassment policies. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be placed on unpaid suspension pending the outcome of the investigation. Per the PREA Coordinator, if the employee engages in sexual abuse, the employee will be terminated. The auditor was informed that if the allegations were substantiated, the employee would be precluded by BOP from working with all federal and state offenders. Additionally, should an allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.</p> <p data-bbox="240 1550 1493 1975">Termination is the presumptive disciplinary sanction for a staff member who has been found to have engaged in sexual abuse. As written in the EH (page 74), <i>“If an allegation of sexual abuse or harassment is filed against a staff person, BOP must be contacted immediately. BOP disallows any BSS staff to conduct an investigation for allegations related to integrity, of which sexual harassment/sexual abuse would fall. 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 placed on unpaid suspension, via a preclusion to work with federal or state offenders, from BOP/CDCR, pending investigation of the allegation. 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. Should the allegation against an employee be substantiated, the employee’s employment with BSS will be terminated. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued.”</i> The Rubidoux RRC has not had any incidents of staff-involved sexual abuse or sexual harassment during this audit cycle.</p> <p data-bbox="240 2007 1461 2069">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Federal Operations Manual (FOM) • Employee Handbook (EH) • Employee Standards of Conduct • Zero Tolerance Policy <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • PREA Coordinator <p>All contractors and volunteers are held to the same standards as employees. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. The Program Director stated that if a volunteer or contractor violated the agency's zero tolerance policy, an investigation would occur, and the volunteer or contractor would no longer be allowed access to the facility pending the outcome of the investigation. BSS policy as stated in the EH (page 74) addresses the corrective action for volunteers and contractors who violate any provision of the PREA policy. The policy states <i>"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. Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated. Should the allegation against a volunteer or contractor be substantiated, they will be precluded from working with all federal offenders and their services discontinued."</i> As written in the FOM (page 42), <i>"BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community member. 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."</i> Per the PAQ and the Program Director, BSS has not enlisted volunteer services due to the COVID-19 pandemic and there have been no contractors on-site during this reporting period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the Rubidoux RRC is in compliance and meets all the provisions of this standard.</p>
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115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 571 443" style="list-style-type: none"> • BOP Prohibited Acts • Employee Handbook (EH) • Statement of Work (SOW) <p data-bbox="240 474 352 501">Interviews:</p> <ul data-bbox="284 555 683 649" style="list-style-type: none"> • Program Director • Assistant Program Director • Residential Re-entry Manager (RRM) <p data-bbox="240 680 1493 1303">Any resident who is found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions, as stated in the EH (page 74), <i>"If an allegation of sexual abuse or sexual harassment is filed against a staff person, BOP must be contacted immediately. BOP disallows any BSS staff to conduct an investigation for allegations related to integrity, of which sexual harassment/sexual abuse would fall. 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 placed on unpaid suspension, via a preclusion to work with federal or state offenders, from BOP/CDCR, pending investigation of the allegation. 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"</i>. The SOW (pages 78-79) further addresses the disciplinary process for violation of any of BOP's Prohibited Acts. Since BSS does not conduct any investigation; an allegation of sexual abuse or sexual harassment would be referred to BOP and local law enforcement. Only the BOP or local law enforcement would provide disciplinary sanctions based on the nature of the offense. These sanctions are directly related to the seriousness of the behavior. The BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which were reviewed by the auditor. Any type of sexual abuse or sexual harassments violations, unless they were unfounded, by staff or resident would be grounds for termination of the program; hence, zero tolerance. Interviews with the program director and assistant program director and documentation review confirmed this process. In addition, the RRM was interviewed and confirmed that only BOP and local law enforcement would investigate a sexual abuse incident. The RRM stated that all disciplinary actions would consider many different factors to include the resident's mental health. If a resident makes a report in good faith, there would not be any disciplinary sections for the resident.</p> <p data-bbox="240 1339 1493 1429">There have been no reported administrative or criminal findings for resident-on-resident sexual abuse at the Rubidoux facility per the PAQ and the program director. Therefore, there were no disciplinary records to review when analyzing this provision. The agency does have policies and procedures in place if an incident were to occur.</p> <p data-bbox="240 1464 1385 1527">Based upon the review and analysis of the available evidence, the Auditor has determined the Rubidoux RRC is in compliance and meets all the provisions of this standard.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Federal Operations Manual (FOM)
- Partners Against Violence (Formerly San Bernardino Sexual Assault Services)
- Riverside Area Rape Crisis Center
- Resident Rules and Regulations
- PREA Training PowerPoint
- BSS Coordinated Response to Sexual Abuse Incidents

Interviews Conducted:

- Specialized and Random Staff
- Random Residents
- Program Director
- Dolan Mental Health Services
- Residential Re-Entry Manager (RRM)

Per the FOM (page 245) "BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling with a clinical psychologist occurs within 24-hours of a sexual abuse incident." BSS does not provide on-site medical or mental health services at the facility. Residents receive these services from community-based agencies. Residents who need medical or mental health services due to a sexual assault, would be referred to Partners Against Violence (Formerly San Bernardino Sexual Assault Services) or Riverside Area Rape Crisis Center; both provide services 24-hours a day, 7-days a week. Residents of sexual abuse or sexual harassment may also be referred to Dolan Mental Health Services. BSS staff would assist in the coordination of services to medical and mental health providers in the community. A review of training records and staff interviews indicated staff had received training on the services available in the community for residents of sexual abuse and harassment. According to residents interviewed, they articulated they received this information at time of intake. Residents stated they could refer to their Rules and Regulations if they needed to access medical or mental health provider in the event of an incident. Additionally, they stated they could go to the PREA board where they would find the postings with the telephone numbers and addresses of the providers.

Staff were knowledgeable in their roles as first responders and the referral process to medical services and continued on-going medical and mental health services. Staff indicated that 911 would be immediately contacted in the event of an incident and the resident would be transported to the emergency room for services. The resident would be provided with mental health services by Partners Against Violence or the Riverside Rape Crisis Center. Resident victims would be provided with timely, unimpeded access to emergency medical treatment and crisis intervention services, information about and access to emergency contraception, treatment for sexually transmitted infections and prophylaxis, in accordance with professionally accepted standards of care.

The EH (page 78) specifically states that BSS does not employ medical and mental health practitioners and therefore, the victim will be referred to a Rape Crisis Counseling Agency in the community to receive free services as well as other emotional support services. All services provided to residents are determined by the medical and mental health practitioners according to their professional judgment. All services are 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. Interviews with the Program Director, the RRM, and a review of the PAQ confirmed there were no allegations of sexual misconduct during this reporting period.

The BSS Coordinated Response to a Sexual Abuse Incident is the checklist used by the Program Director which must be completed for each PREA related incident. This checklist is completed by the Program Director to ensure appropriate notifications in a timely and consistent manner. This form also includes the following:

- Refer victim to SANE/SAFE services;
- Follow-up with medical and mental health services;
- Check with staff to verify that appropriate optional services were offered, provided, and accepted by the victim and/or perpetrator;
- Verify proper medical exam, including forensic exam has been performed where necessary.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 472 300">Documents Reviewed:</p> <ul data-bbox="282 349 1086 645" style="list-style-type: none"> • Employee Handbook (EH) • Statement of Work (SOW) • PREA Resident Rules and Regulations • PREA Bulletin Board Postings • Intake Paperwork-Medical Intake Form • Risk of Abusiveness, Risk of Victimization Assessments • Dolan Mental Health, Memorandum of Understanding • Partners Against Violence (Formerly San Bernardino Sexual Assault Services) • Riverside Area Rape Crisis Center <p data-bbox="240 676 352 703">Interviews:</p> <ul data-bbox="282 752 695 913" style="list-style-type: none"> • Program Director • Case Workers • Security Supervisor • Employment Program Specialist (EPS) • Dolan Mental Health <p data-bbox="240 945 1493 1240">The Rubidoux facility does not offer on-site medical or mental health care to residents who have been victimized by sexual abuse; however, these services are provided by community-based resources. Casework staff will assist in the coordination of services and referrals to clinics/centers whose specialty is related to sexual assault and abuse. Upon intake, staff will complete a Medical Intake form which includes assessing the offender's past sexual victimization, if any, along with conducting the assessments to determine risk of victimization or abusiveness. Should a history of sexual victimization or sexual abusiveness be noted, staff will immediately notify the Program Director (intake packet reviewed by Auditor). These documents and questionnaires are utilized to determine the offender's suitability for placement, to ensure the safety of all offenders and staff, and to facilitate referrals for mental health evaluation and treatment in the community. A review of the resident intake forms and within the resident's files further confirms these assessment were being completed.</p> <p data-bbox="240 1272 1493 1464">Evaluations will include all follow-up services, treatment plans and referrals for continued care following release from custody. These services are consistent with the community's level of care. Interviews with the EPS, Case Managers, Security Supervisor and Program Director supported that evaluations and treatment services are available and offered to the resident when needed. Dolan Mental Health was also contacted and confirmed the services available to the residents which includes the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, and referrals for continued care.</p> <p data-bbox="240 1496 1493 1756">All residents who have been victims of sexual abuse are referred to Partners Against Violence (Formerly San Bernardino Sexual Assault Services), Rape Treatment Center and the Riverside Area Rape Crisis Center. All services are free of charge and provide advocacy support, follow-up services and treatment including tests for sexually transmitted diseases, pregnancy tests and timely and comprehensive information about access to pregnancy-related services. Per the EH (page 78) the resident will have unimpeded access to services and these services are provided without cost to the victim regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. There were two residents with a history of victimization per their Pre-Sentence Report (PSR) at time of intake. Per a review of the residents' files, they were provided with referrals for counseling services in the community.</p> <p data-bbox="240 1787 1493 1881">Per the Program Director, BOP residents who are identified with a history of sexual abusiveness at intake, must go through Community Treatment Services (CTS) for mental health evaluation and treatment. A review of the resident files and interviews with the intake staff and caseworkers found that there were no residents identified as prior sexual abuse abuser.</p> <p data-bbox="240 1912 1493 1971">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard</p>

115.286	<p>Sexual abuse incident reviews</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Employee Handbook (EH) • Incident Report form <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • Program Director <p>The EH (page 78) articulates the facility's policy regarding the sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30-days of the conclusion of the investigation. Per the EH (page 79), the Incident Review Team will meet immediately after an incident and the program director will prepare a report of the findings from the incident review. The report will include, but not limited to recommendations made or documentation of reasons for not implementing recommendations. This report is forwarded to the PREA Coordinator for review. This process was confirmed by the program director and PREA Coordinator during interviews and a review of the EH.</p> <p>The incident review team consists of the following: PREA Coordinator, Program Director, Assistant Program Director and the Security Supervisor. During the incident review team meeting, the team will review if the incident needs policy revisions, if the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and residents, appropriate supervision, notifications, and operational considerations. Should any of these factors require changes to the staffing level, staff training or video monitoring technology, the recommendations will be initiated immediately. If policy or procedure revisions are needed the revisions will be forwarded to all BSS facilities for immediate action.</p> <p>The Rubidoux facility did not have any allegations of sexual abuse during this reporting period. In the event an incident should occur, the review team will meet to review the critical incident. Based on their findings, the facility will implement or consider implementing recommendations for improvement. If for any reason, the recommendations are not implemented; the facility will document its reasons for not doing so. Although Rubidoux has not had any reported allegations of sexual abuse or sexual harassment during this reporting period, the PREA Coordinator provided an Incident Review form that would be utilized in the even of a sexual abuse allegation. This form contained all of the necessary information to determine any actions that needed to take place.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>
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115.287	<p>Data collection</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Employee Handbook (EH) • Annual Report <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>Rubidoux RRC policy regarding data collection is found in the EH (page 79) and states, <i>“BSS reviews collected data and aggregates pursuant to section 115.287 in order to assess and improve the effectiveness of our sexual abuse prevention, detection, response policies and training including identifying problem areas, taking corrective action on an ongoing basis and preparing our annual report of our findings from our data review and corrective actions for each facility, as well as BSS as a whole. BSS will compare the current year data and corrective actions with those from prior years.”</i> Rubidoux RRC utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report form SSV-IA regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form SSV-4 for an annual report. Definitions for "Sexual Abuse and Sexual Harassment" are listed on these forms. An aggregated incident of sexual abuse report is provided on the BSS website on an annual basis. Rubidoux RRC does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. Rubidoux RRC does not conduct investigations; however, should an incident occur, Rubidoux RRC will request the relevant information from the investigative agency and report the information on the SSV-IA and the SSV-4 form as required. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. The Annual PREA Report which contains this data is available for view by the public on the agency's website under the tab "Newsletters" and the data contained therein, was reviewed by the Auditor.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant and meets this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Annual PREA Report • Behavioral Systems Southwest Website <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>BSS reviews data collected and aggregates it annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, procedures and training. The Annual PREA Report captures data from January 1 to December 31 of each year and any additional information that is required by the Survey of Sexual Violence (SSV-4) form as required by the Department of Justice (DOJ).</p> <p>The report also includes a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency's progress in addressing the sexual abuse. The annual report is prepared by the PREA Coordinator and approved by the agency's President/COO. The PREA Coordinator redacts information from the report when publication would present a clear and specific threat to the safety and security of the facility. A review of the agency's website, annual reports and interviews with the PREA Coordinator confirmed the agency is in compliance with this standard.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant and meets this standard.</p>

115.289	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 472 300">Documents Reviewed:</p> <ul data-bbox="284 349 571 448" style="list-style-type: none"> • Agency Website • Employee Handbook (EH) • Annual Reports <p data-bbox="242 474 352 504">Interviews:</p> <ul data-bbox="284 553 496 582" style="list-style-type: none"> • PREA Coordinator <p data-bbox="242 609 1485 770">All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least 10-years after the data of initial collection EH (page 79). Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to posting on the agency's website. This information was confirmed during an interview with the PREA Coordinator and reviewed on the BSS website and the Annual Report.</p> <p data-bbox="242 797 1474 862">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 235">Auditor Discussion</p> <p data-bbox="240 271 1490 965">This is the third PREA audit for the Rubidoux RRC since the first audit cycle. The last PREA Audit was completed in September 2017. This audit was originally scheduled in 2020. However, due to the COVID-19 pandemic, it was postponed until July 19-20, 2021, when it was determined it was safe for staff, residents, and the auditor to enter the facility. This facility is the fifth audit for the agency in the third audit cycle which places BSS in compliance with the three-year audit requirement. During the on-site portion of the Rubidoux RRC audit, all areas of the facility were accessible to the auditor. During the audit tour, the Auditor was permitted to observe all areas of the facility interior and exterior and were permitted to speak with staff or residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, special incident reports and Case Manager files were readily accessible to the Auditor. Facility staff and the Program Director were accommodating when the Auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically. During the pre-audit phase, the PREA coordinator uploaded agency and facility specific policies, procedures and other documentation on to the OAS. Additional documentation or copies were provided on-site at the auditor's request. The auditor and support staff were provided with separate private areas to conduct private and confidential interviews with both staff and residents who were randomly chosen by the Auditor. The PREA Audit Notice, in both English and Spanish, was posted throughout the facility six-weeks prior to the audit. This notice contained auditor contact information including email and mailing addresses and identified communication with the Auditor as confidential. Prior to the on-site visit, and during the post audit period there were no confidential communications received via email or regular mail from any residents at the facility. During resident interviews, residents stated they were aware they could send confidential communication to the auditor prior to or during the on-site visit. There was no confidential communication received from residents or staff during the audit period for the Rubidoux facility. The Auditor also contacted community-based organizations to gain insight into relevant conditions in the facility. No concerns were noted.</p> <p data-bbox="240 999 1461 1055">Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and meets this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All audit reports for BSS facilities are posted on the BSS website and are accessible to the public. The first two audit cycles for the Rubidoux facility were immediately posted upon receipt (as reviewed by the auditor) and are currently posted on the website for the public to view. The reports are also available in hard copy at each facility and provided to the public for review upon request. The Auditor will also review the agency's website to ensure they have uploaded the final audit within 90-days of completion of the final report.</p>

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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

115.213 (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? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 enable residents to shower, perform bodily functions, and change clothing without non-medical 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 area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, 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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na

115.235 (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.)	na
	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.)	na
	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.)	na
	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.)	na
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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.)	na
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes

115.261 (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 residents 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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (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
115.265 (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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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 of sexual abuse, does the agency: Monitor any resident disciplinary reports?	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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (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 115.234?	yes

115.271 (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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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 has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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
115.286 (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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (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
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (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.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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
115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 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.)	yes
115.401 (b)	Frequency and scope of audits	
	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.)	yes
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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees 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 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.)	yes