

# 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:** 05/17/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Christina Kampczyk	<b>Date of Signature:</b> 05/17/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Kampczyk, Christina
<b>Email:</b>	kampaudit2@yahoo.com
<b>Start Date of On-Site Audit:</b>	04/11/2024
<b>End Date of On-Site Audit:</b>	04/12/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Rubidoux Residential Reentry Center
<b>Facility physical address:</b>	3263 Rubidoux Boulevard, Rubidoux, California - 92509
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Bari Caine-Lomberto
<b>Email Address:</b>	bcainelomberto@behavioralsystemssouthwest.com
<b>Telephone Number:</b>	949-492-3574

<b>Facility Director</b>	
<b>Name:</b>	Michael Valenzuela
<b>Email Address:</b>	mvalenzuela@behavioralsystemssouthwest.com
<b>Telephone Number:</b>	951-684-4840

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	34
<b>Average daily population for the past 12 months:</b>	35
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-75
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with</b>	22

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

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

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Bari Caine-Lomberto	<b>Email Address:</b>	bcainelomberto@behavioralsystemssouthwest.com
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

5

- 115.231 - Employee training
- 115.251 - Resident reporting
- 115.273 - Reporting to residents
- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

**Number of standards met:**

36

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-11
2. End date of the onsite portion of the audit:	2024-04-12

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor communicated with Dolman Mental Health to inquire about the MOU and to inquire if any reports were received from inmates or staff at the Rubidoux facility. The Auditor also communicated with Just Detention International (JDI).

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	35
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	42
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>22</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor was provided with a Resident Roster with their housing locations. Residents were randomly chosen for interviews from the roster by age, race, ethnicity, length of time in the facility, housing assignment and gender, as well as their status as a vulnerable resident. The facility is not ethnically diverse; however, the one Arabic resident, White residents and Hispanic residents were interviewed. A total of twelve (12) interviews were conducted using the Random protocol for residents, two (2) disabled interviews, one (1) LGBTQ and one (1) reported previous abuse, one (1) cognitive and one (1) Limited English Proficient.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor was provided with and reviewed the list of the Vulnerable In-House population during the onsite visit. There were no residents listed who were blind or vision impaired on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor was provided with and reviewed the list of the Vulnerable In-House population during the onsite visit. There were no residents listed who were hearing impaired on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor was provided with and reviewed the list of the Vulnerable In-House population during the onsite visit. There were no residents listed who were Transgender or Intersex on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor was provided with and reviewed the list of the Vulnerable In-House population during the onsite visit. There were no residents listed who reported abuse in the Rubidoux RRC on the list and as discussed with the Program Director and the Assistant Program Director.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not have segregated housing units.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>4</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>8</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	1	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no sexual abuse investigations during the past twelve (12) months.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The one sexual harassment investigation conducted during the reporting period did not fall into any of the above listed categories. The investigation was substantiated for inmate-on-staff sexual abuse. This was an administrative investigation conducted by the agency investigator. Law Enforcement took a report of the incident, spoke to involved parties and closed the case with no further action.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-on-site through the post-on-site phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

**a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• PREA Posters and Resources</li> <li>• Employee Handbook (EH)</li> <li>• Organizational Chart</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Program Director (PD)</li> </ul>

- Specialized and Random Staff
- Random and Targeted Residents

The agency's policies are in the FOM (pages 39 and 42) which mandates Zero-Tolerance towards all forms of sexual abuse and sexual harassment. The FOM outlines the facility's approach to preventing, detecting, and responding to such conduct and includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors as outlined in the FOM (pages 24, 42 and 247). This information is provided to the staff upon hire and is also located in the agency's EH (pages 73- 80). All employees are required to read this information and sign and date that they understood their responsibilities and rights regarding the PREA Standard and the agency's Zero-Tolerance Policy. Sexual misconduct by staff against a resident is prohibited by policy. Sexual misconduct, as it relates to residents, is a sexual advance, welcome or not, by a resident, staff member, agent, or volunteer. It is illegal and a violation of the agency's policies. Interviews with specialized and random staff indicated they received this information upon hire. Behavioral System Southwest (BSS) is also mandated by the BOP to adhere to the PREA Standards, and a Zero-Tolerance Policy as found in the SOW contract (pages 23 and 44) with the BOP.

The agency's commitment of ensuring Zero-Tolerance for sexual misconduct in the facility was observed during the on-site audit. This commitment was clearly observed by the posters, flyers, and reporting systems in place for staff and residents. Staff receive information regarding PREA upon hire as well as on-going training of staff during their quarterly in-service training. Residents receive information on the agency's Zero-Tolerance Policies upon intake. This information is followed by a quiz. The residents sign and date that they understand the agency's policies. Volunteers and Contractors are also provided training or information of the agency's Zero-Tolerance Policy as it relates to the duties they perform while at the facility. All visitors receive information regarding the agency's Zero-Tolerance Policy during each visit. They too must sign and date that they have received the PREA information.

The agency's organizational chart, which can be found in the EH, (page 3) and uploaded to the PAQ, indicates the Executive Vice President/Agency Wide PREA Coordinator is upper-level personnel who reports directly to the Agency President/ Chief Operations Officer. The interview with the PC and observations of the facility's PREA philosophy during the on-site audit revealed they have the time and authority to perform her PREA duties.

The BSS Executive Vice President is the agency wide PC and reports directly to Chief Operations Officer (COO), President. The PC works with six (6) BSS Residential Reentry Centers in California and Arizona implementing and guiding the agency's efforts toward PREA compliance. The PC reported they had sufficient time to develop, implement and oversee the agency's efforts to comply with the PREA standards.

	Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Program Director (PD)</li> </ul> <p>Behavioral System Southwest (BSS) does not contract with outside agencies for the confinement of residents as indicated on (page 23) of the SOW. BSS's contracts with the BOP that all residents who are ordered to confinement at a BSS facility are placed there by the BOP. The SOW (page 23) further states that the BSS agency cannot subcontract with other agencies for the confinement of residents. When interviewed, the PC and the PD clearly articulated BSS's contracts with BOP do not allow them to contract with other agencies for the placement of residents.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Statement of Work (SOW)</li> <li>• Staffing Plan</li> <li>• Annual Review</li> </ul>

- BSS PREA Staffing Requirements Form
- Monthly Schedule
- Logbook
- Resident Daily Rosters
- Pre-Audit Questionnaire (PAQ)
- Training logs

**Interviews Conducted:**

- Program Director (PD)
- PREA Coordinator (PC)
- Random and Specialized Staff

For each facility, BSS develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. The staffing plan is reviewed annually by a panel of facility administrators including the PC, PD, APD, and the Security Supervisor. The staffing plan is documented and recommendations for modifications to the staffing plan are implemented as applicable and appropriate. The staffing plan review considers the following:

1. Prevailing Staffing Pattern.
2. Composition and dynamics of the resident population.
3. Incidents of substantiated or unsubstantiated sexual abuse.
4. Additional deployments of video monitoring systems and other monitoring technologies.
5. Additional resources the facility has available to commit to ensure adherence to the staffing plan.
6. Modifications made from the Incident Review Team recommendations.
7. Any other changes made or necessary.

The Rubidoux RRC's staffing plan is based upon the facility's capacity of sixty (60). At the time of the audit, the population was forty-two (42) residents of which nine (9) were female. The average daily population for the past twelve (12) months was thirty-five (35). The PD is required to report to Behavioral System Southwest (BSS) Executive Vice President/PREA Coordinator immediately if there are any deviations to the staffing plan. The Annual Staffing Plan was most recently updated on March 18, 2024, signed by the review team, and uploaded to the PAQ and reviewed by the Auditor. BSS facilities have always maintained a higher staffing standard than what is set by PREA or required by the BOP. When the resident population drops the number of staff on shift does not drop. Additionally, CMs, administrative staff and even the cooks are cross trained to assist with supervision if needed. A review of the staff training logs during the on-site audit indicated that all staff were cross trained as security monitors.

The Rubidoux RRC is a co-ed facility and therefore, per the PREA requirements and

BSS's contract with the BOP, they must always maintain both male and female staff on duty, twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year. There are always at least two (2) security staff (male and female) on duty and each staff conducts 50% of the daily shift duties. Upon scheduling staff time off, the PD is responsible for providing same gender coverage for the staff's planned absences. Should staff call off shift in an unplanned manner such as illness, or family emergency, the same gender staff will stay over four (4) hours and a staff member from the next shift will be called in to work four (4) hours early to cover for that shift. Should the on-duty staff or next shift staff be unable to provide the additional coverage, the PD will contact other same gender staff to ensure proper coverage is provided.

The prevailing staffing patterns are in compliance with the staffing patterns that are submitted to the BOP in the technical proposal submitted during contract negotiations. Any deviations to the technical proposal will be reviewed by the PC to ensure that contract and PREA compliance is maintained. Deviations must be documented in the staff schedule, the daily logbook and entered in the facility's computerized timesheet. When interviewed, the PC and the PD confirmed that PREA issues would be considered when filling positions and developing work rosters/ assignments. There have been no judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard.

The review of the Security Officer's unannounced PREA rounds logs and observations by the Auditor while on-site confirmed that rounds are conducted and documented throughout the facility. Staff are prohibited from alerting other employees regarding unannounced rounds. Interviews with residents and Security Monitors also confirmed that random, unannounced rounds are conducted daily, including nights and weekends. All staff are required to ensure that they are compliant with staff scheduling at all times. This is accomplished via receipt and signed acknowledgement of the EH (pages 72-79) which occurs at time of hire and every quarter thereafter. Additionally, employees are required to sign the BSS PREA Staffing Requirements form which requires them to immediately notify the PD should they arrive on duty and there is no other security staff of the opposite gender and that they will not leave shift until their same gender replacement staff is physically on duty.

Video monitoring technology assists the staff to monitor residents and the facility's daily activities. The facility has cameras carefully mounted in all areas of the facility. A review of the camera placements found there were no blind spots that were not monitored by a video camera. This was verified by the Auditor reviewing the facility diagram/map with camera locations and visually reviewing the camera's physical location during the facility tour. Camera locations were then verified by the Auditor by observing the camera monitors located in the PD's office and then by the Security Monitor's front desk. Every area of the facility (apart from inside the housing units and bathrooms) can be viewed by the staff and PD through the video monitoring System.

	<p>Facility policy provides that the camera system is monitored constantly SOW (page 68), and the provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through interviews with the PD, PC, staff, review of staffing plan and observations. The PD is responsible for ensuring the staffing plan is in adherence. Staff are required to sign in and out of the logbook for each shift, which is verified by the PD. Any such deviations from the staffing plan would be documented and reviewed by the PD as confirmed in their interview.</p> <p>There were no incidents of deviations from the staffing plan during the reporting period.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Training Curriculum</li> <li>• Training Acknowledgement Statement</li> <li>• Training Sign-in Rosters</li> <li>• Resident Grievances</li> <li>• Incident Reports</li> <li>• Prior Audit Reports</li> <li>• Gender Announcements</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Random and Targeted Residents</li> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> </ul> <p>Behavioral System Southwest (BSS) does not permit cross gender strip or cross gender visual body cavity searches of residents. The BSS facilities do not have medical personnel on site and all medical needs are completed at an off-site community medical facility. If a strip search or visual cavity search needs to be done, BSS staff must receive authorization from the BOP and these searches must be conducted by medical personnel agency (SOW 75-76). Staff and resident interviews further indicated the facility does not conduct any kind of strip or body</p>



	<p>cavity search and staff are prohibited from doing so. There were no cross-gender visual strip or visual body cavity searches performed by staff or requested by the facility to be performed by an outside medical facility during this audit cycle or since the inception of the PREA Audits in 2014 as reviewed by prior PREA Audit Reports. The SOW (page 75-76) and the EH (pages 72-79) address the requirements of this standard.</p> <p>All staff are trained in conducting searches of both male and female residents as reviewed in the facility's training logs during the on-site audit. This training occurs at the time of hire and during the facility's annual PREA refresher training. The facility also 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. Staff have the option of using the "wand" (an electronic search tool) that the staff are trained to utilize in lieu of a pat-down search. 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. There were no times in the past twelve (12) months in which a male staff conducted a pat down search on a female resident.</p> <p>When interviewed, staff and residents confirmed that the staff do not perform cross-gender pat down searches and a "wand" is used if needed. Residents further confirmed that a no time have they ever been denied programming because there was not a female staff available to conduct a search. The facility has a "knock and announce" policy and procedures requiring staff of the opposite gender to announce their presence or otherwise notify the residents when entering a resident housing unit. During the on-site audit, the Auditor observed staff conducting rounds throughout the facility and loudly knocking and announcing their presence prior to entering a housing unit of the opposite gender. Signs are posted throughout the facility requiring staff to make this announcement. Resident interviews confirmed that staff members of the opposite gender always knock and announce their presence when entering housing units. Residents reported they are permitted to shower, perform bodily functions, and change clothing privately.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> </ul>

- PREA Pre-Audit Questionnaire (PAQ)
- PREA Postings
- PREA Binder
- PREA Bulleting Board
- Employee Handbook (EH)

**Interviews Conducted:**

- Random Staff
- Case Managers (CM)
- Program Director (PD)
- PREA Coordinator (PC)
- Random and Targeted Residents

The Employee Handbook (pages 72-79) addresses the requirements of this standards in that, *“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/or benefit from all aspects of BSS’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. BSS will ensure that PREA documentation exists in languages other than English. Except under emergent circumstances, the use of offenders as interpreters, readers, or other offender assistants is prohibited.”*

The Rubidoux RRC ensures that residents with any disability will have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The facility provides PREA information in English and six other languages including, Spanish, Korean, Armenian, Russian, and Hebrew. This information was posted to the OAS by the PC and was reviewed during the on-site audit by the Auditor. Staff will ensure residents understand their rights to be free from sexual abuse and sexual harassment and how to report an incident of sexual abuse and sexual harassment per the EH (pages 72-79). CMs stated during their interview that they are required to meet with new residents within twenty-four (24) hours of intake. They are responsible for ensuring the resident receives and understands the PREA information provided during the intake process.

Agency policy prohibits use of 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 or the investigation of the resident’s allegations. Translation services are available through a contracted language service for residents who are not English proficient, and the facility has some staff who are proficient in languages other than English. Interviews with staff confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions. Interviews with staff further indicated that they would document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The interview with a non-English

	<p>proficient resident confirmed the availability and use of the staff and telephonic interpretive services.</p> <p>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.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Federal Operations Manual (FOM)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p>The BOP provides guidelines and mandates to Behavioral System Southwest (BSS) regarding hiring and promotion decisions of employees. When BSS has determined a potential employee is appropriate for employment, their information will be sent to BOP who will conduct the background and provide clearance information to the facility. This information was described in the EH (pages 73-79) and the SOW (pages 16-17). The RRM, PD and PC confirmed this information when interviewed and records located in the employee files also confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and at the time of the agency's five (5)-year contract renewal SOW (pages 16-17) in addition to every, five (5) years into the ten (10)-year contract. Employees may not begin working until all background clearances have been completed and the RRM has sent notice of approval to BSS. Background checks consist of a review of the following:</p>

- Civil Application System (CAS)
- National Crime Information Center (NCIC)
- Local Law Enforcement Data Base
- Prior Employment and Personal References

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 per the 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. This information was verified during a review of staff files and interviews with the PD and PC. 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). During a review of the staff files, the Auditor reviewed this information. The employee then signs and dates the affirmation.

Any omissions or false information provided during the pre-employment process would bar the person from employment. If there are any omissions or false information provided during a promotional background check/recurring background check, the employee may be subject to immediate termination. This information was confirmed during interviews with the PD and the PC and is also listed in the SOW (page 17). When interviewed, the PC stated BSS does not have the same legal standing as law enforcement or detention facilities where an employee can sign a waiver for information. BSS is only permitted to provide dates of employment and position if there is an inquiry about a prior employee's employment history. However, if law enforcement or corrections provides a signed waiver from the past employee, then the records would be released.

The Rubidoux RRC did not have any volunteers during this auditing period. All volunteers and contractors are subject to the same PREA education, background, and security clearances as employees. This information can be found in the FOM (page 37). A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the five (5)-year requirement.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents Reviewed:**

- Pre-Audit Questionnaire (PAQ)
- Facility Diagram/Map with Camera Locations

**Interviews Conducted:**

- PREA Coordinator (PC)
- Program Director (PD)

The Rubidoux RRC has not undergone any substantial expansion or modification of the existing facility as stated per the PD and the PC and PAQ response. The PD and the PC stated during their interviews that should the agency design or acquire any new facilities or plan any substantial expansion or modification of the existing facilities, the agency will consider the effect of the design, acquisition, expansion, and modification upon the facility’s ability to protect eh residents for sexual abuse.

During the on-site tour of the facility, the twenty-six (26) cameras, and their locations, (interior and exterior) were compared with the facility schematics. The facility recently replaced and upgraded the hard drive of the video monitoring system. Per discussion with the PD, the upgraded hard drive holds video footage for thirty (30) days and provides an enhanced picture/video quality. There were no cameras located in any of the living areas or restrooms. One video monitor is in the security office and one in the PD’s office. Security staff present in the security office were observed periodically watching activity on the monitors while engaged in the course of their duties. The system has recording capability. All cameras and monitors were functioning and appeared to have no issues.

Per the PD, there is always at least one (1) security staff in the security office always monitoring the cameras. The PD, the APD, and the lead security staff are responsible for randomly reviewing the video/audio footage or if there was a reported issue or concern. If there were an allegation of a PREA incident or any other incident, they would be able to go back and review the footage. The PD and the PC stated during interviews they routinely consider how camera technology may enhance the agency’s ability to protect residents from sexual abuse. All cameras and monitors were functioning and appeared to have no issues at the time of the on-site audit.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Documents Reviewed:**

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

**Interviews Conducted:**

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

Behavioral Systems Southwest is only responsible for conducting administrative sexual abuse investigations. The Riverside Police Department and/or the BOP would be responsible for conducting criminal investigations. Per the EH (pages 72-79) *“BSS investigators are trained in administrative investigations and will protect the scene of a sexual abuse incident and protect all electronic monitoring data until local law enforcement arrives or requests the information. This includes but is not limited to collecting evidence, as well as assisting in the transport of the victim to a safe/sane location for a forensic examination.”*

The EH further states that all allegations of sexual abuse or sexual harassment are reported to the BOP for investigations. If the incident is criminal in nature, local law enforcement will be contacted, respond to the facility, and would follow the uniform evidence protocol. 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 their duties as a first responder, to seal off the potential crime scene area and to request the alleged victim and perpetrator not to take any action that could destroy the potential physical evidence. Staff were clear on these requirements as reflected during their interviews.

Once BOP and/or law enforcement have completed their investigation, the victim will be informed of the outcome. BSS maintains records regarding the status of the investigation to the completion of the investigation. Staff training records indicated that staff had received training regarding the collection of physical evidence and were given quizzes at the end of the class to show their proficiency in what they had learned. The EH (page which clearly states that staff are not to collect physical evidence.

The Rubidoux RRC does not house residents under the age of eighteen (18) and they do not conduct criminal or administrative investigations.

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. 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 (SAFE). This information will be documented. The RUHSMCSAC provides the following services to victims of sexual abuse:

- 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 are performed at the request of law enforcement.

RUHSMCSAC’s website also states that victims are intitled to a forensic examination for sexual assault without completing a report with law enforcement and they follow the federal Violence Against Women Act (VAWA). 24 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 continued 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. There were no forensic medical exams conducted or performed by a SAFE/SANE or other qualified medical practitioner on any Rubidoux resident during the reporting period.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>
	<ul style="list-style-type: none"> <li>• Statement of Work (SOW)</li> </ul>

- Employee Handbook (EH)
- Pre-Audit Questionnaire (PAQ)
- BSS Website
- Employee Standards of Conduct
- Staff Training and Meeting Minutes
- PREA Tests

**Interviews:**

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

The Rubidoux RRC 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 (pages 72-79), *“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.”* The Riverside Police Department and or the BOP would be responsible for criminal investigations and BSS investigators would be responsible for the administrative investigation of sexual abuse or sexual harassment incidents. For any incident, the BOP RRM would be immediately notified. Any notification to the BOP and/or Law Enforcement requesting a criminal investigation would be documented by the facility. In the past 12 months, there have been:

- Two allegations of sexual harassment were received.
- Zero allegations of sexual abuse were received.
- Two allegations resulting in an administrative investigation were received.
- Zero allegations were referred for criminal investigation.

The Auditor reviewed the one (1) administrative investigation files into the sexual abuse allegation. The investigation was completed during the reporting period.

The BSS website was reviewed for published policies regarding investigations. The last tab on the website (Newsletters) states "BSS does not conduct criminal investigations. 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 the criminal investigation." BSS trained investigators will conduct the administrative investigation.

As contained in the SOW (page 21) states, “The contractor will not conduct an



	<p>investigation of any misconduct allegation without the Contracting Officers Technical Representative (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." The SOW further states "In the event of any misconduct involving criminal behavior appropriate law enforcement agencies should be notified immediately with notification to the BOP as soon as possible after the incident."</p> <p>The FOM (pages 249-250) states "<i>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 the investigation. A Serious Incident Report will be written. BSS upper management shall be notified whenever a serious incident occurs and be furnished with written documentation, as appropriate.</i>" The FOM further states "<i>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.</i>"</p> <p>The PD, PC and random staff were interviewed and provided clear responses on steps they would take to ensure allegations are referred to the appropriate entity for investigation.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>MEETS</b> this standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Personnel Files</li> <li>• Master PREA Training Calendar</li> <li>• PREA PowerPoint</li> <li>• Training PREA Training Acknowledgement</li> </ul>

- PREA Quiz and Answer Sheet
- Behavioral System Southwest (BSS) Employee Standards of Conduct
- Behavioral System Southwest (BSS) Zero-Tolerance Policy
- PREA Training Outlines
- Federal Operations Manual (FOM)
- Staff Training Attendance Logs (Sign-in Sheets)

**Interviews Conducted:**

- Specialized and random staff interviews
- Program Director (PD)
- PREA Coordinator (PC)

Rubidoux RRC staff receive comprehensive PREA training immediately upon hire and during annual refresher training. Additionally, all staff receive quarterly PREA training on specific PREA related topics and PREA is also discussed during monthly staff meetings. A review of the agency-wide training curriculum, various training outlines, training rosters, PowerPoints, and staff interviews demonstrate PREA-related training is conducted regularly, and staff are retaining the information. A review of the training curriculum addressed all the required topics required in this standard. These training topics include:

- The agency's Zero-Tolerance Policy
- How to fulfill their responsibilities in preventing, detection, reporting and response to sexual abuse
- Residents right to be free from sexual abuse
- Residents right to be free from retaliation for reporting sexual abuse
- The dynamics of sexual abuse in confinement
- The common reactions of sexual abuse victims
- How to detect and responds to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with all residents including LGBTI residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

The Auditor interviewed a total of twelve (12) staff including graveyard staff and a cook. Each staff member could articulate the elements described above. During the on-site audit, the Auditor reviewed the facility's staff training binder containing the PREA training rosters, curriculum, and quizzes for the last year. Twelve (12) employee personnel files were reviewed, and each contained the following signed documents as verification of staff receiving and understanding the PREA training; the PREA Acknowledgement, the BSS Zero-Tolerance Policy, the Expectation policy, the BSS Employee Standards of Conduct, the BSS EH, and the PREA quizzes.

	<p>The Auditor reviewed various PREA training outlines and the PREA PowerPoint. Training is tailored to the genders housed at the facility which houses both males and females as well as LGBTQ residents. The eighteen (18) slide PowerPoint presentation covers the ten (10) elements of substandard (a) as listed above. PREA policies and procedures including the mandatory reporting to Adult Protective Services. Staff PREA quizzes were reviewed, and staff responses clearly showed their understanding of the reporting requirements and the agency's PREA policies and procedures. The PD reported everyone gets the exact same training regardless of working with male or female residents in the agency. All training is documented on multiple forms which includes the attendance rosters, quizzes, and staff signed acknowledgements constituting their understanding of the materials. The facility has not had volunteers during this reporting period; however, volunteers and contractors would receive the same training per the PD.</p> <p>Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility <b>EXCEEDS</b> this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> </ul> <p>The EH provides policy/procedure regarding this standard. Volunteers and contractors receive the same PREA training as staff and training would be documented through signatures on PREA training documents and in training logs. The EH (page 72-29) states, <i>“Volunteers and paraprofessionals are included at the in-service training programs when staffing permits. Their training and orientation should be the same regarding access to policies and procedures.”</i> The EH (pages 72-79) further states all volunteers and contractors who have contact with offenders will receive sexual abuse and sexual harassment training. This training includes immediately reporting any incident to their immediate supervisor upon discovery. Refresher training is also provided to volunteers and contractors annually thereafter. The facility would maintain documentation of volunteer and contractor training as they would of an employee. According to the PAQ and the PD, there were no volunteers or contractors working at the facility during this reporting period.</p>

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

**115.233 Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents Reviewed:**

- PREA video
- PREA Resident Brochure
- PREA Quizzes
- Acknowledgement Statements
- Resident PREA Handouts
- PREA Boards

**Interviews Conducted:**

- Random Residents
- Employment Placement Specialist (EPS)
- Intake Staff
- Case Managers (CM)

Residents of the Rubidoux RRC receive information at time of intake about the Zero-Tolerance Policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. When residents first arrive at the facility, they are handed the PREA Brochure which talks about the agency's Zero-Tolerance Policy against sexual abuse and how residents can report abuse.

Residents will usually meet with their CM on the same day, but no later than twenty-four (24) hours after their arrival. Their CM will provide them with information on where they can find the PREA boards, how to contact outside agencies to report sexual abuse, and how to receive services in the community.

Residents receive PREA education during the Transitional Skills Class which is facilitated by the Employment Placement Specialist (EPS). All residents are required to attend the Transitional Skills Class soon after entering the facility and before they are allowed to go off site. If the resident transferred from another facility, they are still required to attend the Transitional Skills Class. The EPS clearly explains the PREA information and then has them watch the PREA video. If there is a Spanish speaking resident in class, the EPS will ensure a staff who speaks Spanish assists in providing the information to the resident. If there is a resident who speaks another

language, the PREA information will be offered in their language. If needed, the interpretation line can be accessed to assist in translation of the materials for the resident. After residents complete the transition skills class, they are required to complete a PREA quiz, and then they receive a certificate of completion. Residents are required to sign the Resident PREA Acknowledgement form, the Resident Handout, the PREA Reporting Methods and the PREA Brochure which are maintained in their file. Twelve (12) resident files were reviewed by the Auditor which contained all of these documents.

During the resident interviews, they were asked where they could report an incident of abuse outside of the facility. All residents knew where they could find the information if they needed it and stated, *“on the PREA board.”* Residents are also provided with a copy of the PREA Reporting Methods which clearly describes where and how they can file a complaint. The Auditor observed PREA information posted throughout the facility during the audit tour including, the housing units, the multipurpose room and in the administration building. There are dedicated bulletin boards that were observed, aka the *“PREA board,”* which contains; the Zero-Tolerance Policy, contact numbers for the Third-Party Notification, the PC and victim advocacy contact information, PREA Brochures, PREA posters, and the resident handout in seven (7) other languages. This information is continuously and readily available to all the residents at the facility.

Provisions are made to assist those residents with disabilities or those not proficient in English to ensure their understanding of PREA. Staff interpreters and telephonic translation services are available to residents who are not proficient in English or are otherwise unable to communicate (deaf, blind, mentally impaired, etc.).

- There were two hundred twenty-one (221) residents who received PREA information at the time of intake during the past twelve (12) months.
- There were ten (10) residents transferred from a different community confinement facility during the past twelve (12) months.
- There were ten (10) residents transferred from a different community confinement facility, during the past 12 months, who received refresher information.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

- Employee Handbook (EH)

**Interviews Conducted:**

- Random and Specialized Staff
- Program Director (PD)
- PREA Coordinator (PC)
- Residential Re-entry Manager (RRM)

Four (4) employees, including the PC, have been trained to conduct administrative PREA investigations, during the reporting period, and since the last PREA Audit. BSS policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The Sexual Abuse Training is provided to employees with an approved curriculum through the National Institute of Crime (NIC.) This specialized training includes the following:

- Techniques for interviewing sex abuse victims
- Proper use of Miranda and Garity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The Auditor was provided with and reviewed information on the curriculum used to train employees in administrative investigations as well as the Certificates of Completion which are maintained in the employee files.

The Auditor was provided with information on the curriculum used to train employees on administrative investigations. The Auditor interviewed one administrative investigator during the on-site audit. The investigator discussed the process when an allegation involves a BSS staff member, the PC will take the lead in the investigation and immediately notify the BOP and local law enforcement if the allegations appear to be a criminal matter. Policy states *“Should the investigation indicate a crime has been committed, the matter will be referred to local law enforcement for investigation.”* The administrative investigation will resume after the criminal investigation in order to determine whether staff actions or failures to act contributed to the abuse.

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

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• PREA Boards</li> <li>• PREA Brochures</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> <li>• Case Managers (CM)</li> </ul> <p>The Rubidoux RRC does not employ or contract with medical or mental health care practitioners at the facility. As such, residents are referred to community-based resources where they receive services for sexual abuse and sexual harassment counseling. Policy states <i>“the victim will be referred to a Rape Crisis Counseling agency in the community near the facility to receive crisis counseling, free of charge to the victim, as well as other emotional support services.”</i> All forensic exams will 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 Partners Against Violence. This information is posted on bulletin boards in the facility. Interviews conducted with CMs, the PD and random staff confirm that medical or mental health services to address sexual abuse or sexual harassment are provided in the community.</p> <p>The facility does not employ medical or mental health care practitioners; thus, they do not provide any type of training to these outside providers. The PREA boards, and the PREA Brochures provide contact information and telephone numbers to resources in the community where residents can access these resources. When interviewed, the residents were able to articulate where this information was located throughout the facility to include toll free phone numbers and addresses. The PC and the PD stated during interviews that all residents who need mental health care or medical services receive these services in the community.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> is standard.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

- Pre-Audit Questionnaire (PAQ)
- Employee Handbook (EH)
- Medical Intake Form
- Risk Assessment Screening Tools
- Resident Files
- Staff Training/Meeting Records

**Interviews Conducted:**

- PREA Coordinator (PC)
- Program Director (PD)
- Assistant Program Director (APD)
- Employment Placement Specialist (EPS)
- Case Managers (CM)
- Random and Target Residents

Behavioral Systems Southwest has a policy that requires screening for risk of sexual victimization or sexual abusiveness toward other residents upon intake. Policy requires the assessment be completed with an objective screening instrument. This policy is described in the EH (pages 72-79). The policy also requires the same screening of a resident occurs if they are transferred from another facility. There were two hundred twenty-one (221) residents admitted to the facility within the last twelve (12) months who were assessed for risk of sexual victimization or sexual abusiveness. As stated in policy, *“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.”* This action is also taken to determine the offenders’ suitability for placement, to ensure the safety of all offenders and staff.

Prior to a resident entering the program, the facility receives information regarding the resident’s background from the referring agency which provides additional information to be considered during the risk assessment process. The risk assessments are conducted on the same day of intake by a security staff member who is the same gender as the resident. During the screening process residents are asked a set of questions from both the Sexual Victimization Assessment tool and the Sexual Abusiveness tool. These assessment tools obtain the following information:

- Mental, physical, and developmental disabilities
- The age of the resident
- The physical build of 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

The screener scores each question as a "yes" or "no" based upon the resident's answer, through direct observation, and through information obtained in the resident's file. The answers to these questions are then scored with a scoring sheet to provide a range of Low, Medium, or High score for risk of victimization or abusiveness. Should a history of sexual predation or victimization be noted through the assessment process, staff will immediately notify the PD. Residents will meet with a CM the same day as intake or the following day. The CM will collect information from the resident to complete the Medical Intake Form. Elements of the form include abuse victim history, mental health history, and provides additional information when the risk screening assessments are completed. If the resident reports past victimization, the PD would also be notified.

The agency prohibits staff from disciplining residents for refusing to answer questions or for not disclosing complete information. Residents will be reassessed between day ten (10) and day thirty (30) upon arrival at the facility. Reassessments are completed by the CMs. Policy states *"Should a request for reassessment or an incident of sexual abuse or receipt of additional information is garnered that bears on the resident's risk of sexual victimization or abusiveness, a resident's risk level will be reassessed."* Security staff and CMs clearly described the timelines required for the assessments and the reassessments and the circumstances which would warrant a subsequent assessment.

There were one hundred ninety-seven (197) residents who entered the facility (either through intake or transfer) within the last twelve (12) months (whose length of stay in the facility was for thirty (30) days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within thirty (30) days after their arrival at the facility, based upon any additional, relevant information received since time of intake. Only those who have a need to know the information contained in the assessments will have access to these documents. Once the assessments are completed, they are filed in the resident's file and stored in locked cabinets in an office located in the administrative building.

Residents who were interviewed recalled being asked a series of questions regarding their feelings of safety and history of abuse or victimization upon their arrival at the facility. During file review, the risk assessments were reviewed by the Auditor of twelve (12) residents were reviewed. The assessments and reassessments were completed within the required timeframes both within BSS policy and the requirements of this standard.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 635 376"><b>Documents Reviewed:</b></p> <ul data-bbox="354 443 919 685" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Medical Intake Form</li> <li>• Resident Risk Screening Assessments</li> <li>• Housing Determinations Spreadsheet</li> <li>• Statement of Work (SOW)</li> </ul> <p data-bbox="280 725 638 761"><b>Interviews Conducted:</b></p> <ul data-bbox="354 828 855 1070" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• Case Managers (CM)</li> <li>• Random Staff</li> <li>• Random and Targeted Residents</li> </ul> <p data-bbox="280 1111 1474 1899">Per agency policy, the facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The EH (pages 72-79), states <i>“Should an offender be assessed to have a probability of becoming a victim of sexual abuse, BSS will utilize that information to ensure safe housing, work, and program assignments. If it is determined that transferring an 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 and facilitate an immediate transfer request.”</i> The SOW (page 44) states <i>“Residents will be further screened for risk of victimization and abusiveness in accordance with PREA requirements. If after screening the resident is determined to be at risk of victimization or abusiveness, the RRM must be contacted to refer the resident for Community Treatment Services.”</i> These policies along with the assessment process help to ensure those residents at high risk of being sexually victimized are kept separate from those at high risk of being sexually abusive. The EH states <i>“should a history of sexual predation be noted, staff will immediately notify the Program Director. This action is taken to determine the offender’s suitability for placement, to ensure the safety of all residents and offenders.”</i></p> <p data-bbox="280 1939 1474 2056">Security staff completes the initial risk assessments with the new resident in a private room and then forwards the paperwork to the CM. The CM will meet with the resident the same day, but no later than twenty-four (24) hours of the resident’s</p>

intake. At this meeting, the CM will review the Risk Assessment scores and go over the PREA Intake paperwork. Scores are given with a low-risk, medium-risk or high-risk score for victimization or abusiveness. The resident's risk scores are documented and tracked on the Housing Determination spreadsheet. The CM will notify the PD if the resident receives a high-risk score. The PD, in turn will notify the RRM to discuss if the resident is suitable for the Rubidoux facility based on the physical plant layout of the facility, the resident make-up at the facility, and any concerns there may be for all resident's safety. A Medium score would require a discussion at the agency-level with the Program Review Team (PRT) to address concerns of safety for all residents and any community resources available to address such concerns. If needed the facility can transfer a resident to another facility that would be more suitable to house the resident.

The facility makes individualized determinations about how to ensure the safety of each resident by utilizing Risk Assessments. The BOP provides referral information on a new resident, weeks prior to their arrival and as such, the facility makes a loose determination on where they will house that resident upon arrival. In deciding whether where to house a transgender or intersex resident, the facility will consider on a case-by-case basis whether the placement would ensure the resident's health and safety, or whether the placement would present management or security problems. The EH (pages 72-79) prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing or making other assignments solely based on how the residents identify or their status. Furthermore, a transgender or intersex resident's own view with respect to their own safety is given serious consideration prior to placement in the facility. Transgender or intersex residents are given the opportunity to shower separately from other residents. The Auditor was informed by the PD and the APD, that a transgender or intersex resident can request to use the shower in the urinalysis bathroom located in the main building of the facility.

Interviews with the CMs, PD and the APD indicates that housing and program assignments for residents, including transgender or intersex residents are made on a case-by-case basis. CMs stated any high-risk scores attained during the risk assessments, require immediate notification to the PD. Interviews with residents show that their own view of their safety in the facility is given consideration and that staff asked them if they felt they would be safe in the facility.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Documents Reviewed:

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Employee Handbook (EH)
- Request for Administrative Remedy Form
- PREA Incident Report Form
- Request to Director Form
- Third Party Memorandum of Understanding (MOU)
- Resident Handout
- PREA Brochure
- PREA Board Postings
- PREA Reporting Methods (Flow Chart)
- Training Logs
- Resident Files

Interviews Conducted:

- Program Director (PD)
- Employment Placement Specialist (EPS)
- Random Staff
- Case Managers (CM)
- Random and Targeted Residents

The Rubidoux RRC has established procedures allowing for multiple internal ways for residents to report privately to facility staff and agency leadership about sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Internal reporting methods include contacting the PC or by reporting directly to the PD, or any staff they feel comfortable with. Residents are provided with a PREA Brochure at the time of intake which includes information and telephone numbers in which to make a report. Residents can also submit a Request for Director form by completing it with their reporting information or they can complete a PREA Incident Report form. These forms can be confidentially placed in the locked grievance box. Residents are provided with access to free writing materials, envelopes, and stamps. Internal reports can be made verbally, in writing, through email, or anonymously. All reports received by staff (internally), through any of the methods described above, will be immediately documented by staff per agency policy.

The EH (pages 72-79) states *“staff shall 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 twenty-four (24) hours and provide a report to the PREA Coordinator and or PREA Manager at the facility.”* All PDs have private offices and will provide their office for a staff or resident to report an incident. Furthermore, reporting of abuse can be accomplished confidentially via a sealed note or letter that is provided to the PD.

At the time of intake, residents are provided with a copy of the PREA Reporting

Methods flow chart which states *“during a pass in the community or while on grounds, you can: send an email, leave a voicemail for anyone you wish to report an incident to, leave a written note under staffs’ door, send a text message to anyone you wish to report an incident to, make a phone call to anyone you wish to report an incident to. Any report can be anonymous. You can privately report an incident during visitation, while out on job search, while out on a pass, while out at religious services, while out on itinerary, as well. You can always call 9-1-1 from any phone while you are in or out of the facility.”* Residents are also provided with the Resident Handout which is translated in multiple languages. Residents are explained this information by security staff and are required to sign the form acknowledging their understanding.

The facility provides multiple methods for a resident to make a report external to the facility that is not part of Behavioral Systems Southwest. These methods include reporting to a family member or a friend, to the Bureau of Prisons (BOP), their Probation Officer, the Riverside Police Department, a social worker, or counselor, through the third-party reporter Dolan Mental Health, or anyone they feel comfortable with outside of the facility. Telephone numbers and addresses to these community-based resources are listed on the PREA Boards and in the multiple handouts provided to the residents at the time of intake.

Residents have cell phones and can make a call at any time. A payphone is in the multipurpose room for residents who are in the process of obtaining a cell phone, or they can request to make a private call on the facility phone. Additionally, residents can privately make a sexual abuse report to family, friends, and outside agencies when they are on a community pass. The resident can also send a complaint directly to the BOP without going through the facility mail. Residents have access to computers at the facility and can send a complaint by e-mail or file a complaint through the Request for Administrative Remedy Program to the BOP.

The Auditor observed PREA reporting information on large bulletin boards located in the multipurpose room and the dining room of the Rubidoux RRC during the facility tour. The PREA boards contain outside reporting agencies’ addresses and telephone numbers. The outside reporting agencies also have websites and email addresses.

Residents are required to participate in Transitional Skills Classes during their first two (2) weeks at the facility. These classes are conducted by the EPS and include extensive information on PREA. Residents are required to watch a PREA video and there is an in-depth discussion on how a resident can report abuse inside the facility and outside the facility and where they can find information on how to access community resources to make a report outside of the facility. The EPS show the residents during the Transitional Skills Class, where the PREA boards are located explaining the information contained on the boards. The EPS maintains a binder complete with the PREA curriculum and class rosters.

During interviews with security staff, they were able to describe the multiple ways in which a resident or staff could make a private report of abuse. When interviewed, staff and residents were able to explain the reporting process for allegations of

	<p>sexual abuse or sexual harassment. Staff can make a private report regarding resident abuse by requesting to speak privately with the PD or APD, by emailing them, or by calling them. Staff can also make a private report by contacting the PC who is not located at the facility. As reported in the PAQ, staff can also make a private report directly to Adult Protective Services</p> <p>Resident and staff files, training logs, rosters and training curriculum were reviewed during the on-site audit. Each file contained signed acknowledgements by staff and residents indicating their understanding of the numerous internal and external methods of reporting sexual abuse and sexual harassment.</p> <p>Based upon the review of agency policies and procedures, PREA documentation, and interviews, the Auditor has determined the facility <b>EXCEEDS</b> this standard.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• Request for Administrative Remedy Program</li> <li>• Request to Director Form</li> <li>• Resident Handbook</li> <li>• PREA Posters with reporting information</li> <li>• Grievance Form</li> <li>• BP9 Form</li> <li>• BP10 Form</li> <li>• Rubidoux RRC Rules and Regulations</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• PREA Coordinator (PC)</li> <li>• Random Staff</li> <li>• Random Residents</li> </ul> <p>Residents Behavioral System Southwest (BSS) has an administrative process for dealing with resident grievances regarding sexual abuse. This procedure is described in the EH (pages 72-79) and states <i>“any offender may file a grievance following BOP (BP9) procedures in regard to sexual abuse/sexual harassment. The</i></p>

*offender may send the grievance directly to the RRM office or the Parole Agent/ Program Manager's office without going through the facility mail.*" Administrative remedies regarding allegations of sexual abuse may be filed at any time regardless of when the incident is alleged to have occurred. Residents are not required to attempt an informal resolution regarding sexual abuse allegations.

If a resident uses the grievance process for a PREA-related incident, staff immediately submits the grievance to the PD who will contact the BOP for investigation. The SOW (page 85) states *"the grievance procedures shall be posted in a location accessible to all residents. The contractor will comply with P.S. 1330, Administrative Remedy Program. Staff must be familiar with this policy prior to working with federal residents and provide the required forms for residents to file grievances."* As stated above, policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Residents at the Rubidoux RRC can file a grievance at any time. The forms to file a grievance, including the grievance procedures, are in the main building, as observed by the Auditor, and are always accessible to residents.

In the past 12 months, there were no grievances filed by residents that alleged sexual abuse.

The Rubidoux RRC Rules and Regulations state *"Residents may express their suggestions, comments, and grievances regarding any RRC program. The purpose of this policy is to ensure that resident concerns are addressed and assists staff in their efforts to provide the best services possible. You may address these matters directly to staff or you may obtain a Grievance Form, which is available upon request in the forms rack outside the PD Office. Formal Grievances will be responded to in writing within 10 working days of receipt."* The policy further states that residents are encouraged to first give RRC staff an opportunity to resolve the issue.

The Residential Re-Entry Manager's (RRM) office number is posted on the PREA information boards thus allowing offenders to make telephone contact with the RRM office, privately. The agency responding to the grievance is mandated to provide a response within thirty (30) days of receipt of the grievance. Should an extension be needed beyond agency defined time frames, a written notification will be made to the offenders. Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, the grievance will not be referred to a staff member who is the subject of the complaint.

The BOP will issue a final decision of a grievance alleging sexual abuse within ninety (90) days. An extension of time to respond can be requested for up to seventy (70) 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 requests for administrative remedies relating to allegations of sexual abuse by family members, attorneys, or others on behalf of residents, will be

accepted as confirmed by the PD and APD during interviews. The facility requires as a condition of processing the request that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to 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. The facility provides PREA Brochures to all visitors of the facility, which includes family members, attorneys or outside advocates which includes third-party reporting information.

The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving the emergency grievance alleging a resident is at substantial risk, the PD will immediately forward the grievance to the BOP in which immediate corrective action will be taken. An initial response will be provided within forty-eight (48) hours and the agency will issue the final decision within five (5) calendar days.

This initial response and the final decision will document the determination whether the resident is at substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility will 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, the PC and PD were able to explain this process. A review of all grievances submitted, indicate there were no grievances regarding sexual abuse or sexual harassment submitted during this reporting period.

Based upon the review of agency policies and procedures, all PREA documentation, and interviews, the Auditor has determined the facility **MEETS** this standard.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Rules and Regulations</li> <li>• PREA Board Postings</li> <li>• Riverside University Medical Health System Website</li> <li>• Dolan Mental Health MOU</li> </ul> <p><b>Interviews:</b></p>



- Program Director (PD)
- PREA Coordinator (PC)
- Random and Specialized Staff
- Random Residents

Sexual abuse advocacy or other professional services are available to alleged victims and perpetrators of sexual abuse within the community. As reported in the PAQ, the facility provides residents with access to outside victim advocacy for emotional support and resource services through the Riverside Area Rape Crisis Center, Riverside University Medical Health System, and Dolan Mental Health Services. Residents can access these agencies by using their cell phones, the payphones within the Rubidoux facility, or by writing a letter. Upon intake, residents are provided information regarding services they can receive if they have been the victim or perpetrator of a sexual abuse or sexual harassment incident. There are three (3) PREA Boards within the facility where the residents gather. These PREA Boards contain the telephone numbers, mailing addresses, emails, and information regarding the services they provide. All calls are free and confidential. Residents can call these agencies twenty-four (24)-hours day, seven (7) days per week. 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.

Within twenty-four (24) hours of intake, the CM review the resident’s PREA packet with the resident and explains in detail the services available and how to access these services. Within seventy-two (72) hours, the residents meet with the EPS who provides eight (8) hours of training regarding PREA and the PREA resource. 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 on-site audit. Interviews with the facility employees and residents during the on-site audit confirmed that residents were provided this information and understood how to obtain assistance if needed.

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

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b>

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Facility Postings
- Dolan Mental Health Memorandum of Understanding (MOU)
- PREA Brochure

**Interviews:**

- Assistant Program Director (APD)
- Program Director (PD)
- PREA Coordinator (PC)
- Random and Specialized Staff
- Random Residents
- Dolan Mental Health Services
- Residential Re-Entry Manager (RRM)

Rubidoux RRC has an established MOU 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 established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline and callers may remain anonymous. Posters containing this information are posted throughout the facility on the PREA Boards in areas where residents and visitors have access and are published in English, Spanish, Hebrew, Korean, Armenian, and Russian. The PREA Brochures also contain third-party reporting information and are available throughout the facility. This information is available for staff to privately report sexual abuse. Interviews with residents and staff confirmed they are aware they can have a family member or friend make a report of sexual abuse, sexual harassment, or retaliation on their behalf through third-party reporting.

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 access this information through the agency website and 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 PC 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 when they visit a resident. The Director at Dolan Mental Health confirmed the MOU. If Dolan Mental Health received a report that a PREA incident occurred, 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 the appropriate services based on the incident. Per the RRM, there were no such incidents at the Rubidoux RRC facility in which a third-party report was received. This information was reviewed and confirmed by the Auditor during interviews with residents, staff, and Dolan Mental Health.

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

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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• Resident Handout</li> <li>• PREA Board</li> <li>• Reporting Suspected Abuse of Dependent Adults and Elders Training Records</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Random and Specialized Staff</li> </ul> <p>The EH (pages 77-78) establishes the requirement for all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities contributing to an incident that occurred at a facility. Interviews with staff confirmed a clear knowledge of their duty to immediately report such incidents. Staff participate in annual refresher trainings that reviews the staff’s responsibility for reporting sexual abuse and sexual harassment. A review of staff files and interviews with staff confirmed staff is understanding of this requirement. The EH directs all staff to always maintain confidentiality and professionalism. The identity of an alleged victim of sexual abuse is confidential information. The sharing of sensitive information is limited to those staff who have a need to know. Staff must limit the release of information in an effort to protect victims of sexual abuse. Staff interviews confirmed release of this information outside of official need is a violation of the employee standards of conduct and agency policy.</p> <p>BSS requires all staff, to include contractors and volunteers to immediately report incidents and allegations as identified in the standard EH (pages 73-74). Staff, contractors, and volunteers are required to report to their immediate supervisor or the PD who will in turn report to the BOP as identified in the SOW (page 22). There were no contractors or volunteers hired during this reporting period. 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</p>

	<p>abuse.</p> <p>According to the State of California’s Mandated Reporting Laws, requires notification to the State’s Adult Protective Services (APS) in the event of a sexual abuse incident of those who are vulnerable adults. During this reporting period, there have been no incidents of sexual abuse. When interviewed, staff were able to clearly articulate that an incident of sexual abuse would be reported to APS by filling out the “<i>Report of Suspected Dependent Adult/Elder Abuse</i>” form number SOC 341 and calling APS to file a verbal report. A review of the staff’s training records found that staff were trained in these reporting requirements prior to working with the residents and receive ongoing training throughout the year.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Resident Handout (EH)</li> <li>• BSS PREA training PowerPoint</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Investigator (PI)</li> <li>• PREA Coordinator (PC)</li> <li>• Residential Re-entry Manager (RRM)</li> <li>• Random Staff</li> <li>• Case Managers (CM)</li> </ul> <p>When interviewed, all Rubidoux RRC employees stated when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the resident. The EH, (pages 77-78) states all allegations of sexual abuse or sexual harassment will be reported to a supervisor, PD or the PC who will notify the RRM, and the PI will begin an investigation. The BSS PIs handle administrative investigations and the BOP and/or local law enforcement investigates all criminal matters. Should an administrative investigation find that a</p>

	<p>crime has been committed, the administrative investigation will stop and turned over to the BOP and local law enforcement. 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 PC stated all allegations are taken seriously and handled with an immediate response but no later than seventy-two (72) hours from receiving the allegation. All allegations would be documented via an incident report which would be sent to the RRM. During the last twelve (12) months, there was one (1) substantiated allegation of resident-on-staff sexual harassment and one (1) unfounded allegation of resident-on-resident sexual harassment. There were no allegations of sexual abuse during this reporting period.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> <li>• Random Staff</li> <li>• Residential Re-Entry Manager (RRM)</li> </ul> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the PD would immediately notify the PC and the BOP. The EH, (pages 77-78) states that all allegations of sexual abuse or sexual harassment will be reported to a Supervisor, PD or the PC who will notify the RRM so they may begin an investigation. The RRM handles all reports of allegations of sexual misconduct for all BSS's California residential re-entry centers that are contracted with BOP, regardless of where the incident occurred. This is also stated in the SOW (page 23).</p> <p>Interviews with staff confirmed they will take whatever action is required to ensure</p>

	<p>the safety of the resident and will consult with the PD to determine the next steps if necessary. An interview with the PC and RRM further confirms that any necessary action will be taken to ensure the safety of a resident once the facility/agency becomes aware. The PC confirmed that in the prior twelve (12) months, the facility has not determined that a resident was subject to a substantial risk of imminent sexual abuse. The Auditor's review of training files, logbooks, and staff interviews determined that immediate actions would be taken to ensure the safety of the alleged victim upon the facility staff becoming aware of the allegation.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Training records</li> <li>• First Responder Duties</li> <li>• PREA Training Outline and Quiz</li> <li>• Quarterly Training Calendar</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> <li>• Random Staff</li> <li>• Residential Re-Entry Manager (RRM)</li> </ul> <p>Per the EH (page 72-78) upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the incident is required to:</p> <ul style="list-style-type: none"> <li>• Secure the victim (separate abuser if abuser is still on grounds);</li> <li>• Clear the area and call 9-1-1;</li> <li>• Preserve the scene by disallowing any person access to the area;</li> <li>• Assign another staff to stay with the victim until the paramedics and law enforcement arrive on scene;</li> <li>• 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;</li> </ul>

	<ul style="list-style-type: none"> <li>• Responders will ask that the victim will be transported to a SAFE or SANE facility;</li> <li>• Notify the PD and the PC and write their initial report.</li> </ul> <p>Staff are further required to forward the First Responder Sexual Abuse Response Checklist and Serious Incident Report to the PD. Upon the victim and perpetrator's return to the facility, victim and counseling services would be provided within the community at no cost. Based on the PREA Incident Tracking Log, there was one (1) substantiated allegation of resident-on-staff sexual harassment and one (1) unfounded allegation of resident-on-resident sexual harassment. There were no allegations of sexual abuse during this reporting period. Policy states that staff are not to collect any physical evidence. This will be the responsibility of the local law enforcement</p> <p>Staff are trained on these duties as part of their initial PREA training, their annual training and during their quarterly trainings. 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 the first staff to respond 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 <b>MEETS</b> this standard.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Training records and Quizzes</li> <li>• Safety Incident Program Binder</li> <li>• BSS PREA Coordinated Response to Sexual Abuse Incidents</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> <li>• Random Staff</li> </ul>

	<p>The EH (page 78) outlines the agency’s expectations regarding a sexual abuse coordinated response plan which includes instructions on separating the alleged victim and abuser, protecting the crime scene for a collection of evidence, and advising both the alleged victim and alleged aggressor not to take any actions that could destroy physical evidence.</p> <p>The Rubidoux Coordinated Response Checklist is required to be completed by the first responder upon notification of a sexual abuse allegation. The BSS PREA Coordinated Response is a checklist that includes the responsibilities of the staff first responder, the Supervisor on duty and the PD. The Checklist includes the actions to be taken by the first responder and facility leadership. This checklist was developed to ensure the appropriate notifications are made in a timely and consistent manner. Signatures are required upon completion in each area of the checklist. Training for the Coordinated Response Protocols are conducted upon hire, and during biweekly and quarterly staff meetings. A review of the staff training records found that staff are receiving these trainings. 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. Local Law Enforcement and/or BOP are responsible for conducting criminal investigations. Therefore, the on-duty administrator is responsible for ensuring 9-1-1 has been called and the PC is responsible for ensuring the BOP has been notified. Interviews with staff and the PD indicated an understanding of the steps they would take if they needed to act as a first responder.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> </ul>



	<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 PC 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 <b>MEETS</b> this standard.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Training records</li> <li>• Employee Handbook (EH)</li> <li>• Resident Rules and Regulations handout</li> <li>• PREA Retaliation Monitoring Report</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• PREA Coordinator (PC)</li> <li>• Case Managers (CM)</li> <li>• Staff</li> </ul> <p>BSS policy (page 78) states staff must follow up with staff/offender reporters and witnesses two (2) weeks from the date of the sexual abuse/harassment or sexual misconduct to ensure there is no retaliation as a result for reporting. Staff and</p>

residents who cooperate with an investigation are protected against retaliation. Regardless of the investigation outcome, retaliation monitoring will continue until the resident is no longer at the facility or the staff member's safety is no longer an issue, but no less than ninety (90- days. All retaliation follow-ups must be documented on the "PREA Retaliation Monitoring Report." This form includes incident information and requires a review of the individual's conduct and treatment, possible retaliation from others, any recent housing changes, program changes, negative performance reviews, or disciplinary actions. There is space for the monitor to record observations and any actions taken during the monitoring period. Instructions require monitoring for twenty (20) weeks and will continue if a resident continues to reside at the facility. The PC confirmed during their interview that each case is considered independently for an appropriate response. Victims and perpetrators are, at a minimum, separated during the investigation period if not immediately remanded into custody. Cases involving staff, will preclude the staff from working with inmates pending the conclusion of the investigation. Victims are offered medical and behavioral health services and retaliation monitoring, and any allegations of retaliation are quickly investigated and addressed. If retaliation is suspected, it is monitored by a CM for residents and the APD, or PD for staff. All monitoring is forwarded to the PC for review. If substantiated, the perpetrator is subject to discipline. When interviewed, staff and residents stated they feel safe in the facility.

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

115.271	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• Federal Operations Manual (FOM)</li> <li>• National Institute of Crime (NIC)</li> <li>• Specialized Investigator Training</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> <li>• PREA Investigator (PI)</li> <li>• Residential Re-entry Manager (RRM)</li> </ul>

Since the facility's last PREA Audit in 2021, the agency has trained four (4) PREA Investigators to conduct sexual abuse and sexual harassment investigations through the NIC training center. This training is approved by the PREA Resource Center. The Auditor reviewed the training records for the specialized investigator training and found the four BSS staff had received the training. Although the BSS PIs have received the appropriate training to conduct criminal and administrative investigations, the PI's only conduct administrative investigations and contact the BOP and local law enforcement to conduct criminal investigations. Policies and procedures have been updated in the BSS PREA Policy (pages 78-80) to reflect this information. If a sexual abuse incident is taking place at the facility, local law enforcement is contacted to immediately respond, and they will conduct the criminal investigation. BOP will also be contacted and will work with the local law enforcement to determine who will take the lead in the investigation. Although the PI will not be involved in the criminal investigation, they will conduct an administrative investigation to determine if there were any policies, procedures, or rule violations that could have contributed to the abuse. Should an incident of sexual abuse be reported of a past incident, the PI will conduct the initial investigation. If during their investigation, the PI determines a crime has been committed, the investigation will stop, and the BOP and local law enforcement will be contacted. The PI will work with the BOP and/or local law enforcement to determine if any policies, procedures, or violation of rules have been violated. A review of the FOM (page 42) states, *"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."*

In the event of a third-party or anonymous report of sexual abuse or sexual harassment, the PI will initiate an investigation. The investigation begins immediately upon receiving the report. When interviewed, the PI stated all their agency duties will stop until the investigation has been completed.

The Rubidoux RRC staff do not collect physical evidence. This is the responsibility of local law enforcement. Staff will close off the area and protect the scene until local law enforcement arrive. The alleged victim and perpetrator will be separated and closely monitored by staff to ensure they do not destroy evidence on their persons which will be collected by local law enforcement.

When interviewed, the PI confirmed the credibility of an alleged victim, suspect, or witness is based individually and not determined by the person's status. An individual who alleges sexual abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. The case files reviewed indicated no truth-telling device was used during the investigation, and this was further confirmed through interviews with the PI.

BSS PREA Policy (pages 78-80) establishes the requirement for investigations to be documented in written reports, including a description of the physical and

	<p>testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Administrative investigations that result in a substantiated case of sexual abuse include determining whether staff actions or failures to act contributed to the abuse. Interview with the PI confirmed that the investigation written reports would consist of, when applicable, anything of evidentiary value from the crime scene or personal property, photographs of injuries, video recordings, interview recordings, telephonic recordings, mail, or electronic mail, written statements from victims, witnesses, or perpetrators, staff documentation or incident reports, prior incident documentation, and law enforcement reports. All evidence would be secured, in the PD's office if a staff member is involved. The Auditor's review of the investigative case file completed by the PI found the administrative investigation to be thoroughly documented as required by the PREA Standards. The PC confirmed that cases are investigated to identify if any staff actions or inactions contributed to abuse findings.</p> <p>Upon review, there were zero (0) cases of reported sexual harassment; and one (1) case of sexual abuse which was substantiated. The case was referred to local law enforcement but unfounded for criminal prosecution due to lack of evidence. However, the resident was found to have committed a violation of the rules and regulations and remanded into custody by the BOP. The Auditor reviewed the investigation file and found the investigation complete with all requirements set forth in the PREA Standards and the agency policies and procedures. Within the resident's file, the Auditor found notification with the resident's signature that the resident was notified of the substantiated findings. The agency retains all written reports of investigation of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years EH (page 81).</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Statement of Work (SOW)</li> <li>• Employee Handbook (EH)</li> <li>• BOP Prohibited Acts</li> </ul> <p><b>Interviews:</b></p>

- Program Director (PD)
- PREA Coordinator (PC)

As reported by the PC and reviewed in the training records, BSS has four (4) PREA Investigators who would conduct administrative investigations and report to the BOP to determine sanctions for any violations. All investigative outcomes only require a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The BOP has a list of “*Prohibited Acts*” for administrative violations. The list of prohibited acts provides a list of rule and law violations and sanctions for violating those acts. All residents are knowledgeable of the “*Prohibited Acts*” and the consequences of violating these acts. Local law enforcement conducts criminal investigations and does not impose a standard higher than a preponderance of the evidence EH (page 79) in determining whether allegations of sexual abuse or sexual harassment are substantiated. When interviewed, the PD and PC stated PI’s investigation would be discussed with the RRM. Minor sanctions can be imposed at the facility level. Anything above a minor sanction will be determined by the BOP. The facility PI and the RRM do not conduct compelling interviews EH (page 78). BOP would impose sanctions and the standard they would use is the preponderance of evidence.

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

**115.273 Reporting to residents**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**Documents Reviewed:**

- Pre-Audit Questionnaire (PAQ)
- Statement of Work (SOW)
- Federal Operations Manual (FOM)
- Employee Handbook (EH)
- Closure Notification Form

**Interviews:**

- Program Director (PD)
- PREA Coordinator (PC)

The BSS PREA policy EH (page 77) requires an administrative investigation and a referral for a criminal investigation, for all allegations of sexual abuse and sexual harassment following an investigation into a resident’s allegation of sexual

misconduct suffered in a facility. The facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The resident is notified of the outcome of the investigation on the Closure Notification form which is signed upon receipt by the resident. If the facility did not conduct the investigation, they request the relevant information from the investigative agency to inform the resident. Following a resident's allegation that a staff member has committed sexual misconduct against the resident, the facility shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's area
- The staff member is no longer employed at the facility
- The facility learns that the staff member has been indicted or convicted of a charge related to sexual misconduct within the facility.

In addition, following a resident's allegation that they were involved in an incident of sexual misconduct by another resident, the facility will subsequently inform the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual misconduct within the facility
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

As previously stated in PREA Standard 115.271, there was one (1) case of reported sexual abuse and zero (0) reports of sexual harassment during this auditing period. The one (1) administrative case of sexual abuse was substantiated. This case was referred to local law enforcement but unfounded for criminal prosecution due to lack of evidence. The resident was found to have committed a violation of the rules and regulations and remanded into custody by the BOP. The Auditor reviewed the investigation file and found the investigation complete with all requirements set forth in the PREA Standards and the agency policies and procedures. Within the resident's file, the Auditor found notification and documentation with the resident's signature, that the resident was notified of the substantiated findings. When interviewed, the PC stated regardless of the outcomes of an administrative or criminal investigations, or whether the inmate has been removed/released from the facility, the facility will notify the resident of the outcome of the investigation. The agency retains all written reports of investigation of sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years EH (page 81).

Based upon the review and analysis of the available documentation, the Auditor has determined the facility has **EXCEEDS** this standard as the facility informs the resident of the outcome of any investigation regardless of its finding.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 635 378"><b>Documents Reviewed:</b></p> <ul data-bbox="352 445 922 725" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Employee Standards of Conduct</li> <li>• Zero-Tolerance Policy</li> <li>• Equal Employment Opportunity Policy</li> </ul> <p data-bbox="280 770 459 804"><b>Interviews:</b></p> <ul data-bbox="352 871 703 949" style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="280 994 1477 1308">BSS Policy requires all residents found guilty of sexual abuse will be institutionally disciplined in accordance with the facility disciplinary procedures (BOP Prohibited Acts). Staff, contractors, visitors, volunteers, or any other individuals, will be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. The EH states, <i>“Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination.”</i> The BSS EH states, <i>“The agency is an “at-will” agency and any misconduct as defined in the EH will result in termination.”</i></p> <p data-bbox="280 1352 1477 1845">Termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. The EH for employee prohibited conduct states, <i>“A member of BSS that subjects another client to workplace violence may be subject to disciplinary action commensurate to the incident, up to and including dismissal.”</i> Disciplinary sanctions for violations of facility sexual abuse or sexual harassment policies (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of the facility sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="280 1890 1410 1957">During this reporting period, there were no employees who were terminated for violation of the PREA Standards.</p> <p data-bbox="280 2002 1477 2069">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 635 378"><b>Documents Reviewed:</b></p> <ul data-bbox="352 445 863 647" style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Employee Handbook (EH)</li> <li>• Employee Standards of Conduct</li> <li>• Zero-Tolerance Policy</li> </ul> <p data-bbox="280 692 459 725"><b>Interviews:</b></p> <ul data-bbox="352 792 703 871" style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="280 904 1477 1397">This standard requires the facility to take appropriate remedial measures and consider whether to prohibit further contact with resident in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The contractor or volunteer must also be reported to law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal. The BOP also considers incidents of sexual harassment in determining whether to enlist or terminate the services of a volunteer who may have contact with offenders. 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 and reported unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement unless the activity was clearly not criminal.</p> <p data-bbox="280 1442 1477 1980">The PD stated 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. The EH addresses the corrective action for volunteers and contractors who violate any provision of the PREA policy. The policy states “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.” Per the PAQ and the PD, BSS has not enlisted volunteer services and there have been no contractors on-site during this reporting period.</p> <p data-bbox="280 2024 1477 2092">Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>



<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 635 378"><b>Documents Reviewed:</b></p> <ul data-bbox="352 445 751 602" style="list-style-type: none"> <li>• BOP Prohibited Acts</li> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• BOP Prohibited Acts</li> </ul> <p data-bbox="280 647 459 680"><b>Interviews:</b></p> <ul data-bbox="352 748 900 860" style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Assistant Program Director (APD)</li> <li>• Residential Re-entry Manager (RRM)</li> </ul> <p data-bbox="280 904 1477 1778"> This standard requires that residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding of guilt that a resident engaged in resident-on-resident sexual abuse. As reviewed in the EH (page 71) and during interviews with the PD, APD and RRM, any resident who is found to have violated any of the agencies sexual abuse or sexual harassment policies will be subject to disciplinary sanctions. All sanctions are based on the BOP's Prohibited Acts in addition to any new law violations. Sanctions for minor violations may be addressed at the facility level. These sanctions are commiserated with the nature and circumstances of the abuse committed, the residence disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories period. Consideration on the resident's mental disabilities or mental illness are reviewed when determining what type of sanctions if any, will be imposed. However, the BOP Prohibited Acts (28 CFR § 541.3) lists all sanctions for any violation which was 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 or employment; hence, the Zero-Tolerance Policy. Although the facility does not provide mental health services on-site, all residents who are the victims or perpetrators in an incident of sexual abuse in confinement are provided resources to participate in interventions and counseling services within the community. Interviews with the PD and APD and documentation reviewed, confirm this process. </p> <p data-bbox="280 1823 1477 2024"> During this reporting period, there was one (1) administrative investigation of resident-on-staff sexual abuse that was substantiated. The resident was remanded back into custody and the employee was offered medical and mental health services. The Auditor reviewed the documentation in the investigation file and found the investigation was conducted thoroughly and the finding were appropriate. </p> <p data-bbox="280 2047 1390 2092"> The EH establishes if an investigation reveals that a resident has made a false </p>

	<p>accusation that the offender, in good faith, could not have believed to be true, the facility may take disciplinary action against the offender through all means available. However, if a resident makes a complaint in good faith about staff that is protected under state or federal law, the facility must possess evidence corroborating the staff member's report to discipline the resident for lying or misrepresentation. This information was confirmed during an interview with the PC and PD. During this reporting period, there have been no residents who have been disciplined for making a false accusation.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> <li>• Federal Operations Manual (FOM)</li> <li>• Partners Against Violence</li> <li>• Riverside Area Rape Crisis Center</li> <li>• Resident Rules and Regulations</li> <li>• PREA Training PowerPoint</li> <li>• BSS Coordinated Response to Sexual Abuse Incidents</li> </ul> <p><b>Interviews Conducted:</b></p> <ul style="list-style-type: none"> <li>• Specialized and Random Staff</li> <li>• Random Residents</li> <li>• Program Director (PD)</li> <li>• Dolan Mental Health Services</li> <li>• Residential Re-Entry Manager (RRM)</li> <li>• Case Manager (CM)</li> </ul> <p>The Rubidoux RRC does not provide medical or mental health care services on-site. All services for medical and mental health care needs are provided within the community. Within twenty-Four (24) hours of admission, a CM will review the resident's file and speak with the resident to determine if there are any current or prior mental or medical health needs. If the CM learns information that indicates the resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the resident is offered</p>

unimpeded access to emergency medical treatment and crisis intervention services. If the CM finds that a resident needs medical or mental health services, they will contact the PD.

The PREA Risk Screening is administered during intake for every arrival and if an individual discloses prior sexual victimization the individual is provided with mental health resources within the community which is free to the resident. Interviews with intake staff and CMs confirmed that if a resident discloses prior victimization during screening, they are provided information about a mental health referral and explained how they can request any services they would like to obtain. The Auditor reviewed the risk screening for twelve (12) residents. The CM's document compliance with these referral services in the CM's files under case notes.

Residents who are victims of sexual abuse at the Rubidoux RRC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Per the FOM (pages 244-245) *"BSS shall have in place procedures which assure that a medical examination by the contract physician and counseling with a clinical psychologist occurs within twenty-four (24) hours of a sexual abuse incident."* As such, medical and mental health providers maintain documentation of services provided to the residents who are victims of abuse. Residents who need medical or mental health services due to a sexual assault, would be referred to Partners Against Violence or Riverside Area Rape Crisis Center; both provide services twenty-four (24) hours a day, seven (7) days a week. Residents of sexual abuse or sexual harassment may also be referred to Dolan Mental Health Services. All services provided to residents are determined by the medical and mental health practitioners according to their professional judgment. All residents who are victims of sexual abuse while incarcerated are provided with emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. All services provided to the victim are 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 PD, the RRM, and a review of the PAQ confirmed there were no allegations of sexual misconduct during this reporting period. BSS staff would assist in the coordination of services to medical and mental health providers in the community which are free to the residents. When interviewed, the residents were able to articulate they have received the information regarding these services upon intake and then again with their CM's. They were also able to indicate where these services are posted throughout the facility on the *"PREA Boards."* These *"PREA Boards"* provide ways for the residents to seek information regarding sexual abuse services for medical and mental health care to include the services they provide. All postings provide toll free phone numbers and addresses, in addition to where and how to make a report of sexual abuse and sexual harassment.

When interviewed, all staff were knowledgeable in their roles as first responders, the referral process to medical and mental health services and for continued ongoing medical and mental health services within the community. Staff indicated in the event of a sexual assault at the facility, 9-1-1 would be immediately contacted

	<p>for criminal investigation and to transport the resident to the emergency room for services at the local hospital. Staff reported they would ask where the resident was being transported to and request that they be transported to a local SAFE/SANE hospital.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Statement of Work (SOW)</li> <li>• PREA Resident Rules and Regulations</li> <li>• PREA Bulletin Board Postings</li> <li>• Intake Paperwork-Medical Intake Form</li> <li>• Risk of Abusiveness, Risk of Victimization Assessments</li> <li>• Dolan Mental Health, Memorandum of Understanding</li> <li>• Partners Against Violence</li> <li>• Riverside Area Rape Crisis Center</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Program Director (PD)</li> <li>• Case Managers (CM)</li> <li>• Security Supervisor</li> <li>• Employment Program Specialist (EPS)</li> <li>• Dolan Mental Health</li> <li>• Random and Targeted Residents</li> </ul> <p>Rubidoux RRC does not have on-ground medical or mental health services. In the event of a sexual abuse incident, residents would be referred to services within the community. These services are free to the residence. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (d) of this section, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Evaluation and treatment of a</p>

	<p>victim of sexual abuse/harassment includes appropriate follow-up services, a treatment plan, and referral for continued care following transfer to or from placement in another facility. Referrals may also be provided when the offender is released from custody. Based on interviews with the CMs and the PD, interviews with residents, and a review of protocols, case files, and referral records, these services are being provided by Dolen Mental Health, Riverside Area Rape Crisis Center and Partners Against Violence for immediate and on-going treatment. The Auditor reviewed case files for incidents reported within the past twelve (12) months. During that time there was one (1) case of a resident-on-staff sexual abuse and one (1) case of resident-on-resident alleged sexual abuse. In both cases, the victims were provided resources for medical and mental health services.</p> <p>Testing for sexually transmitted infections (STI) will be conducted in the emergency room at the time of the forensic examination. In cases where the lapse of time does not permit evidence collection or when the victim refuses the forensic examination, the STI tests will be conducted by the Partners Against Violence. Residents are not charged a for testing, treatment, or services provided after a report of an alleged sexual assault, abuse, or harassment. Services are provided at no cost, whether they cooperate with the investigation or divulge the perpetrator’s name. This information was confirmed during an interview with the PC and provided on the Partners Against Violence website. When interviewed, the PC, PD, CMs and EPS were all familiar with the services available to the residents. When the random and targeted residents were interviewed, they were able to articulate where they could obtain medical and mental health services if needed. They stated their CMs provide this information to them upon intake, and they are shown where the PREA Boards are that contain the information.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.286</b>	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Employee Handbook (EH)</li> <li>• Incident Report form</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul>
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- Program Director (PD)

During interviews with the PC, PD, and APD, the agency collects accurate, uniform data for every allegation of sexual abuse at all their Residential Re-entry Centers using a standardized instrument and set of definitions. The agency requires an incident review to be conducted within thirty (30) days of the conclusion of sexual abuse investigations unless the incident is deemed unfounded. Per the EH (page 79), the Incident Review Team will meet immediately after an incident and the PD 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 PC for review. This process was confirmed by the PD and PC during interviews and a review of the EH.

The Incident Review Team consists of the following: PC, PD, APD, and the Security Supervisor or any other staff that may have information to report regarding the incident. 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. The agency has procedures outlined in the policy, and a template of the Incident Team Report Form which was reviewed by the Auditor on the two (2) cases that were reported during this reporting period. This comprehensive form covers every element required to be considered in provision (c), which prompts the team to cover all areas. The Auditor interviewed the Incident Review Team members and found them knowledgeable of their responsibilities during the review process, which indicated incident reviews were being conducted.

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

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Documents Reviewed:</b> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Employee Handbook (EH)</li> </ul>

- Annual PREA Report
- BSS Website
- Department of Justice Survey of Sexual Violence Incident Report form SSV-IA
- Sexual Violence Summary Form SSV-4

**Interviews:**

- PREA Coordinator (PC)

Rubidoux RRC’s policy regarding data collection is found in the EH (page 79) and states, *“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.”* 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.

Based upon the review and analysis of the available documentation, the Auditor has determined the facility is compliant and **MEETS** this standard.

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents Reviewed: <ul style="list-style-type: none"> <li>• Annual PREA Report</li> </ul>

	<ul style="list-style-type: none"> <li>Behavioral Systems Southwest Website</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>PREA Coordinator (PC)</li> </ul> <p>BSS reviews data collected and aggregates it annually 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 PC and approved by the agency's President/COO. The PC 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 PC 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 <b>MEETS</b> this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documents Reviewed:</b></p> <ul style="list-style-type: none"> <li>Agency Website</li> <li>Employee Handbook (EH)</li> <li>Annual Reports</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>PREA Coordinator (PC)</li> </ul> <p>All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least ten (10) years after the data of initial</p>



	<p>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 PC and reviewed on the BSS website and the Annual Report.</p> <p>Based upon the review and analysis of the available documentation, the Auditor has determined the facility is in compliance and <b>MEETS</b> this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>This is the fourth PREA audit for the Rubidoux RRC since the first audit cycle in 2014. The last PREA Audit was completed in July 2021. This facility is the fifth audit for the agency in the fourth audit cycle, second year, 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 was permitted to speak with staff and residents during the tour. In addition to the physical plant, all resident files, staff files, logbooks, incident reports, grievance logs, special incident reports and CM files were readily accessible to the Auditor. Facility staff and the PD were accommodating when the Auditor requested additional documentation and/or printed copies of documents/forms, including documents or information stored electronically.</p> <p>During the pre-audit phase, the PC uploaded agency and facility specific policies, procedures, and other documentation onto the Online Audit System (OAS). Additional documentation or copies were provided on-site at the Auditor's request. The Auditor and support staff were provided with separate 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 the Auditor's contact information including email and mailing addresses and identified communication with the Auditor as confidential. Prior to the on-site audit, 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 audit. 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>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>EXCEEDS</b> this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>All audit reports for BSS facilities are posted on the BSS website and are accessible to the public. The last three (3) audit cycle reports 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> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance and <b>EXCEEDS</b> this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	na

	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.)	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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	yes

	staffing patterns?	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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,	yes

	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?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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	yes



	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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	yes

	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes



	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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)).	yes
	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)).	yes
	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)).	yes
	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)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	na

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes



	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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,	yes

	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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). )	yes
	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). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes



	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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