

PREA Facility Audit Report: Final

Name of Facility: Rubidoux RRC

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/25/2017

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: Teri Brister	Date of Signature: 10/25/2017

AUDITOR INFORMATION	
Auditor name:	Brister, Teri
Address:	
Email:	audit_solutions@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	09/14/2017
End Date of On-Site Audit:	09/15/2017

FACILITY INFORMATION	
Facility name:	Rubidoux RRC
Facility physical address:	3263 Rubidoux Blvd., Rubidoux, California - 92509
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input checked="" type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

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

Facility Director			
Name:	Shaney Gray	Title:	Director/PREA Compliance Manager
Email Address:	sgray@behavioralsystemssouthwest.com	Telephone Number:	951-684-4840

Facility PREA Compliance Manager			
Name:	Shaney Gray	Email Address:	sgray@behavioralsystemsouthwest.com

Facility Health Service Administrator			
Name:	N/A	Title:	
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:		60	
Current population of facility:		54	
Age Range	<i>Adults: 18-79</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:		low	
Number of staff currently employed at the facility who may have contact with residents:		23	

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	Title:	President/COO
Email Address:	cslindholm@behavioralsystemssouthwest.com	Telephone Number:	949-492-3574

Agency-Wide PREA Coordinator Information

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 onsite PREA audit of Behavioral Systems Southwest (BSS)-Rubidoux facility, was conducted on September 14-15, 2017, by Department of Justice Certified PREA Auditors Teri Brister and Christina Kampczyk. Teri Brister was the Lead Auditor and was assisted by Christina Kampczyk. Notice of the audit was posted in various areas throughout the facility six weeks prior to the on-site audit. Pre-audit preparation included a thorough review of the Pre-Audit Questionnaire, all policies, procedures, training curriculum, and all other documentation provided by the agency. There was on-going communication between the auditors and the agency's PREA Coordinator for several weeks prior to the audit in order to prepare for the two-day on-site visit. A tentative agenda was sent to the agency prior to the on-site visit.

During the Pre-Audit phase, the auditors received communication via e-mail and postal delivery by an anonymous resident. This was apparent after determining that the facility never housed a resident by that name within the past year. The majority of the concerns were not PREA related. The identified PREA concerns include Staff not adhering to the knock/announce policy, residents not receiving PREA training, the PREA notice not posted, and residents not being able to make private phone calls. Based on this information, the auditors reviewed the concerns listed in the correspondence, and after a review of both policies and practices as well as observations, the facility was determined to be in compliance. Thus the anonymous sender was informed by email that his/her issues would need to be addressed with the facility or BOP by submitting a BP-9 grievance form.

Upon arrival to the facility on September 14, 2017, at 8:00 am, we were greeted by BSS security staff and asked to sign into the facility's visitor's log. An entrance meeting was then conducted with Executive Vice President Bari Caine-Lomberto, who is the agency-wide PREA Coordinator, and Facility Director Shaney Grey, who is the facility PREA Compliance Manager. At this time, we were provided with additional requested documentation including the staff roster, staff schedule and the current listing of residents, per housing unit. During the entrance meeting, we discussed our agenda for the two-day on-site visit and what we planned to accomplish during that time-frame. The facility director also provided us with the names of residents with special designations; including residents with disabilities and residents who were non-English speaking.

The PREA Coordinator shared two complaints made by residents regarding BSS security staff. The first complaint was made by a male resident in May 2017 against a male security staff who he reported was inappropriately looking at the resident's wives. The complaint was forwarded to BOP and after a review of video tapes was determined to be unfounded. The second complaint was made by a female resident in August 2017 against a male security staff who she reported made her feel uncomfortable. This incident was also reported to BOP and determined to not be PREA related and also unfounded. Neither resident was available for interviews at the time of the on-site visit as they were released from custody prior to the audit.

The facility tour began at approximately 9:00 am and was led by Shaney Gray. We toured the interior and exterior of the facility; including the dining room, staff offices, female housing unit, kitchen and food storage areas, seven male housing units, a classroom, men's multipurpose room, case services building, all restroom facilities and exterior recreation areas as well as the building perimeters. There are 24 cameras which are positioned in visible areas throughout the facility interior and exterior and we looked at the camera positioning to determine areas which could be blind spots. The camera monitors are located in the facility director's office as well as in the front staff office where security staff is located at all times. The monitors are viewed by security staff and the facility director and assists in the supervision of residents throughout the day. Security staff conduct random grounds checks throughout the interior and exterior of the facility approximately every 13-14 minutes. Head counts are conducted four-times per every eight-hour period. As we toured the facility, staff were observed conducting grounds checks and the knock and announce notice prior to entering a housing unit of residents of the opposite sex.

During the facility tour, we observed throughout the facility; the Pre-audit notice, the agency's Zero Tolerance Policy and information on how to report an incident of sexual abuse or sexual harassment. These documents were posted at the facility entrance, the dining room, the male and female living quarters, the classroom and the men's multipurpose room. The dining room contains a bulletin board with comprehensive PREA specific information, such as the Rape Crisis Center and contact numbers, the contact information for the PREA Coordinator, the agency's PREA policy in six different languages and third-party reporting information. While touring, we spoke with front office security staff about the intake process for new residents which includes the private risk screening for sexual abusiveness and sexual victimization. We also spoke with one of the case managers who went over her process with a new resident in providing them with PREA education and the reassessment for sexual abusiveness and sexual victimization which is completed within ten to thirty days of intake. It should be noted that, the facility was clean, organized and in a very well-maintained condition. The facility tour concluded at 11:15 am.

Resident and staff interviews were conducted in a private location. Eleven residents were interviewed with eight randomly selected from each housing unit from the listing we were provided during the entrance meeting. The remaining three residents were targeted interviews; two of which were limited English speaking and one was sight impaired. One of these residents also reported previous sexual victimization upon the initial risk screening. All residents interviewed report staff of the opposite gender knock, announce their presence, and knock again, prior to entering the housing unit. Some of the residents modeled this practice. Each resident reported receiving information on the agency's Zero Tolerance policy on sexual abuse and sexual harassment, their right to not be sexually abused or harassed and their rights to not be punished for reporting such harassment. Further, all residents interviewed were able to articulate multiple methods in which to file a complaint of abuse or harassment. Each resident reported where PREA information was located throughout the facility including the bulletin board in the dining room with specific information. The vision impaired resident stated he was able to read some PREA specific information located on the PREA board posted in the dining room and that if he had any questions regarding reporting, he would go to staff. He further stated the staff were professional and that he felt he could go to any staff for assistance with his needs. Additionally, he stated his case manager went over all PREA information with him including the zero-tolerance policy and reporting methods. The two limited English speaking residents stated PREA information was explained to them by bilingual Spanish speaking staff and they were aware PREA information was located in various areas of the facility. All PREA information was afforded to them in both English and Spanish.

Eleven resident files were reviewed and all files included the documentation needed to verify residents

were receiving PREA information, and that they were being screened for risk of sexual abusiveness or sexual victimization upon intake and again within ten to thirty days after intake. Additional records revealed that they were receiving PREA training and the PREA handouts.

A total of eleven staff were interviewed including; five security monitors, two facility cooks, the security supervisor, the facility compliance manager/director, an administrative assistant and the PREA coordinator/Executive Vice President Bari Caine-Lomberto.

An exit interview was conducted at the conclusion of the on-site visit with PREA Coordinator Bari Caine Lomberto and Facility Director Shaney Grey. At this time, the auditors discussed the areas requiring corrective action and the agency discussed their plan to achieve compliance. An interim corrective action plan was provided to the PREA Coordinator and additional follow-up was provided to the auditors prior to the conclusion of this report.

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 in Rubidoux, California and is operated by Behavioral Systems Southwest, a private for-profit corporation headquartered in San Clemente California. The agency also operates a non-residential day reporting center and a non-residential drinking-driver program. Currently, BSS Provides community correctional services for the Federal Bureau of Prisons (BOP) and residential parolee services for the California Department of Corrections and Rehabilitation (CDCR). The agency operates three facilities in California and three facilities in Arizona. The agency's mission statement is: "The goal of our organization is to help problematic people change their lifestyle. Emphasis is placed on showing individuals how to lead a more productive, self-supporting, drug-free lifestyle, thus breaking the criminal cycle."

All BSS locations audited are under contract with BOP and operate under a social service model, utilizing evidence-based programming, in a structured environment that allows residents to seek employment and educational opportunities in the community while still serving their sentences. The purpose of the program is to transition the residents back into the community prior to their release from incarceration. Casework staff are available seven days a week to provide support and guidance and community-based resources to the residents as required or needed. The average length of stay in the RRC is six-months and includes a home detention component, in which the residents continue to be monitored by BSS staff while living in their own homes. All BSS Facilities are accredited by the American Correction Association (ACA). ACA last audited the facility in August 2017. BOP is schedule to audit at the end of 2017.

The facility's residential capacity of 60 and houses both male and female residents. The current population on the day of the on-site audit was 50 with 38 males and 12 females. Twelve beds are designated for females while 48 beds are designated for males. There are three buildings located on the facility grounds. The female living unit is dormitory style with six sets of bunk beds located in the main building, with locker space for each residents' personal belongings. The restroom is located next door in the female hallway with two shower stalls with floor to ceiling shower curtains, sinks and one private toilet stall. Residents are not allowed to change clothing in their bedrooms and must change in the shower stalls where privacy is maintained behind the shower curtains. A handicapped restroom is located outside the main building in the case services building. Female residents utilize the adjacent dining room for recreation purposes, where there are vending machines, a television and reading materials.

The kitchen, dining hall, urinalysis room, staff restroom, food storage area, file room and staff offices are located in the main building. The control room is located at the entrance of the building, which is the center of activity. All visitors coming on-site must sign in to a visitor's log. All new residents are processed in the control center and they are searched, drug tested, their property is searched, and they go through an initial intake process. Residents departing or returning to the facility from work or school or other community-based activities must be processed by security staff in the control center. Cameras are located in various areas of the main building with a large monitor in the control room and in the Program Director's office. The kitchen is run by designated kitchen staff who provide all meals for the facility.

Residents are only allowed in the kitchen to clean and are monitored by staff. Residents may assist with the unloading of food and other supplies in the food storage room under the supervision of staff.

The male housing quarters are located to the rear of the facility grounds and consist of 7 dorm-style rooms with bunk-beds for four to eight residents. Each room is connected by a "jack and jack" bathroom. There is a classroom/computer room and a men's multipurpose room for recreation purposes at the end of the U-shaped building. Towards the end of this building and in close proximity to the female living quarters, is the laundry room. The laundry room closes at 10:00 pm and the door to the room is locked and secured as are the multipurpose room and classroom. Male and female residents have separate times assigned to use the laundry room.

The Case Services Building is utilized by casework/social services staff. Residents are not allowed in this building without staff present. Residents meet with their caseworker for a variety of services such as; employment assistance, counseling, and transitional guidance and supports. The outdoor facility grounds include a weight lifting area, two storage sheds, a locked/caged area where barbecues are stored, picnic tables, a garden area and an area where residents can store their bicycles. Cameras are located in various locations on the exterior of the facility which includes the front entrance, and the parking lot. Security staff include the facility exteriors in their regular grounds checks which is documented. There was a total of 23 staff, both male and female assigned to the facility on the date of the audit.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

The on-site visit of BSS was conducted September 14-15, 2017. During the audit, the auditors determined two standards did not fully meet the standard requirements. During the exit meeting, the auditors met with the PREA Coordinator, and the Facility Director and agreed upon a corrective action plan (CAP) to address the concerns. On September 29, 2017, the PREA Coordinator provided a written plan to the auditors and maintained communication with the auditors regarding implementation of the CAP during the 45-day period.

The following CAP was developed and agreed upon by BSS and the auditors:

115.218

During the facility tour, there were two areas that were determined to be potential blind spots. The first area was located in the women's hallway at the entrance to the food storage room. A camera was located in the hallway previously; however, the camera did not capture full view of the entire hallway. The agency relocated the camera to the end of the hallway, thus allowing viewing capability of the entire hallway. The second area determined to be a potential blind spot was the classroom located nearest to the men's housing units. An additional camera and monitor was ordered and installed during the 45-day period. These corrections were reviewed and confirmed by auditors prior to the end of the 45-day period.

115.261

When interviewed, staff were unable to clearly articulate their requirements for reporting under the mandatory reporting laws. Auditors attributed some of this to the fact that BSS has not had any incident to report in over six years. BSS was required to retrain staff on the Mandatory Reporting laws which also included where to find the reporting forms, how to fill them out, and time frames for reporting. BSS provided auditors with the staff training rosters and quizzes to show staff retention of information as well as comprehension which brought the facility into compliance with this standard.

The results of the Behavioral Systems Southwest PREA Audit are as follows:

Number of standards exceeded: 0

Number of Standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

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Standards

Auditor Overall Determination Definitions
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- 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
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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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Behavioral Systems Southwest (BSS) has an an agency-wide written policy and procedure mandating zero tolerance towards all forms of sexual abuse and sexual harassment. This policy is located on pages 73-79 in the Employee Handbook, on the PREA Resident Handout, in the Acknowledgement of PREA Training for staff and residents and on the agency website. This information is written in multiple languages. The PREA Policy is located in various areas of the facility including the dining room, the multi-purpose room and in the housing units. Additionally, the policy is posted at the front entrance for visitors and family members. This policy clearly outlines the agency's approach to the prevention, detection and response to such conduct. Per BSS policy, Bureau of Prisons (BOP) Prohibited Acts and per the BOP Statement of Works (SOW), at no time is any sexual relationship between staff and offenders, offenders and offenders of a consensual nature permitted. BSS prohibits its employees from engaging in, or allowing another person to engage in, sexual behavior with an offender. Per the Employee Handbook, regardless of whether force is used or threatened. There can be no "consensual sex" between BSS employees and the offenders.</p> <p>The policy also states allegations of sexual abuse and sexual harassment are immediately forwarded to BOP for an internal investigation, following the report to local law enforcement. The definitions of prohibited behaviors regarding sexual abuse and sexual harassment is also described in the agency policy as written in the Employee Handbook as well at the BOP Prohibited Acts .</p> <p>BSS employs an upper level and agency-wide PREA Coordinator who stated she spends approximately 20% of her time working on PREA development, implementation and oversight per month. Bari Caine-Lomberto is the Executive Vice President/Prea Coordinator and she is listed as such on the agency's organization chart. She stated she has sufficient time and the authority in which to oversee compliance with the standards.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Behavioral Systems Southwest (BSS) is a private provider and is under contract by the Bureau of Prisons (BOP). BSS does not contract with other agencies for the confinement of its' residents. An interview with the PREA Coordinator and PREA Compliance Manager and review of documentation confirm that the agency does not contract with other entities for the care and confinement of its' residents.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The staffing plan is monitored and reviewed by facility directors and the PREA Coordinator annually. This monitoring and review consists of ensuring adequate staffing levels meet the supervision requirements of the male and female population, as well as the use of video monitoring technology. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse is considered when determining the adequate staffing level.</p> <p>The PREA Coordinator conducts this annual review of the facility's staffing patterns to ensure compliance with the male/female staff representation as required in the standard. BSS staff and facility directors are to immediately notify the PREA Coordinator when overtime (OT) is needed to properly cover a vacancy due to illness/vacation/vacancy, ensuring that male and female staff are on duty 24 hours per day, seven days per week, and 365 days per year. The staffing plan as well as the annual staffing review is documented.</p>

115.215

Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

BSS policy strictly prohibits cross gender pat-down searches, cross-gender strip searches, and cross-gender visual body cavity searches of male or female residents. The co-ed facility is equally balanced with male and female staff during each shift. If a female security staff is unavailable to conduct a pat-down search of a female resident, then a female casework staff will assist and conduct the search. The staff also have the option of using the "wand" which is a metal detection device that the staff are trained to utilize. In cases when a male staff is unavailable to conduct a pat-down search, then a male casework staff would assist or the wand would be used. 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. In the case of a transgender or intersex resident....

Interviews conducted with staff and residents confirm that staff of the opposite gender adhere to the policy of knocking and announcing their presence in housing units and the restroom during facility rounds conducted. Some residents modeled this practice during interviews. Additionally, the residents interviewed stated they are allowed to shower, change clothing and use restroom facilities without being viewed by staff of the opposite gender. Residents are only allowed to change their clothes in the shower where there is a curtain or within the restroom stall where there is a door that prohibits viewing from anyone. Whenever a staff enters a resident's restroom, they knock, announce their opposite gender and then allow the resident to respond before entering the restroom.

According to staff interviews and review of the resident's files, all residents' genders are determined by the BOP and are listed on the intake paperwork prior to the resident arriving at the facility. This information allows the staff to be informed on how to properly search the resident. According to BSS policy, if a resident has male anatomy that part of the body will be searched by a male and female anatomy will be searched by a female. If there is any concern, staff will use the wand to search the resident. Staff have been trained by the BOP on how to search all residents in a professional and respectful manner and in the least intrusive manner possible.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provides written PREA information in six languages, which includes; Spanish, Korean, Hebrew, Armenian, Russian and English. The agency employees numerous bilingual Spanish speaking staff. For residents who are visually impaired or who are unable to read, staff will read the PREA information to the resident as they would do with the information contained in the intake paperwork. If a resident speaks another language other than one of the languages previously mentioned, the agency would utilize the interpreter service from Language Line Solutions. For residents who are hearing impaired, the agency has an ASL staff employed who would assist under these which providing the PREA information. Only under exigent circumstances, would the agency allow use of resident interpreters or resident readers. During resident interviews, a vision impaired resident was interviewed. He explained that PREA information was verbally explained to him by staff, both during the intake process and also when his caseworker met with him the next day. Additionally, this resident who had very limited vision in one eye, stated that staff showed him where he could find the PREA information and phone numbers located if he ever needed/wanted to make a report. Two limited English speaking residents were also interviewed and both residents reported receiving PREA-related information in their preferred language of Spanish.</p>

115.217

Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The BOP provides guidelines and mandates to the agency as described in the Statement of Works (SOW) and on the BOP website, regarding hiring and promotion decisions of employees. These mandates require a background check be completed at time of hire for all new employees and also at the time of the agency's contract renewal with BOP. Background checks consist of review of the:

- Civil Application System (CAS),
- National Crime Information Center (NCIC),
- local law enforcement,
- credit checks and inquiries into prior employment and personal references.

All employees undergo urinalysis testing and lie detector examinations. Contracts with BOP are renewed every five years, thus all employees will have a new background check conducted at that time. BOP conducts these background checks and forward the outcome to the agency. Potential employees are not able to enter a BSS facility prior to a background clearance. BSS has a policy against hiring anyone with a history of a sexual abuse conviction in any facility or the community. 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. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct, in any facility or in the community as listed in the Employee Handbook pages 73-79. Although the Rubidoux facility did not have any contractors or volunteers during this reporting period, their policy clearly states in the Employee Handbook and in the BOP SOW that all contractors and volunteers will be subject to the same background checks and security clearances as employees. Eleven staff files were reviewed during the on-site portion of the audit and confirmed initial and promotional background clearances.

115.218 Upgrades to facilities and technology

Auditor Overall Determination: Meets Standard

Auditor Discussion

Since the last PREA Audit in October 2014, the facility has not undergone any substantial expansion or modification of existing facilities. At the time of the last audit, there were 24 cameras located in the interior and exterior of the facility with two monitoring systems located in the front staff office and in the facility director's office. No new cameras were added at the time of this audit. During the on-site visit all cameras and monitors appeared to be functioning with no issues; with the exception of camera #19 on the facility exterior. This large area was fenced off and off-limits to residents; however, a large tree was overgrown and blocking the camera's full view of the area as seen on monitoring screen #19. The agency, enlisted tree trimming services and the problem was corrected and verified prior to the completion of this report.

During the facility tour, there were two other areas that were determined to be potential blind spots. The first area was located in the women's' hallway at the entrance to the food storage room. A camera was located in the hallway previously; however, the camera did not capture full view of the entire hallway. The agency relocated the camera to capture the entire hallway. The second area determined to be a potential blind sport was the classroom located nearest to the men's housing units. An additional camera was ordered and installed in the classroom and verified prior to the completion of this report.

The facility director/PREA Compliance Manager and the PREA Coordinator stated during interviews that they routinely consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The installation of additional cameras and the additional security monitors, assist in the supervision of residents, which helps to ensure their safety.

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="324 178 909 220">Auditor Overall Determination: Meets Standard</p> <p data-bbox="324 241 568 283">Auditor Discussion</p> <p data-bbox="324 315 1445 630">BSS is not responsible for conducting investigations of sexual abuse. If an incident of sexual assault occurs, the agency will initiate an investigation through local law enforcement (Riverside Sheriff's Department) and BOP. In the event of a sexual assault incident on facility grounds the agency will follow a uniform evidence protocol in order to maximize the potential for the collection of usable physical evidence. BSS Staff have been trained on this process and were able to clearly articulate during interviews, the steps they would take in order to protect physical evidence under such circumstances. This process is outlined in agency training materials reviewed.</p> <p data-bbox="324 661 1445 913">The facility has a bulletin board in the main dining room, accessible to all residents, with PREA-related information and telephone numbers. The Rape Crisis Center is available with advocacy services 24 hours per day and seven days per week. Advocates will accompany victims during forensic exams, court proceedings and during interviews with investigators. Brochures are available along with toll free numbers and these services are free. During this audit cycle, there were no residents who reported sexual abuse or sexual harassment.</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="324 1071 909 1113">Auditor Overall Determination: Meets Standard</p> <p data-bbox="324 1134 568 1176">Auditor Discussion</p> <p data-bbox="324 1207 1445 1533">BSS does not conduct any type of investigation, including a PREA incident, per their contract with the BOP. This mandate as well as the responsibilities are contained in the BOP Statement of Works (SOW). BSS policy states any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency (BOP) and/or local law enforcement to conduct an internal/administrative and/or criminal investigation. As contained in the SOW, page 18, B. states, "The contractor will not conduct an investigation of any misconduct allegation without BOP approval. This includes questioning the subject of a misconduct allegation." This policy is also published on the agency website.</p> <p data-bbox="324 1564 1445 1921">During the on-site audit, the PREA Coordinator shared two complaints made by residents regarding BSS security staff. The first complaint was made by a male resident in May 2017 against a male security staff who he reported was inappropriately looking at the resident's wives. The second complaint was made by a female resident in August 2017 against a male security staff who she reported made her feel uncomfortable. Neither resident was available for interviews at the time of the on-site visit as they were released from custody prior to the audit. As per policy and procedure, BOP was notified of the complaints pursuant to PREA standards and both complaints were unfounded. A review of this process was confirmed by the auditors to be in compliance with the PREA standards.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All new employees, volunteers and/or contractors who have contact with offenders will receive PREA Training during their first week of employment/working with offenders. Each of the required elements are covered in the training, including:</p> <ul style="list-style-type: none"> • The agency's zero policy for sexual abuse or harassment. • How to fulfill their responsibilities required per agency policy/procedures on the prevention, detection, reporting, and response of sexual abuse and harassment, • The residents right to be free from sexual abuse and sexual harassment, the rights of residents to be free from retaliation for reporting such abuse. • The dynamics of sexual abuse and harassment in confinement settings, the common reactions of sexual abuse and sexual harassment victims. • How to avoid inappropriate relationships with residents. • How to detect and respond to signs of threatened and actual sexual abuse. • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>BSS utilizes a Power Point training with comprehensive PREA information. In addition to the elements previously mentioned, the Power Point training also includes, the definitions of lesbian, gay, bisexual, transgender and intersex (LGBTI), and first responded duties. Training is specific to the male and female population served by BSS. Following completion of this training, employees are required to complete the PREA quiz. BSS develops a Master Training Schedule at the beginning of each new year. Quarterly PREA refresher training is incorporated into the master training schedule. All training is documented and employees are required to sign a training roster which is maintained by the agency.</p> <p>At time of hire, all new employees also receive an Employee Handbook (103 pages) which includes the agency's PREA policies and the disciplinary process for any PREA violation. New employees are required to review this document within 30 days of hire and then sign the "Acknowledgment of Orientation/Training and Employee Requirements" form. By signing this form, the new employee acknowledges they understand BSS's policies, benefits, and procedures. Further, they read the rules and regulations set forth, governing their conduct as an employee, and agree to abide by the rules during their employment with BSS. This form is maintained in the employee's files. Volunteers and contractors when used, are required to complete the same training as the employees and the same level of training documentation is maintained. Review of the employee files and interviews with employees, confirmed the employees received the training and the Employee Handbook upon hiring.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Currently the Rubidoux facility does not utilize contractors or volunteers. If at any time a contractor or volunteer is utilized by the facility, they would be required to go through the same training requirements as an employee. This training includes:</p> <ul style="list-style-type: none"> • The agency's Zero Tolerance Policy against Sexual Abuse and Sexual Harassment • The dynamics of sexual abuse and sexual harassment in confinement settings • The prevention, detection, response and reporting of a PREA incident. Volunteers and contractors are required to sign the PREA Acknowledgement of Training form that they received and understand the training. This documentation is maintained in the volunteer/contractor's file.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>At the time of intake, residents are provided with information on the agency's zero tolerance policy, how to report incidents of sexual abuse/harassment, their rights to be free from sexual abuse/harassment, and to be free from retaliation for reporting such incidents. This information is provided to the resident on their day of arrival to the Rubidoux facility. This information is provided in six different languages including: English, Spanish, Armenian, Russian, Korean and Hebrew. If a resident speaks a language other than one previously listed, the agency would utilize an interpreter service which they have contracted with for such circumstances. 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 who is proficient in American Sign Language (ASL). The staff would assist with the PREA education and training to ensure resident comprehension.</p> <p>PREA information is readily and continuously available throughout the facility, on posters at the facility entrance, on bulletin boards in the main dining room, in the caseworkers' offices and in the housing units. and Residents receive copies of PREA training materials at intake and during follow-up meetings with their assigned casework staff. Additionally, new residents are required to participate in new resident orientation classes. PREA education is included in these classes and residents are required to view the BSS Power Point Training on PREA. Following this training, residents are required to take a quiz to test their knowledge and understanding of the training they received. BSS maintains documentation of the resident's participation of the PREA training in their files. Residents are provided with a Resident Handbook which contains PREA reporting information. This information was verified as reviewed by the auditors in the resident files.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS does not conduct criminal or administrative sexual abuse investigations per the BOP requirements and all allegations/incidents are referred to the BOP and local law enforcement for investigation. However, BOP utilized specialized investigators who are trained to investigate sexual assault.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not have medical or mental health care practitioners at the facility. Residents receive these services in the community.

115.241

Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

All residents are screened for risk of sexual victimization and sexual abusiveness by security staff on the day of their arrival to the facility. This screening is completed through an objective-based risk assessment tool which considers the following: the age of the resident; their physical build; history of incarceration and their criminal history; prior convictions for sex offenses; if the resident is perceived to be gay, lesbian, transgender, gender non-conforming, or intersex; whether the resident previously experienced sexual victimization or their own perception of vulnerability. Residents are again re-assessed by their assigned caseworker within 10-30 days of their arrival. If at any time new information is received regarding the resident's risk of sexual victimization/abusiveness, a follow-up re-assessment would be completed. For new residents that transfer in from another BSS facility, the same assessment policy would apply as if they were a new intake. The initial assessments and re-assessments are completed privately by staff.

Residents are not disciplined for refusing to answer any questions contained in the assessment. BSS staff would attempt to retrieve this information from the referring party (BOP). These assessments are documented and maintained in the residents' files, which are not accessible to other residents. All resident files are stored in a staff office which is locked.

During a review of the re-assessments, uploaded on the OAS, three of the four re-assessments were completed outside of the 30-day requirement or beyond the 30-days of intake. However, upon review of the resident files at the facility, all eleven resident files were in compliance with this requirement. Per PREA Coordinator, assuring the re-assessments are completed within the 10-30 day agency policy is a priority. Former staff have been disciplined as a result of failure to follow these guidelines. The agency recently reassigned the re-assessment responsibility to the Case Managers to complete which are tracked in a separate binder for that purpose. In addition, when interviewed, all residents stated they had received the reassessment within the 30 day requirement. It therefore appeared to the auditors that the three assessments were an oversight by the facility and the matter was addressed and resolved prior to the auditors arrival.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency uses information obtained at the time of the intake screening to ensure safe housing, bed, work, education, and program assignments. Should the offender be assessed to have a high probability of becoming a victim of sexual abuse, BSS staff will immediately contact the BOP and facilitate an immediate transfer request. The primary goal is keep separate residents who are at a high risk of being sexual victimized from residents at high-risk of being sexually abusive. A high risk score for victimization and for abusiveness is 13-18 per the scoring tool. A medium risk score for victimization and for abusiveness is 7-12 per the scoring tool. A medium risk score requires security staff to place the resident in housing, but discuss the potential issues and concerns with the facility director and during the program review team meeting. These concerns are documented in the resident's file. BSS will not, under any circumstances, discipline an offender for failing to answer any questions during the assessment.</p> <p>BSS receives referral information well in advance of receiving the inmate, which includes, the resident's gender based upon their physical anatomy. Transgender and intersex residents are placed in housing units based upon their physical anatomy; however, residents are informed of this policy and they have a choice to not enter the program. Transgender and intersex residents have the opportunity to request to shower separately from other residents. The facility has a separate, restroom with a shower located in the caseworkers' office building.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provides multiple internal and external methods for a resident to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting and staff neglect or violation of responsibilities that may have contributed to the abuse. They are provided this information at time of intake, during subsequent meetings with their caseworker and during resident orientation classes. They can privately communicate with their case worker, a security monitor, or facility administration. If they do not want to tell anyone inside of the facility, they can report to any outside 3rd party; including BOP, law enforcement, the Rape Crisis Center and DTR who both provide advocacy services. The Rape Crisis Center and DTR has the ability to receive and immediately report to the Rubidoux director and BOP that an incident occurred, while allowing the resident to remain anonymous upon request. Reports can be made verbally, anonymously or in writing. Residents are also encouraged to report to a friend or family member or anyone else they feel comfortable with, but it is important that they tell someone. Staff are required to document all allegations of abuse immediately and to follow agency policy regarding notification and steps to ensure resident safety. Residents and staff were able to articulate this information during interviews. This information is also posted on bulletin boards throughout the facility and provided to the residents during intake.</p>

115.252

Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Any resident may file a grievance in regards to sexual abuse/sexual harassment, by following procedures as described in the Bureau of Prisons Administrative Remedy Program 1330.18 Program. The resident may send the grievance directly to the Residential Re-Entry Manager's office without going through the facility mail. The purpose of the Administrative Remedy Program is to allow the resident to seek a formal review of any issue related to any aspect of his/her confinement. This program applies to all residents in institutions operated by the Bureau of Prisons including contracted Community Confinement Facilities. 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. An offender who alleges sexual abuse may submit the grievance to another staff member who is not subject to the complaint and additionally, this grievance shall not be referred to the staff member who is the subject of the complaint.

The agency shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The agency may claim an extension of time to respond, up to 70 days, if it determines 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. If at any level of this process, the resident does not receive a response within the time allotted for reply, including the properly noticed extension, then the resident may consider the absence of a response to be a denial at that level.

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 and shall also be 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 file any subsequent appeal in the Administrative Remedy Process. The agency documents the residents decision if they decline to that the request for administrative remedy processed on his/her behalf.

Section 12 of the BOP Program Statement provides for an "emergency" administrative remedy as required by 115.252 (f). An expedited BP-9 response shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare. After receiving the emergency grievance alleging the resident is at substantial risk, the agency shall immediately forward the grievance to a level of review in which immediate corrective action may be taken. An initial response shall be provided within 48 hours and the agency shall issue the final decision within five calendar days. This initial response and the final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance.

There have been no grievances filed in the last twelve months, by any resident, in relation to

sexual abuse or sexual harassment. The agency does not discipline a resident for filing a complaint related to sexual abuse in bad faith. BOP will receive this information and render a decision regarding discipline on a case-by-case basis.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free hotline numbers where available), of local, State, and national victim advocacy or rape crisis organizations. This information is posted throughout the facility, on the PREA bulletin board in the dining room, and in the Resident Handbook. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case workers. In addition to residents and staff reporting where this information is located during interviews with the auditors, there is documentation with resident signatures verifying they received such information contained their files. The facility allows communication between residents and these organizations, in as confidential a manner as possible. Residents can mail private letters, use the facility's pay phones, use their personal cell phone, or another phone while out in the community to access these support/advocacy services.</p> <p>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.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS has an established procedure for receiving third-party reports of sexual abuse and sexual harassment. This information is posted on the PREA bulletin board in the dining room, the facility entrance and also in the resident handouts. Additionally, the agency has an established Memorandum of Understanding with DTR to report to the facility and 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 it's 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.</p>

115.261

Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

BSS requires all employees to report immediately to the Facility Director any knowledge of suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation for reporting against a staff or resident that occurred at their facility, or any other facility, which includes reports from third parties. This information is defined in the BSS Employee Handbook pages 75-76. Should a report of this kind occur, the Program Director or designee will immediately notify BOP via Duty phone/email and Serious Incident Report and local law enforcement.

As defined in the Employee Handbook on pages 73-77, any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the PREA Manager and/or PREA Coordinator. Staff will accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously and from third parties. Should the report be verbal to staff, staff must document the verbal report within 24-hours and provide the report to the PREA Coordinator and/or PREA Manager at the facility.

All Program Directors/PREA Managers have private offices and will provide their office for a staff or offender to report an incident. Further, reporting can be accomplished via a sealed note/letter that is provided to the Program Director/PREA Manager confidentially. Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, in order to make treatment, investigation or other safety and security decisions.

BSS does not have residents under the age of 18. If a resident is elderly, mentally or physically vulnerable, staff will follow all of the mandatory reporting laws. California law Penal Code Section 11160 requires mandatory reporting of sexual abuse by medical health practitioners. Mandatory report laws do not apply to mental health practitioners.

When interviewed, staff were unable to clearly articulate their requirements for reporting under the mandatory reporting laws. Auditors attributed some of this to the fact that BSS has not had any incident to report in over six years. BSS was required to retrain staff on the Mandatory Reporting laws which also includes where to find the reporting forms, how to fill them out, and time frames for reporting.

115.262	Agency protection duties
	<p data-bbox="321 184 909 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 247 571 289">Auditor Discussion</p> <p data-bbox="321 321 1425 478">Upon learning that a resident is at substantial risk of imminent sexual abuse, the Program Director and BOP will be notified to determine the most appropriate action. Meanwhile, staff will immediately take action to protect the resident based on the nature of the report. This can include but is not limited to:</p> <ul data-bbox="321 478 1188 718" style="list-style-type: none"> <li data-bbox="321 478 824 520">• Keeping the resident in the security office <li data-bbox="321 520 1015 562">• Moving the resident to a room closer to the security office <li data-bbox="321 562 771 604">• Monitoring the resident more closely <li data-bbox="321 604 917 646">• Doing additional ground checks and head counts <li data-bbox="321 646 815 688">• Monitoring the cameras more frequently <li data-bbox="321 688 1188 718">• Transferring the resident or the perpetrator for the safety of all residents <p data-bbox="321 718 1388 793">During interviews with BSS employees, they were clearly able to articulate this information. This information can also be found in the BSS Employee Handbook pages, 75-78.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="321 961 906 1003">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 1024 571 1066">Auditor Discussion</p> <p data-bbox="321 1098 1396 1444">Upon intake, all residents are questioned about prior sexual abuse during any type of incarceration. Should a resident report such abuse, staff would immediately document the information and contact the Program Director for further instruction. Based on the nature of the offense the Program Director would contact the BOP to request further instruction. BOP would investigate the matter and based on the nature of the offense, local law enforcement may be contacted. BOP would preclude staff, if staff were involved, from working with any offenders pending the outcome of the investigation. If the matter was substantiated, all licensing agents would be notified and staff would be precluded from working at any federal confinement facility.</p> <p data-bbox="321 1486 1421 1791">BOP has employees trained in investigating sexual abuse allegations. The Program Director would be responsible for ensuring that all allegations of sexual abuse are documented and investigated in accordance with the requirements of PREA standards. As reported in the PAQ, there were no cases received at the Rubidoux facility alleging sexual abuse/harassment while confined at another BSS or BOP facility. Additionally, there were no notifications received that a former BSS resident reported abuse while confined at any other facility. All information was confirmed by reviewing staff and resident files, interview with staff and residents and the BOP and BSS policies.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS Employee Handbook page 77, clearly defines the staff's responsibility in the event of being the first responder of a sexual abuse incident. As written, the first responder is required to:</p> <ul style="list-style-type: none"> • Secure the victim (Separate from abuser if abuser is still on grounds). • Clear the area • Call 9-1-1 • Preserve the scene by disallowing any person access to the area • Assign another staff to stay with the victim until paramedics and law enforcement arrive on the scene. • Request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating (same for the abuser). • Request medical responders to transport the victim to a SAFE or SANE medical facility and document the findings. • Notify the Program Director and the PREA Coordinator and write their initial report. <p>The Rubidoux facility has a First Responder Checklist to ensure proper protocols are followed. All Rubidoux staff are trained as first responders. Interviews with staff revealed adequate knowledge of expected duties acting as a first responder.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS 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. The agency does not employ medical or mental health practitioners therefore, BSS staff will ensure the victim is taken to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. This written institutional plan is maintained in the facility's Safety Incident Program (SIP) binder. Interviews with security staff and the facility director indicate understanding of the steps they would take if they needed to act as a first responder.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	BSS does not participate in any collective bargaining agreements. Therefore, there are no collective bargaining related limitations on the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.267

Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

BSS Employee Handbook defines the staff's requirements for ensuring that all staff and offenders who report sexual abuse or sexual harassment will be free from retaliation by other residents or staff. All staff are required and trained to detect and monitor signs of retaliation. A review of the Rubidoux facility's training records confirmed that staff had been trained in this area. Interviews with staff further confirmed they were aware of how to respond and monitor acts of retaliation which include but are not limited to:

- 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 comfortable within the agency or an outside resource.
- Talk to the person more often.

As mentioned in standard 115.262, the facility will take immediate measures to protect the victim which may include transferring the victim or the abuser to another BSS facility or returning them to the BOP. Should the abuser be an employee, that individual would be removed from the facility and ordered to have no contact with the residences or staff pending completion of an investigation. BSS will provide the resident with referrals to free community-based resources to address emotional support. The local Rape Crisis Center will be contacted to provide the resident advocacy services during all phases of the investigation at no cost to the victim. Staff and residents alike were able to articulate this information during their interviews. Resources for services were posted throughout the facility and provided to the residents in their handouts during the intake process. This information can also be found in the Employee Handbook.

In the event of a report of sexual abuse, regardless if the incident was determined to be unfounded or unsubstantiated, the staff would continue to monitor the conduct and treatment of all residents who may have a fear of retaliation throughout their confinement at the Rubidoux facility. Any acts of retaliation are grounds for termination from the program or employment as written the BSS policy. To ensure residents are not subjected to acts of retaliation, the facility would monitor disciplinary reports to make sure there are no petty write ups of increased write ups, inappropriate housing changes, and lack or refusal to communicate by staff. The facility would conduct status checks on the residents by stopping to talk to them more often and discussing any issues they may have with their case manager. The agency would monitor staff retaliation by reviewing changes performance evaluations, change in facility job assignments, or behavioral changes. Monitoring of staff would continue well over 90-days until there is no concern or suspicion of possible retaliation.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to in the Employee Handbook, pages 73-79 and the BOP SOW page 18, BSS facilities cannot conduct an investigation of any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. Misconduct of any nature is immediately reported to BOP and local law enforcement for criminal matters. Investigative authorities include, but are not limited to:</p> <ul style="list-style-type: none"> • Department of Justice (DOJ) • Federal Bureau of Investigation • U.S. Marshals Service • Office of the Inspector General • Office of the Professional Responsibility • BOP Office or Internal Affairs • BOP Special Investigation Agent • BOP Special Investigative Supervisor <p>If allegations are sustained, BOP will determine and impose the appropriate sanctions. These investigating agencies have investigators who are trained in conducting sexual abuse investigations. The investigators from these agencies are responsible for all aspects of the investigation to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators. BOP may direct BSS to provide preliminary information during the investigation process. BSS is not responsible for communicating with prosecutors regarding criminal investigations. Therefore, they do no assess the credibility of an alleged victim, suspect, or witness. The investigating agency is responsible for all communication with the victim, witness and perpetrator.</p> <p>BSS does not conduct administrative or criminal investigations. When BOP or any of the previously mentioned agencies conduct an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. All criminal and administrative investigations are provided in written reports and will include a description of the physical and testimonial evidence, facts of the case and a disposition of the case. All reports are retained for the duration of the resident's incarceration with a BOP facility and for at least 5 years after their release.</p> <p>Resident termination from the program or staff termination from employment would not provide any basis for termination of an investigation. In addition, BSS will cooperate with all investigating agencies and attempt to remain informed of the outcome of the case.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	BSS does not conduct investigations; however, when residents are transferred to a BSS agency they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. BSS has a zero-tolerance policy. If any staff or resident is in violation of these set of rules, it clearly states in the Employee Handbook and the resident's handbook, the they will be terminated from the program/employment for sexual abuse.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Although BSS does not conduct investigations, they will remain in communication with the investigating agency until the end of the investigation and provide the resident with information regarding the outcome of the investigation. BSS utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The agency's obligation to report outcome information to the victim ends when the victim is released from the facility.</p> <p>There were two incidents that were investigated. Both incidents were determined to be unfounded. Neither resident was informed of the outcome of the investigations because both were released from custody prior to the completion of the investigations.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS Employee Handbook page 52, clearly defines "Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination. If the employee engages in sexual abuse, the employee will be terminated." Should there be an incident of sexual abuse or sexual harassment, BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the Employee Handbook will result in termination. Misconduct includes:</p> <ul style="list-style-type: none"> • Excessive Tardiness • Excessive absenteeism • Careless conduct/negligence • Leave without approval • Dishonesty • Insubordination/use of expletives • Possession/Consumption of Drugs/Alcohol • Theft • Unapproved use of Company premises/property • Weapons on facility • Defacement of Company property • Physical assault • Divulging confidential information • Violation of Company rules • Previously stated unacceptable conduct • Lack of cooperation with a public agency • Violation of any PREA standard <p>All criminal matters are reported to local law enforcement and to the BOP for investigation. BSS has not had any incidents of sexual abuse or sexual harassment in the last 12 months.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All contractors and volunteers are held to the same standards as employees. If a contractor or a volunteer violates any of the PREA standards, they would immediately be removed from the facility and would not be allowed to have any contact with any of the residents. As with employees, criminal complaints would be filed and BOP would be notified. The contractor or volunteer would be tagged through the BOP and would not be allowed on any Federal detainment site.</p>

115.278

Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The BOP handles all formal disciplinary matters for residents. Should a resident be in violation of a PREA standard, the BOP and law enforcement (for criminal matters) would be contacted. Based on the nature of the offense, BOP would determine if the resident would remain at the facility and what type of discipline he/she would receive. Disciplinary sanctions are clearly documented in the BOP's SOW on pages 71-82. This was confirmed by a review with the SOW and by residents and staff when interviewed. Prior to arriving at a BSS facility, resident are provided with BSS rules and regulations and sanctions for violation of said policies. Upon arrival to the Rubidoux RRC, the facility rules, regulations and sanctions are again reviewed with the resident. The resident must sign and date that they have read the rules and regulations and agree to abide by them. This process is repeated whenever a resident enters the program even if they have been transferred from another BSS facility. When determining sanctions for residents who violate the rules of the program, all factors are taken into consideration on a case-by-case basis to include but not limited to the comparable offenses by other residents, mental health disabilities, prior history of offenses and prior sanctions. In an incident of sexual abuse, both the victim and the perpetrator will be offered community-based services to address the incident or underlying reasons or motivations for the abuse.

BSS employees and residents are prohibited from engaging in sexual acts and are provided written and verbal information regarding for violations of such acts. These restrictions and sanctions are written the contract between the BOP and the BSS agency. Employees and residents alike, must sign and date that they have read these rules and that they understand the rules. Should an employee or resident engage is this act, BOP would terminate the employee from employment and remove the resident from the program. However, if the act was consensual, criminal charges would not be filed.

BSS prohibits all sexual acts between residents. Residents are provided this information upon intake. During the resident interviews, residents confirmed this information. Should residents commit any type of sexual act whether coerced or not, BOP would investigate the matter and determine sanctions based on the nature of the act.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS does not provide any on site medical and/or mental health care. All medical and/or mental health services are located off-site at community-based facilities. Services that specialize in sexual abuse, sexual harassment and trauma-related care are posted throughout the facility to include SAFE and SANE services and locations. 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. Phone numbers for these services are provided in both 800 (when available) and local numbers. During the walk-through of the facility and during the resident's interviews, the residents were able to articulate where this information could be located should they need services. Residents are also provided this information in their Resident Handout that they receive during the intake process and during PREA training. This was also confirmed by a review of the resident's files which contained the resident's signature stating they received the information. All staff are trained in First Responder Duties, should an incident of sexual abuse occur. Furthermore, staff were able to articulate during interviews the preliminary steps they would take to protect the victim by first calling 911 and then securing the victim and the scene.</p> <p>During a walk-through of the facility and upon review of the flyers provided prior to the on-site visit, auditors noted the addresses were listed for these agencies but the agency's name and 800 numbers were not listed. The name of the hospital was also missing from the posted flyer. When discussed with the PREA Coordinator and the Facility Director, they immediately made the corrections and re-posted the flyers throughout the facility. This information, along with photos of the updated postings on the PREA bulletin board was provided to the auditors.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS does not provide medical or mental health services. All services are provided by referrals to community-based services. All services are provided free of charge with no cost to the victim. Victims who have been sexually abused through vaginal penetration are afforded pregnancy test, comprehensive information about pregnancy related medical services and tests for sexually transmitted diseases at these care centers. Continuum of care is at the direction of the physician treating the resident. Should the residents care require transfer to another facility or release from custody, BOP would be notified immediately to make the determination. BSS does not determine the placement of the resident. They do; however, inform BOP if the resident's safety or medical condition could or could not be met at a BSS facility.</p> <p>Auditors contacted these agencies and confirmed the information as provided above.</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="324 178 917 220">Auditor Overall Determination: Meets Standard</p> <p data-bbox="324 241 576 283">Auditor Discussion</p> <p data-bbox="324 315 1429 514">The critical incident review team consists of the PREA Coordinator, facility's program director, facility's assistant program director, security monitor and the BOP. The PREA Coordinator will facilitate the meeting and will determine the exact composition of the team based on the nature of the incident. If an incident occurs, the team will meet and discuss circumstances surrounding the incident to include but not limited to:</p> <ul data-bbox="324 514 917 745" style="list-style-type: none"> • The physical location of the incident • The monitoring system • Staff response • Housing assignments • Follow up for the victim and the perpetrator • Areas of improvement that may need addressing <p data-bbox="324 745 1429 861">Reviews are usually conducted within 72 hours of the incident and during the investigation. BSS does not conduct investigations; however, they do maintain contact with the investigating agency for continual updates.</p> <p data-bbox="324 861 1429 1060">The PREA Coordinator is the lead and facilitator of the Critical Incident Review Team (CIRT). The team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Should any of these factors need to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action. In making these determinations, BSS will consider:</p> <ul data-bbox="324 1060 1380 1606" style="list-style-type: none"> • Whether the incident or allegation was motivated by <ul style="list-style-type: none"> o race; o ethnicity o gender o lesbian, gay, bisexual, transgender, or intersex identification, o status, or perceived status o gang affiliation o motivated or otherwise caused by other group dynamics at the facility; • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; • Prepare a report of its findings and any recommendations for improvement. <p data-bbox="324 1638 1429 1764">In the event, recommendations are made after a review of a critical incident, 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.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS 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. BSS does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. BSS does not conduct investigations; however, should an incident occur, BSS will request the relevant information from the investigative agency and report the information on the SSV-IA or 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 is available for view by the public on the agency's website under the tab "Newsletters."</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS 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. BSS does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. BSS does not conduct investigations; however, should an incident occur, BSS will request the relevant information from the investigative agency and report the information on the SSV-IA or 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 is available for view by the public on the agency's website under the tab "Newsletters."</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>BSS reviews data collected and aggregate it annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, procedures and training. In doing so, the agency reviews:</p> <ul style="list-style-type: none"> • Identified problem areas. • Taking corrective action on an on-going basis. • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>The Annual PREA Report captures data from January 1 to December 31 of each year and will provides the following information:</p> <ul style="list-style-type: none"> • The number of allegations made at each facility. • The number of substantiated, unsubstantiated, and unfounded investigations completed as of December 31 each year. • The number of on-going investigations as of December 31st for each facility. • A comparison of the rates of incidents for each facility from the preceding year to the current report year. • Any additional information that is required by the SSV-4 form as required by the DOJ. <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 Executive Vice President/PREA Coordinator and approved by the agency's President/COO. A review of the agency's website and interviews with the PREA Coordinator confirmed the agency is in compliance with this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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. 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.</p>

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Rubidoux Residential Re-entry Center was last audited in October of 2014 which was in the first audit cycle. Any corrective actions were completed prior to the final report. The final report was immediately posted to the BSS website and was posted on the BSS website when last reviewed on October 10, 2017. Records further indicate that all of BSS Federal Reentry Centers were audited within the three-year cycle and were either in compliance, or came into compliance prior to the final report for each facility.

According to the agency's website and final audit reports, BSS audited 6 facilities from September 2014 to December 2014 which was the second year of the first audit cycle. According to the PREA Standards, agencies must audit one third of their facilities each year during the three year audit cycle to be in compliance with this standard. However, it further stipulates that an agency can come into compliance if all facilities are audited prior to the end of the three year audit cycle. Although BSS did not audit one third of their facilities each year during the first year's audit cycle, (August 20, 2014 through August 20, 2016) they did have all facilities audited within the first auditing cycle which ended on August 20, 2016. Therefore, BSS was able to come back into compliance for the first year,s auditing cycle.

Agencies must also have each facility audited no more than three years after the first audit. PREA is now in its second auditing cycle. during this current cycle, BSS did not audit one third of their facilities within the first year. They did however audit their facilities within three years of the last audit for each facility which places them in compliance for this auditing cycle and therefore in compliance with this standard. Although this standard and the time frames were inadvertently misunderstood, the agency now has an understanding of the requirements and ensured that they will have one third of their facilities audited during each auditing cycle.

During the PREA audit at the Rubidoux Facility, management and staff provided the auditors with full access to the physical plant, staff and residents records, all communication logs and the video monitoring system. When additional documents and electronic documents were requested, the employees were very helpful in showing the auditors how to access the information needed. The employees were extremely helpful and prepared for our visit which made the auditing process run smoothly and efficiently.

Upon arrival, the auditors were provided a save and secure area to conduct staff and resident interviews and to review facility and agency documents. Audit Solutions, LLC provides enough auditors to reduce the amount of time spent at each facility in hopes it will reduce the stress of the audit process for the employees and residents. This facility audit consisted of two auditors conducting the on site portion of the audit. BSS provided each auditor with a separate room to conduct private interviews. These rooms were set up with a table and chairs and in an area that could be viewed by employees at all time to ensure the auditors safety, yet private enough to ensure confidentiality.

Notice of the PREA audit was emailed to BSS in English and in Spanish. BSS provided photos of the notices posted six-weeks prior to the on site audit. In addition, during the facility walk-

through and resident interviews, residents confirmed that the notices were posted six-weeks prior to our visit. Residents are able to use the computer room at the facility to send emails. Letters can be sent confidentially at the facility by placing them in the out-going mailbox or out in the community during the resident's day pass. Residents confirmed that they were able to email or write the auditors if they had any concerns.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	BSS has an agency website and all information regarding PREA can be located in the website under "Newsletters". The agency's PREA Audit Reports for all of their facilities are located in this area. Auditors were easily able to access the reports on the website and confirmed reports were posted for all audited facilities. Visitors can also review a hard copy of the audit reports upon request at each facility.