

PREA Facility Audit Report: Final

Name of Facility: Chester Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/12/2024

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"/>
Auditor Full Name as Signed: Patrick Firman	Date of Signature: 06/12/2024

AUDITOR INFORMATION	
Auditor name:	Firman, Patrick
Email:	patrickfirman@gmail.com
Start Date of On-Site Audit:	05/01/2024
End Date of On-Site Audit:	05/02/2024

FACILITY INFORMATION	
Facility name:	Chester Residential Reentry Center
Facility physical address:	201 East 12th Street, Chester, Pennsylvania - 19013
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Annemarie Smith-Whitson
Email Address:	Asmithwhitson@geogroup.com
Telephone Number:	6108720511

Facility PREA Compliance Manager	
Name:	Aisha Grant
Email Address:	agrant@geogroup.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	131
Current population of facility:	87
Average daily population for the past 12 months:	89
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-65
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	34

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

AGENCY INFORMATION	
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Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
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Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
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Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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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:

1

- 115.213 - Supervision and monitoring

Number of standards met:

40

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:	2024-05-01
2. End date of the onsite portion of the audit:	2024-05-02

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:	<p>CRCC has an MOU with the Delaware County Women Against Rape (DCWAR). Contact was made with DCWAR to confirm services provided. DCWAR will provide 24-hour hotline support and contact the facility on behalf of any resident who consents to have allegations reported back to the facility. DCWAR provides in person response and support at the hospital, counseling and court advocacy.</p> <p>Contact was made with RAINN which is a national hotline for providing support to victims. The representative described how the hotline worked to provide support through local services based on the area code the caller was calling from. Services provided are confidential and can be anonymous.</p> <p>Telephones at the facility do not require a PIN number to dial. Posters in the facility clearly outline that RAINN is for support only and not for reporting.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	131
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15. Average daily population for the past 12 months:	89
16. Number of inmate/resident/detainee housing units:	19
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	
36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	91
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:	0
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:	6
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:	0

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:	0
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:	0
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:	1
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:	0
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:	0
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:	1
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:	0

<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>34</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>From a roster I selected random residents based on their race and housing/program assignment. Residents were also selected based on their availability. Of the 91 residents in the program, 52 were out of the facility at work or program assignments.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</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>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Based on conversations with the PREA Manager and Facility Director, there were no residents that fit this category assigned to the facility during the onsite.</p>
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>There is no segregated housing at Chester Residential Reentry Center.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility reported that they do not use contractors or volunteers.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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).

Chester Residential Reentry Center is comprised of one single-story building in downtown Chester, Pennsylvania. During the site review, I observed audit notices prominently displayed in English and Spanish throughout the facility. Signs were dated and signed off by the Facility Director as indicated in the date-stamped photos previously submitted.

Signage was observed for outside emotional support services and posted along with PREA reporting signage. Emotional support services were labeled as being for support and not to report. PREA posters regarding the facility's zero-tolerance policy were posted in the resident and public lobby areas.

No female residents are being housed in the facility at this time. Female staff members were observed announcing their presence when entering male living areas. There were three bathroom/shower areas for residents, one in each housing area. Each bathroom area had private stalls for both toilets and showers.

Cameras (25) were observed throughout the facility, along with mirrors to supplement. Areas where residents were not allowed to be in were covered by cameras to show anyone entering or leaving the area. Camera monitoring was observed in the control area at the front desk to ensure that coverage did not reveal areas where residents may be unclothed. The Facility Director has requested that analog cameras be replaced with digital ones and requested several additional cameras to supplement monitoring. Since the last PREA audit, cameras have not been added or upgraded.

Record storage areas were observed to be secured. PREA-related records are stored inside locked cabinets in the PREA Manager's office. Computer access to records is based on a staff member's work assignment and the

need to access documents.

A mailbox is available for outgoing mail. Outgoing mail is not opened or screened. Outgoing mail does not require a return address to be mailed. The PREA Manager stated that residents rarely used the mailbox. Residents have access to their cell phones inside the facility, which they can use to access any hotline or support services. Many residents receive passes to go outside the facility for work and treatment.

An actual intake screening was observed on the first day of the on-site. PREA educational information was provided during screening and signed for by the resident. A more detailed orientation takes place every week for new residents. PREA information was observed in the intake area in both English and Spanish.

A risk screening was observed as part of the initial intake process. The risk screening form was observed to include all required information. Risk screening staff asked about prior victimization, sex offenses, and sexually violent convictions. Incoming residents were asked how they identified, and staff indicated personal observations on the risk screening form.

A language line was observed and available for staff to use when necessary.

While onsite, hotline numbers were called and found to be in working order. Staff answering were able to articulate how their services worked. Facility telephones are set up not to require any PIN when calling a hotline. According to staff, phones are not monitored in any way. Instructions and information regarding confidentiality were posted near each phone.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Twenty-four resident records were randomly selected and reviewed to determine compliance with screening requirements. All residents are screened within 24 hours of arrival at the facility and followed up, when necessary, within 30 days. Residents determined to be at risk of victimization or being abusers are referred for evaluations. Residents must sign to accept or decline the service. All resident records reviewed contained appropriate acknowledgment for receiving PREA educational materials.

Twelve staff records were randomly selected and reviewed. All records reviewed contained an acknowledgment of annual PREA training, including training on searches.

All files examined contained initial background clearances completed by Accurate Background. Documentation for staff transferring from other facilities included attempts to communicate with the previous facility. Self-disclosure statements are renewed and signed annually as part of a performance evaluation. Two staff members had been promoted in the past 12 months, and both had completed their backgrounds before the promotion. Records of three staff members with the agency for five years were examined and found to contain the appropriate background clearance renewals.

The facility does not use volunteers or contractors.

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
Inmate-on-inmate sexual abuse	2	0	2	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	4	0	4	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	4	0	4	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	0	0
Staff-on-inmate sexual abuse	1	1	1	0
Total	2	1	1	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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>During the previous 12 months, there were eight allegations of sexual abuse/sexual harassment made by residents at CRRRC. All investigative files were examined and found to contain all of the elements required by PREA standards. Four cases were completed, and notifications were included for the residents regarding the outcome. Three instances were ruled unsubstantiated, and one was determined not to rise to the level of a PREA-related incident. The standard of proof outlined in all completed cases was based on a preponderance of evidence. Four cases are pending a finding. Only one resident who reported resident-on-resident sexual harassment was still at the facility during the onsite and was interviewed. That particular case is still pending.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.

- Yes
- 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-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.211</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A (effective 2/14/2019) • CRRC Local Policy Manual (effective 4/1/2019) • PREA GEO Organizational Chart • CRRC Organizational Chart • Interview responses from the PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.211(a)</p>

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a written policy mandating zero tolerance.
 2. Reported that the agency has a written policy outlining the agency's approach to preventing, detecting, and responding to such conduct.
 3. Reported that the policy includes definitions of prohibited behaviors.
 4. Reported that the policy includes sanctions for those found to have participated in prohibited behaviors.
 5. Reported that the policy includes a description of the agency's strategies and responses to reduce and prevent SA and SH of residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 5):
 1. Requires that each facility have a current policy mandating zero tolerance towards all forms of SA and SH and outlining GEO's approach to preventing, detecting, and responding to such conduct.
3. CRRC Local Policy Manual - Oversight (p. 1):
 1. Outlines the facility's zero tolerance towards SA and SH.
 2. Outlines the facility's approach to preventing, detecting, and responding to such behaviors.
 3. Outlines that disciplinary action, including possible criminal prosecution, may be taken.
 4. Describes the facility's strategies and responses to reduce and prevent SA and SH.

115.211(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency employs an upper-level, agency-wide PREA Coordinator.
 2. Reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 6):
 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator.
 2. Outlines the designation and responsibilities of a facility-level PREA Manager.
3. CRRC Local Policy Manual - Oversight (pp. 2-3):
 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator.
 2. Outlines the designation and responsibilities of a facility-level PREA Manager.

	<p>4. GEO Corporate Organizational Chart:</p> <ol style="list-style-type: none"> 1. Outlines the PREA Coordinator and PREA Manager positions within the organization. <p>5. GEO Chester RRC Organizational Chart:</p> <ol style="list-style-type: none"> 1. Outlines the position of PREA Compliance Manager as the Assistant Facility Director reporting to the Facility Director and Corporate PREA Coordinator. <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interview with the PREA Coordinator:</p> <ol style="list-style-type: none"> 1. PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all community confinement facilities. <p>Based on this analysis, the facility complies with this provision, and corrective action is not required.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • PAQ states that the facility has not entered into or renewed a contract for the confinement of residents since the last PREA audit. • Interview with the Agency Contract Administrator, confirmed that the agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. <p>Based on this analysis, the facility substantially complies with this provision, and corrective action is not required.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115.213

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A (effective 2/14/2019)**
- **CRRC Local Policy Manual (effective 7/1/2019)**
- **CRRC Approved Staffing Plan**
- **CRRC security staff schedule**
- **CRRC facility floor plan with camera locations**
- **Annual PREA Facility Assessment reports**
- **Interview with Facility Director**
- **Interview with PREA Coordinator**
- **Site review observations**

Reasoning and analysis (by provision):

115.213(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility develops and documents a staffing plan that provides for adequate levels of staffing.
 2. Reported that the average daily number of residents since the last PREA audit was 89.
 3. Reported that since the last PREA audit, the staffing plan was developed based on 131 residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 7):
 1. Outlines that each facility must develop and document a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring to protect individuals against SA.
3. CRRC Local Policy Manual - Oversight (pp. 3-4 sections a-g):
 1. Outlines responsibilities for developing and documenting a staffing plan that provides adequate levels of staff and, where applicable, video monitoring to protect residents against SA.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. PREA Coordinator reported that a staffing plan has been developed for the facility that provides adequate staffing levels and video monitoring. The plan is reviewed each year.
2. Interview with Facility Director:
 1. Confirmed that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number of residents, as well

- as the availability of cameras and mirrors throughout the facility.
2. Stated that she also looks at previous incidents of sexual abuse and sexual harassment to determine if changes in staffing and/or monitoring are needed.

What was observed as part of a systematic review of evidence:

1. Approved facility staffing plan.
2. Annual reviews of facility staffing plan for the past three years.
3. Facility layout diagram with camera locations.
4. Site review:
 1. Observation of adequate staffing over several shifts.
 2. Observation of camera and mirror placement to cover all blind spots and entrance/exits to areas where residents were not allowed.
 3. Informal conversations with staff regarding staffing levels.
 1. Supervisory staff confirmed that minimal staffing must be in place for each shift.

115.213(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that there have been no instances where the staffing plan has not been complied with.
 2. Reported that if the staffing plan were deviated from, it would be documented and reasons justified.
2. CRRC Local Policy Manual – Oversight (p. 3):
 1. Requires the Facility Director document and justify any deviations from the staffing plan.

What was heard as part of a systematic review of evidence:

1. Interview with Facility Director:
 1. Reported that she is required to document and report any deviations from the staffing plan.

115.213(c)

What was read, as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the staffing plan is reviewed yearly.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 7):
 1. Requires that each facility assess, determine and document no less frequently than once each year whether adjustments are needed to

- the staffing plan, deployment of video technology or other resources.
3. CRRC Local Policy Manual – Oversight (pp. 3-4):
 1. Requires that each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources.

What was heard, as a part of a systematic review of evidence:

1. Interview with Facility Director:
 1. Reported that she reviews the staffing plan yearly in conjunction with corporate leadership to determine if any adjustments need to be made with staffing levels, additional monitoring technology or allocation of facility resources are needed to ensure compliance with the staffing plan.
2. Review of annual staffing plans for past three years:
 1. Revealed that consideration was given to adequate level of staffing.
 2. Revealed that consideration was given to any need for additional cameras or mirrors.
 3. Revealed that consideration was given to previous reports of sexual abuse/sexual harassment.

Based on this analysis, the facility substantially exceeds the requirements of this provision, and corrective action is not required.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A (effective 2/14/2019) • CRRC Local Policy Manual - Resident Management (effective 7/1/2019) • Interview responses from random staff • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.215(a)</p>

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
 2. Reported that there has been zero cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 17):
 1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances.
 2. Outlines that cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite Medical Practitioners.
3. CRRC Local Policy Manual – Resident Management 2019-1 (pp. 2-3):
 1. Outlines that cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited.
 2. Outlines that cross-gender pat-down searches of male and/or female residents are prohibited.

What was observed, as part of a systematic review of evidence:

1. Site review observations:
 1. Informal conversations with staff and residents confirmed that cross-gender strip search and body cavity searches are not performed at the facility.

115.215(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility does not permit cross-gender pat-down searches of female residents.
 2. Reported that female residents are not restricted access to regularly available programming in order to comply with this provision.
 3. Reported that zero pat-down searches of female residents have taken place.
 4. Reported that the facility does not hold female residents.

115.215(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that the facility requires that all cross-gender strip and visual body cavity searches are documented.
2. Reported that the facility does not house female residents.

115.215(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility has implemented policy and procedures that enable residents to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks.
 2. Reported that policy and procedures 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 clothes.
2. CRRC Local Policy Manual - Resident Management (p. 3):
 1. Outlines that all residents shall be required to change their clothes in the resident bathroom area.
 2. Outlines that facility staff is required to loudly announce their entrance into a dorm housing resident of the opposite gender.
 3. Outlines that staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed.
 4. Outlines that residents have the right to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances.

What was heard as part of a systematic review of evidence:

1. Interviews with random residents:
 1. Residents interviewed stated that staff of the opposite gender consistently announce their presence when entering an area where they may be showering, using the toilet, or changing their clothes.
 2. Residents interviewed stated that there has not been an instance where staff of the opposite gender has seen a resident in an unclothed state.
2. Interviews with random staff:
 1. Staff interviewed stated that they always announce themselves when entering an area where residents of the opposite gender are living.
 2. Staff interviewed stated that residents are able to dress, shower and

toilet without being viewed by staff of the opposite gender.

What was observed as part of a systematic review of evidence:

1. Site review:
 1. Bathroom areas provide shower curtains and staff doors for resident privacy.
 2. Mirrors and camera placement do not provide views into areas where residents shower, toilet or change clothes.
 3. Cameras are fixed (non-pan/tilt/zoom) and cannot be manipulated to show different angles.
 4. Informal conversations with residents and staff indicated that staff consistently announce their presence to include loud verbal announcements and knocking on doors before entering living areas of residents of the opposite gender.

115.215(e)

What was read as part of a systematic review of evidence:

1. Facility PAQ:
 1. Reported that there is a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status.
 2. Reported that zero searches as described above have occurred in the past 12-months.
2. CRRC Local Policy Manual – Resident Management (p. 3):
 1. Outlines that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed reported that they were aware of policy prohibiting the searching or physically examining of transgender or intersex residents for the sole purpose of determining genital status.
 2. There were no transgender or intersex residents currently housed at the facility to interview.

115.215(f)

	<p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Facility PAQ: <ol style="list-style-type: none"> 1. Reported that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interviews with random staff: <ol style="list-style-type: none"> 1. All staff interviewed stated that they had received training in conducting cross-gender pat-down searches as well as searching transgender and intersex residents in a professional and respectful manner. 2. All Staff interviewed stated that they do not perform any cross-gender pat-down searches. <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Staff training files: <ol style="list-style-type: none"> 1. A random sampling of training files revealed that all staff had received and acknowledged training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. <p>Based on this analysis the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A - Oversight (effective 2/14/2019) • CRRC Local Policy Manual - Oversight (effective 7/1/2019) • PREA Resident Education Manual (English/Spanish)

- **PREA Resident Education Manual - Large Print (English/Spanish)**
- **CRRC resident reporting options posters (English/Spanish)**
- **Interview with agency head**
- **Interviews with random staff**
- **Site review observations**

Reasoning and analysis (by provision):

115.216(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedure to provide disabled resident equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 12):
 1. Requires that facilities ensure that individuals with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
 2. Requires that facilities provide written materials to every resident in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.
3. CRRC Local Policy Manual - Oversight (p. 1):
 1. Outlines the facility's policy to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
 2. Outlines the facility's policy to provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

What was heard as a part of a systematic review of evidence:

1. Interview with Agency Head:
 1. Stated that in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as

well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us.

2. Per the facility PREA Manager, there were no residents with disabilities or limited English proficient housed at the facility during the onsite visit.

What was observed as a part of a systematic review of evidence:

1. Site review observations:
 1. Telecommunication Device for the Deaf (TDD) were available for staff to use in the event a resident was housed at the facility who was deaf.
 2. Language Line Solutions instructions were available for staff to use for translation services in the privacy of staff offices.

115.216(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
 2. PREA Resident Education Manual is available in both English and Spanish.
 3. CRRC resident reporting posters are printed in both English and Spanish.
 4. CRRC has a contract in place for Language Line services.

What was heard as a part of a systematic review of evidence:

1. There were no residents with disabilities or limited English proficient housed at the facility during the onsite visit.

What was observed as a part of a systematic review of evidence:

1. Site review observations:
 1. Signage for reporting and emotional support services were observed in both English and Spanish.
 2. Educational material was observed in both English and Spanish.

115.216(c)

What was read as a part of a systematic review of evidence:

	<ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency prohibits the use of resident interpreters except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations. 2. Reported that any use of resident interpreters is documented. 3. Reported that in the past 12 months there were zero instances where residents were used to interpret. 2. CRRC Local Policy Manual - Oversight (p. 1): <ol style="list-style-type: none"> 1. Outlines that offenders may not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-responder's duties in an emergency, or the investigation of the individual's allegations. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with random staff: <ol style="list-style-type: none"> 1. Staff interviewed stated that it was against policy to other residents to interpret. 2. Staff interviewed stated that there was a language line available when interpretation services were needed and staff members who were bilingual were not present. 2. There were no residents with disabilities or limited English proficient housed at the facility during the onsite visit. <p>Based on this analysis the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.217 Evidence relied upon in making the compliance determination: <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A - Oversight (effective 2/14/2019) • CRRC Local Policy Manual - Oversight (effective 7/1/2019)

- **Review of staff personnel files**
- **Interview with administrative staff**

Reasoning and analysis (by provision):

115.217(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:
 1. Has engages in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
 2. 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.
 2. Has been civilly or administratively adjudicated to have engaged in the activity described above.GEO Corporate Policy and Procedure Manual 5.1.2-A - Oversight (p. 8):
 1. Outlines that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
3. CRRC Local Policy Manual - Oversight (p. 7):
 1. Outlines that Chester Residential Reentry Center is prohibited from hiring or promoting anyone (who may have contact with individuals housed in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.

What was observed as part of a systematic review of evidence:

1. Review of random employee files:
 1. Revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted.
 2. Applications require applicant to self disclose any type of prohibited activity.
 3. Employee files of two staff who were promoted revealed that additional background checks were conducted as a result of the promotion.

115.217(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Oversight (p. 8):
 1. Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO facility or program.
3. CRRC Local Policy Manual – Oversight (p. 4):
 1. Outlines that Chester Residential Reentry Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a service called Accurate.
 2. Confirmed that background clearances must also be obtained from the Pennsylvania Department of Corrections for every employee prior to starting with the agency.

115.217(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that before it hires any new employee who may have contact with residents, it conducts a criminal background record check, and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 2. Reported that in the past 12 months there were nine persons hired who may have contact with residents who have had criminal background record checks.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Oversight (p. 8):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees.

3. CRRRC Local Policy Manual – Oversight (p. 4):

1. Outlines that criminal background checks will be conducted for all potential employees and best efforts will be taken to contact prior institutional employers (to obtain information on substantiated allegations of sexual abuse and/or any resignation pending investigation of an allegation of sexual abuse) prior to hiring new employees.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that when an employee indicates that they have worked at another institution, part of the background that is completed includes requesting information from that facility regarding any substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

What was observed as part of a systematic review of evidence:

1. Review of random employee files:
 1. Revealed that applicants are asked about employment at other institutions.
 2. Revealed that information is requested from other institutions as part of the background investigation.

115.217(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background check be completed before enlisting the services of any contractor who may have contact with residents.
 2. Reported that the facility does not use the services of contractors who may have contact with residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Oversight (p. 16):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a contracted agency.
 2. Confirmed that the facility does not use contractors for services where staff covered under the contract may have contact with residents.

115.217(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A – Oversight (pp. 8, 16):
 1. Background checks shall be repeated for all Employees at least every five years.
 2. Background checks shall be repeated for all Contractors at least every five years.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a contracted agency.
 2. Confirmed that background checks are completed at least every five years, or when an employee is promoted.
 3. Confirmed that the facility does not utilize contractors who may have contact with residents.

What was observed as part of a systematic review of evidence:

1. Review of random employee files:
 1. Revealed that background checks are completed every five years.
 2. Revealed that staff who are up for promotion have a background completed regardless of the time since the previous check.

115.217(f/g)

What was read as part of a systematic review of evidence:

1. CRRC Local Policy Manual – Oversight (p. 4):
 1. Outlines that employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator.

2. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Confirmed that staff are required to sign a disclosure form prior to hire and again as part of their yearly performance appraisal.
 2. Confirmed that staff are required to affirmatively disclose any misconduct.

115.217(h)

What was heard as part of a systematic review of evidence:

1. Interview with administrative staff:
 1. Stated that corporate will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving request.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218(a/b)</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • Interview with Facility Director <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, including installing or updating a video monitoring system since the last PREA audit.

	<p style="text-align: center;">2. Reported that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the previous PREA audit.</p> <p>What was heard as a part of a systematic review of evidence:</p> <p>1. Interview with the Facility Director:</p> <p style="padding-left: 40px;">1. Confirmed that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, including installing or updating a video monitoring system since the last PREA audit.</p> <p>Based on this analysis the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E - Oversight (effective 2/14/2019) • CRRC Local Policy Manual: Abuse, Neglect and Exploitation (effective 7/1/19) • MOU Agreements <ul style="list-style-type: none"> ◦ Crozer Chester Medical Center ◦ Delaware County Women Against Rape (DCWAR) • Interviews with random staff <p>Reasoning and analysis (by provision):</p> <p>115.221(a)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <p style="padding-left: 40px;">1. Reported that the agency is not responsible for conducting administrative sexual abuse investigations.</p> <p style="padding-left: 40px;">2. Reported that the facility is not responsible for conducting criminal</p>

- sexual abuse investigations.
3. Reported that the Pennsylvania Department of Corrections (Client) is responsible for all criminal sexual abuse investigations.
 4. Reported that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (pp. 6-7)
1. Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

What was heard as part of a systematic review of evidence:

1. Interviews with random sample of staff:
 1. Staff interviewed understood the agency's protocols for preserving and maintaining physical evidence if a resident alleges sexual abuse and gave examples of the steps they would take.

115.221(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that protocol was adapted from the DOJ's Office on Violence Against Women publication: "A National Protocol for Sexual Assault Medical Forensic Examinations".
2. GEO Corporate Policy and Procedure Manual 5.1.2-E - Oversight (effective 2/14/2019) (p. 7)
 1. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

115.221(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that forensic examinations are offered without financial cost to the victim.
 2. Reported that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
 3. Reported that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
 4. Reported the facility documents efforts to provide SANEs or SAFE's.
 5. Reported that there were zero forensic medical exams conducted during the past 12 months.
 6. Reported that there were zero exams performed by SANEs/SAFEs during the past 12 months.
 7. Reported that there were zero exams performed by a qualified medical practitioner during the past 12 months.
2. MOU with Crozer Chester Medical Center where the parties agree to work together as follows:
 1. Residents/inmates will be transported to Crozer Chester Medical Center in the event that they are involved in an incident of sexual abuse.
 2. Crozer Chester Medical Center will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
 3. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.
 4. Crozer Chester Medical Center will offer all victims of sexual abuse access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs). If SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
 5. If requested by the victim, CRRC will arrange for a victim advocate to accompany and support the victim through the forensic exam process and provide emotional support, crisis intervention, information, and referrals.
 6. Inmate/Resident victims of sexual abuse shall 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 at Crozer Chester Medical Center according to their professional judgment.
 7. Inmate/Resident victims of sexual abuse shall be offered timely

information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

8. Treatment services shall be 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

115.221(d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
 2. Reported that all efforts are documented.
 3. Reported that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
2. MOU with Delaware County Women Against Rape (DCWAR) provides:
 1. In person response and support at hospital.
 2. Counseling Support. Individual Therapy, Groups for victims.
 3. Court Advocacy.
 4. Referral to Hospitals that are SAFE and/or SANE providers.
 5. Work with the appropriate law enforcement agency assigned jurisdiction for the case
 6. Comply at all times with applicable federal, state and local laws.
 7. Protect the identity and confidentiality of all sexual assault victims.

What was heard as a part of a systematic review of evidence:

1. Interview responses from PREA Coordinator:
 1. Stated that GEO policy requires each facility to pursue a Memorandum of Understanding (MOU) with a community-based provider capable of providing victim advocacy services. In the event a MOU cannot be obtained, the facility is required document the attempt to enter into a MOU and/or maintain documentation that no other alternatives are available in the community. If no alternatives are available, an agency staff member is screened for appropriateness to serve as an advocate and trained on the provision of victim advocacy services.
 2. Agency staff training is documented and maintained as part of the

	<p>staff member’s official training record.</p> <ol style="list-style-type: none"> 3. Stated that each facility ensures the rape crisis center provides the following: 24-hour hotline services; accompaniment and advocacy through medical, criminal just and support systems; crisis intervention services to include individual and group support services; information and referrals to assist the victim; community-based services; and the development/distribution of materials related to available services. 2. There were no residents in the facility at the time of the onsite who had reported a sexual abuse. <p>115.221(f)</p> <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the Facility Director: <ol style="list-style-type: none"> 1. The Facility Director reported that all allegations of sexual abuse are turned over to and investigated by either the Pennsylvania Department of Corrections or Delaware County Corrections (client). <p>115.221(h)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. GEO Corporate Policy and Procedure Manual 5.1.2-E - Oversight (pp. 7-8): <ol style="list-style-type: none"> 1. GEO facilities may not utilize facility employees as victim advocates unless the following documentation exists community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222</p> <p>Evidence relied upon in making the compliance determinations:</p>

- Chester Residential Reentry Center (CRRC) PAQ
- GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)
- CRRC Local Policy Manual 5.1.2-E: Abuse, Neglect and Exploitation (effective 7/1/2019)
- GEO Website (Investigations)
- Review of investigative documentation
- Interview responses from Agency Head

Reasoning and analysis (by provision):

115.222(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
 2. Reported that in the past 12 months there were eight allegations of sexual abuse and sexual harassment that were received.
 3. Reported that in the past 12 months the number of allegations resulting in administrative investigations was eight.
 4. Reported that in the past 12 months the number of allegations referred for criminal investigations were zero.
 5. Reported that in the past 12 months, four investigations were completed, and four investigations are ongoing.
2. A review of investigative documentation for allegations received during this reporting period revealed that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.

What was heard as part of a systematic review of evidence:

1. Interview responses from Agency Head:
 1. Reported that administrative or criminal investigations are required by corporate and local facility policies. an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only).
 2. Reported that GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements.
 3. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not

involve criminal behavior.

115.222 (b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.
 2. Reported that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.
 3. Reported that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) (p. 4)
 1. Outlines that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.
 2. Outlines that GEO shall publish its corporate investigations policy on its website.
3. CRRC Local Policy Manual 5.1.2-E: Abuse, Neglect and Exploitation (effective 7/1/2019) (p. 6)
 1. The facility shall report all allegations of Sexual Abuse and Sexual Harassment to the referring agency, Contract Facility Coordinator and/or local law enforcement for investigation.
 2. Outlines that the supervisor receiving the report shall immediately notify the Facility Director. The Facility Director will make notification immediately to referring agency.
 3. Outlines that it shall be the responsibility of local law enforcement to conduct all investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ) or an alliterative source qualified to provide evidence protocol.
4. The agency publishes their policy regarding investigations to their website:
 1. <https://www.geogroup.com/PREA>

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.231

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **PREA Staff Training Curriculum**
- **PREA Staff Training Acknowledgement Waivers**
- **Interviews with random staff**

Reasoning and analysis (by provision):

115.231(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
 2. Reported that the agency trains 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.
 3. Reported that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.
 4. Reported that the agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 5. Reported that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.
 6. Reported that the agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.
 7. Reported that the agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.
 8. Reported that the agency trains all employees who may have contact with residents on how to avoid inappropriate relationships

with residents.

9. Reported that the agency trains 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.
 10. Reported that the agency trains 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.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 13):
1. Outlines that each facility shall train all employees who may have contact with individuals in a GEO Facility or Program on:
 1. Its zero-tolerance policy for sexual abuse and sexual harassment.
 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention detection, reporting and response policies and procedures.
 3. An individual in a GEO facility or program right to be free from sexual abuse and sexual harassment.
 4. The right of individuals in a GEO facility or program and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 5. The dynamics of sexual abuse and sexual harassment in confinement.
 6. The common reactions of sexual abuse and sexual harassment victims.
 7. How to detect and respond to signs of threatened and actual sexual abuse.
 8. How to avoid inappropriate relationships with Individuals in a GEO facility or program.
 9. How to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals.
 10. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed acknowledged initial and annual training on all required aspects of this standard.
 2. Staff interviewed were able to provide details regarding various aspects of the training to demonstrate their understanding.

What was observed as part of a systematic review of evidence:

1. Random review of employee training files:

1. All files reviewed contained a signed acknowledgement by staff that training was provided and understood.
2. Staff are provided with a test that must be completed before advancing through the training. Files were spot checked and found to all contain the material.
2. PREA staff training curriculum:
 1. Outlines training that includes all required aspects of this standard.

115.231(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that training is tailored to the gender of the residents at the facility.
 2. Reported that employees who are reassigned from facilities housing the opposite gender are given additional training.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 13)
 1. Outlines that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring between facilities that house individuals of different genders.

What was observed as part of a systematic review of evidence:

1. CRRC houses only male residents.
2. PREA staff training curriculum contains training tailored to both male and female detainees.

115.231(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that between trainings the agency provides employees who may have contact with residents receive refresher information about current policies regarding sexual abuse and harassment at staff meetings, department head meetings and through PREA postings.
 2. Reported that employees who may have contact with residents receive annual training on PREA requirements on an annual basis.

What was observed as part of a systematic review of evidence:

1. A review of staff training records revealed that all current employees who may have contact with residents received training on PREA requirements. This training is conducted annually.

	<p>115.231(d)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> 1. Reported that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. <p>What was observed as part of a systematic review of evidence:</p> <p>1. Staff files were randomly inspected, and all contained signed acknowledgements by staff that training was provided and understood.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • PREA Contractor/Volunteer Training Curriculum • Interview with PREA Manager <p>Reasoning and analysis (by provision):</p> <p>115.232(a/b/c)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> 1. Reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 2. Reported that there were zero volunteers and contractors who have

	<p>been trained.</p> <ol style="list-style-type: none"> 3. Reported that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. 4. Reported that all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. 5. Reported that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. <ol style="list-style-type: none"> 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 14-15): <ol style="list-style-type: none"> 1. Outlines that all contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. 2. Outlines that each facility shall ensure that all contractors and volunteers who have contact with Individuals in a GEO facility or program are trained on their responsibilities under GEO' s sexual abuse and harassment prevention, detection, and response policies and procedures. 3. Contractors and volunteers who have contact with Individuals in a GEO facility or program shall receive annual PREA refresher training. 4. Outlines that unless client mandates require electronic verification, contractors and volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Annual PREA refresher Training. 3. GEO “Sexually Abusive Behavior Prevention and Intervention Program” <ol style="list-style-type: none"> 1. Curriculum outlines the expectations of all contractors and volunteers regarding the agency’s zero-tolerance policy and reporting responsibilities. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with PREA Manager: <ol style="list-style-type: none"> 1. Reported that the CRRC does not utilize the services of contractors or volunteers.. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.233

Evidence relied upon in making the compliance determination:

- **Chester Residential Reentry Center (CRR) Pre-Audit Questionnaire (PAQ)**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **CRR Local Policy Manual: Oversight (effective 7/1/2019)**
- **PREA Resident Education Manual (English) (effective 5/4/2021)**
- **PREA Resident Education Manual (Spanish) (effective 5/4/2021)**
- **PREA Resident Education Manual acknowledgement receipts**
- **PREA resident reporting options posters (English/Spanish)**
- **Review of random resident intake records**
- **Interviews with intake staff**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision)

115.233(a)

What was read a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that residents 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.
 2. Reported that 309 residents admitted during the past 12 months were given this information.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 12):
 1. Outlines that within 24 hours of arrival, Community Confinement Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents.

3. CRRC Local Policy Manual (pp. 3-4):

1. Outlines that the offender will be provided with written information (i.e., handbooks, pamphlets, etc.) on the company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. Each offender will be issued a PREA Resident Education Manual within 24 hours and sign an acknowledgment form verifying they have received the manual and understand the content of the materials provided. The facility PREA Compliance Manager will retain a copy of the signed PREA Resident Education Manual acknowledgement form.

What was heard as part of a systematic review of evidence:

1. Interviews with intake staff:
 1. Intake staff reported that residents are provided with information regarding the facility's zero-tolerance for sexual abuse and sexual harassment at the time of their intake.
 2. Intake staff reported that orientation normally takes place the same day that the resident arrives to the facility.
2. Interviews with random residents:
 1. Residents interviewed reported that they received information regarding the facility's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment.
 2. Residents interviewed reported that they received this information the same day they arrived to the facility, or the following day if they came in during the evening.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. A resident intake was observed for a resident that had come in that same day.
 2. Orientation included information 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.
 3. Information was provided in the form of a handbook.
2. Review of intake records:
 1. A random sampling of intake records revealed that residents signed acknowledgement for receipt of PREA information during the intake process.

2. A random sampling of intake records revealed that residents received orientation the same or following day after arriving to the facility.
3. Review of resident PREA education materials:
 1. PREA education materials cover all relevant materials.
 2. PREA education materials are provided in both English and Spanish.
4. Informal conversations with staff:
 1. Staff are available who are bi-lingual who can assist with translation when needed.
 2. The facility has a contract with Language Line to provide translation services when needed.

115.233(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a).
 2. Reported that zero residents transferred from a different community confinement facility in the past 12 months
2. CRRC Local Policy Manual (pp. 3-4):
 1. Outlines that Chester Residential Reentry shall provide refresher information whenever an offender from another GEO facility is received to the facility.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that all residents receive the same PREA information at intake and orientation regardless of whether they came from another facility or not.
2. Interviews with random residents:
 1. All residents interviewed stated that they received orientation material when arriving to the facility, including those who stated that came from other facilities.

115.233(c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

2. Reported that resident PREA education is available in formats accessible to all residents, including those who are deaf.
 3. Reported that resident PREA education is available in formats accessible to all residents, including those who are visually impaired.
 4. Reported that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.
 5. Reported that the agency maintains documentation of resident participating in PREA education sessions.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 13):
 1. Outlines that in all facilities, education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient.
 2. Outlines that in all facilities, individuals in a GEO facility or program shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files.
 3. CRRC Local Policy Manual (p. 4):
 1. Outlines that sexual abuse and sexual harassment education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient.
 2. Each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager.
 4. PREA Education Manual for Residents:
 1. Observed to be available in both English and Spanish.

What was heard as a part of a systematic review of evidence:

1. Interview with intake staff:
 1. Reported that orientation and education materials were available in both English and Spanish.
 2. Reported that if a language barrier existed, they would enlist the services of a staff member who was bilingual or utilize the Language Line.
 3. Reported that they would read materials to residents who were unable to read or had low vision.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Resident education materials were observed in both English and Spanish.

2. A TDD machine was observed to be available for residents who were deaf.
3. PREA video acknowledgement receipts were randomly reviewed and found to be complete.
4. Resident Acknowledgement of Receipt of PREA Educational Material receipts were randomly reviewed and found to be complete.

115.233(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 13):
 1. Outlines that key information shall be provided to individuals in a GEO facility or program on a continuous basis through readily available, handbooks, brochures, or other written materials.
3. CRCC Local Policy Manual (p. 4):
 1. Outlines that key information related to sexual abuse and sexual harassment shall be provided to offenders on a continuous basis through readily available, handbooks, brochures, or other written materials. The offenders are made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The PREA Educational Manual for residents does have reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgement form which verifies the resident received the document.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Signage was observed throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA.
 2. Handbooks are provided to each resident that they are able to retain.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.234

Evidence relied upon in making the compliance determination:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **PREA Specialized Training Investigating Sexual Abuse in Correctional Settings (dated June 2013)**

Reasoning and analysis (by provision):

115.234(a/b/c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
 2. Reported that the agency maintains documentation showing that investigators have completed the required training.
 3. Reported that the number of investigators currently employed who have completed the required training is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 14):
 1. Outlines that investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
 2. Investigators shall receive this specialized training in addition to the training mandated for employees in Section F (I). Facilities shall maintain documentation of this specialized training.
 3. Where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations. Training documentation shall be kept on file at the facility.
3. Curriculum for PREA Specialized Training Investigating Sexual Abuse in Correctional Settings:
 1. Outlines training topics that cover all components required by this standard.
4. Statement from CRRC regarding investigators:
 1. CRRC does not have any specialized investigators in the facility. All

investigations are referred to the Pennsylvania Department of Corrections (client) for completion. In the event that the contracting agency refers it back to the facility, the investigation would be handled by a corporate specialized investigator.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • PREA Specialized Training Certificates • PREA Specialized Training Acknowledgments • Interview with mental health staff <p>Reasoning and analysis (by provision):</p> <p>115.235(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has policy related to the training of medical and mental health practitioners who work regularly in its facilities. 2. Reported that the number of medical and mental health care practitioners who work regularly at the facility and have received the training required by policy is three. 3. Reported that the percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by policy is 100%. 4. Reported that agency medical staff at this facility do not conduct forensic medical exams. 5. Reported that the agency maintains documentation showing that medical and mental health practitioners have completed the

	<p style="text-align: center;">required training.</p> <ol style="list-style-type: none"> 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 14): <ol style="list-style-type: none"> 1. Outlines that each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in its facilities on certain topic areas, including detecting signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment. 2. Medical and mental health care practitioners shall receive this specialized training addition to the training mandated for employees in Section F (I) or contractors in section H (I) depending upon their status at the facility. 3. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a sexual assault nurse examiner (SANE) or sexual assault forensic examiner (SAFE). 4. Facilities shall maintain documentation of this specialized training. 3. Review of training records for medical and mental health staff revealed that the training was completed as mandated by policy. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with mental health care worker confirmed that in addition to the PREA training that all staff participate in additional training is required for medical and mental health workers. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>114.241</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-3: Oversight (effective 7/1/2019)

- **PREA Risk Assessments**
- **PREA Vulnerability Reassessment Questionnaire**
- **Site review observations**
- **Interviews with staff responsible for risk screening**
- **Interviews with random residents**

Reasoning and analysis (by provision):

115.241(a/b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.
 2. Reported that policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
 3. Reported that 309 residents entered the facility in the past 12 months and that 309 residents were screened within 72 hours.
 4. Reported that risk assessment is conducted using an objective screening instrument.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 8):
 1. Outlines that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive towards another Individual in a GEO facility or program.
 2. This screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment.
3. CRRC Local Policy Manual 2019-3: Oversight (p. 1):
 1. Outlines that it is also the policy of GEO Reentry Services - Chester Residential Reentry Center that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another offender in the Chester Residential Reentry Center or being sexually abusive towards another individual (staff or resident) in the Chester Residential Reentry Center Intake screening shall ordinarily take place within 72 hours of arrival at the facility. A designated coordinator or intake coordinator will accomplish all screening of prospective residents. Persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Reported that they conduct a risk screening on individuals coming into the facility, normally the same day they arrive, but always within 24 hours of their arrival.
2. Interviews with random residents:
 1. Reported that they were asked questions from the risk screening either as soon as they entered the facility, or the next day if they arrived later in the evening.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Intake was observed for a resident that had just arrived at the facility.
 1. "GEO PREA Risk Assessment Tool" was used by staff to complete the screening.
 2. Informal conversations with staff and residents revealed that intakes are done upon the resident's arrival unless they arrive later in the evening in which case the screening takes place the next day.

115.241(d/e)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 9):
 1. Outlines that screenings shall consider:
 1. Mental, physical or developmental disability.
 2. Age.
 3. Physical build
 4. Previous incarceration.
 5. If criminal history is exclusively nonviolent
 6. Prior convictions for sex offenses against an adult or child.
 7. If perceived to be LGBTI or Gender Nonconforming.
 8. If previously experienced sexual victimization.
 9. His/her own perception of vulnerability.
 2. Outlines that intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive.
2. GEO PREA Risk Assessment Tool:
 1. Considers all criteria as outlined in the standard and policy.

What was heard as part of a systemic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed reported that the GEO PREA Risk Assessment Tool was used during the intake screening process and that it included all the required elements outlined in this standard.

115.241(f/g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy requires that the facility reassess each resident's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
 2. Reported that 309 residents entering the facility in the past 12 months whose length of stay was for 30 days.
 3. Reported that 309 residents whose length of stay was for 30 days, or more were reassessed within 30 days of their arrival.
 4. Reported that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 2):
 1. Requires that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individuals in a GEO facility or program risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
3. CRRC Local Policy Manual 2019-3: Oversight (p. 2):
 1. Requires that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the offender's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The facility shall use the approved "GEO PREA Vulnerability Reassessment Questionnaire" to conduct the reassessment.

What was heard as part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed stated that a reassessment of residents occurs within 30 days of their initial assessment.
 2. Staff interviewed stated that residents would be reassessed if any additional, relevant information became available.
2. Interviews with random residents:
 1. Residents interviewed stated that they had been reassessed again

after their arrival or did not recall since they had been in the facility for so long.

What was observed as part of a systematic review of evidence:

1. A random sample of 24 resident files revealed that all had received a reassessment screening within 30 days of their arrival.

115.241(h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 9):
 1. Outlines that disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited.
3. CRRC Local Policy Manual 2019-3: Oversight (p. 3):
 1. Outlines that disciplining offenders for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

What was heard as a part of a systematic review of evidence:

1. Interviews with staff responsible for risk screening:
 1. Staff stated that residents would not and have not been disciplined for refusing to answer any of the questions on the risk screening.

115.241(i)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 9):
 1. Outlines that facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Individuals in a GEO facility or program.

2. Outlines that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.
2. CRRC Local Policy Manual 2019-3: Oversight (p. 3):
 1. Outlines that the facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other offenders.
 2. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.
 3. Outlines that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the facility director shall have access to completed risk screening information which shall be maintained in a secure area of the facility.

What was heard as a part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reports that access to a resident's risk assessment is limited to those requiring the information to make housing, work assignment, and programming/education decisions.
2. Interview with staff responsible for risk screening
 1. Reported that the completed risk screenings are all turned over to the PREA Manager who keeps them locked in her office.
3. Interview with PREA Manager:
 1. Reported that when she receives completed risk screenings, they are locked in a cabinet inside her office.

What was observed as part of a systematic review of evidence:

1. Site observations:
 1. File storage areas were observed to be locked with limited access.
 2. Computers access is strictly controlled, and staff only have access to files that are related to their specific assignments.
 3. All computers have lock-screens that require staff to enter a password to activate.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.242

Evidence relied upon in making the compliance determination:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **CRRC Local Policy Manual 2019-3: Oversight (effective 7/1/2019)**
- **PREA Risk Assessments**
- **Referral for support services examples**
- **PREA Vulnerability Reassessment Questionnaire**
- **At-Risk Log**
- **LGBTI Log**
- **Site review observations**
- **Interview with PREA Coordinator**
- **Interview with staff responsible for risk screening**

Reasoning and analysis (by provision):

115.242(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility uses information from the risk screening guide 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.
 2. Reported that the facility makes individualized determinations about how to ensure the safety of each resident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 10):
 1. Requires that screening information from standard Section D (I) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA compliance manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers

pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log.

3. CRRC Local Policy Manual 2019-3: Oversight (p. 1):
 1. Outlines that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that residents who score "at risk," for victimization or abuse are referred for medical and/or mental health assessments as required and tracked on an "at risk log," which contains, at a minimum, their status as a potential victim/perpetrator and housing location. The facility's designated PCM is responsible for reviewing each assessment to ensure proper completion and maintaining the "at risk log," to ensure potential victims and abusers are housed separately.
2. Interview with PREA Manager:
 1. Reported that residents identified as being "at risk" for victimization or abuse are referred for a medical/mental health assessment. Information obtained is used to ensure that potential victim/perpetrator are housed appropriately.
3. Interviews with staff responsible for risk screening:
 1. Reported that when residents are identified as being at risk, a referral is made for a mental health assessment which they have the option of declining. The mental health referral is documented as well as the resident's acceptance or declination. Risk assessments are used to ensure that residents are housed appropriately to ensure their safety.

115.242(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.
 2. Reported that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 10):
 1. In making housing and programming assignments for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems.
3. CRRC Local Policy Manual 2019-3: Oversight (p. 3):
 1. Outlines that in making housing and programming assignments for transgender or intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that GEO policy requires each facility to establish a Transgender Care Committee (TCC) consisting of the facility administrator or assistant facility administrator, chief of security, classification or case management supervisor, medical and/or mental health staff, and the PREA compliance manager. I may also be consulted as necessary. The TCC must meet as soon as possible but no later than 72 hours after the resident's arrival. In the event the TCC cannot meet immediately, transgender residents may be housed in medical during the 72-hour time frame. The TCC is responsible for making all decisions pertaining to housing and program assignments for transgender residents.
 2. GEO has developed and implemented a standardized "Transgender Care Committee (TCC) Summary," form used at each facility with the exception of those contractually required to use the client's tool. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC summary to advise housing/program decisions and ensure the resident's health and safety.
 3. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC Summary to advise housing/program decisions and determine whether placement would present management of security problems.
2. There were no transgender or intersex residents at the facility during the onsite.

115.242(d)

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:

1. Reported that a transgender or intersex resident's own view are given serious consideration with respect to his or her own safety.
2. Interview with staff responsible for risk screening:
 1. Reported that during the intake risk screening process, residents who identify as transgender or intersex are asked if they feel safe or have any concerns regarding their placement. The opinion of the resident is given serious consideration as it relates to their assignments.
3. There were no transgender or intersex residents at the facility during the onsite.

115.242(e)

What was heard as a part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that all residents at CRRC are given the opportunity to shower separately.
2. Interview with staff responsible for risk screening:
 1. Reported that all residents at CRRC are given the opportunity to shower separately.
 2. Reported that restrooms are all equipped with individual shower stalls.
3. There were no transgender or intersex residents at the facility during the onsite.

What was observed as part of a systematic review of evidence:

1. Site review observations:
 1. Common bathrooms in each of the housing areas provided individual shower stalls providing privacy for all residents while showering.

115.242(f)

What was read as part of a systematic review of evidence:

1. CRRC PREA "LGBTI" Tracking Log:
 1. Outlines housing assignments of residents identifying as lesbian, gay, bisexual, transgender, or intersex

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Reported that there are no GEO facilities that are under any type of consent decree, legal settlement, or legal judgment.
 2. Reported that lesbian, gay, bisexual, transgender, or intersex residents are not placed in dedicated facilities, units, or wings based

	<p style="text-align: center;">solely on the basis of their identification.</p> <p>2. There were no residents who identified as lesbian, transgender, or intersex at the facility at the time of the onsite.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.251</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRRC Local Policy Manual 2019-3: Oversight (effective 7/1/2019) • Employee Reporting Options Poster • Resident Reporting Options Poster • PREA Resident Education Manual (Resident Reporting Options) • GEO Website (Staff Reporting Information) • Interview with PREA Coordinator • Interviews with random staff • Interviews with random residents • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.251(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other residents and staff neglect or violation of responsibility that may have contributed to such incidents. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 19): <ol style="list-style-type: none"> 1. Outlines that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and

sexual harassment, retaliation by other Individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

3. CRRC Local Policy Manual 2019-3: Oversight (p. 4):
 1. Outlines that offenders are made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The PREA Educational Manual for residents does have reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation.
4. PREA Resident Education Manual:
 1. Outlines multiple ways for residents to privately report.

What was heard as a part of a systematic review of evidence:

1. Interviews with random staff:
 1. Staff interviewed were all familiar with multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. When asked, staff were able to articulate different ways available to report.
2. Interviews with random residents:
 1. Residents interviewed provided examples of different ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents.

What was observed as a part of a systematic review of evidence:

1. Site observations:
 1. Signage:
 1. Signage regarding reporting was observed throughout the facility.
 2. Signage was printed in a font that was easily readable.
 3. Signage was provided in both English and Spanish.
 4. Signage was consistent throughout the facility.
 5. Signage outlined multiple ways for residents to make reports.
 2. Telephones:
 1. Telephones in common areas were tested and found to be operable.
 2. Residents at CRRC are allowed to retain and use their personal cell phones inside the facility.
 3. Hotline numbers were tested and found to be operable. A PIN was not required to make the call. Individuals answering the calls explained the process used to receive and forward complaints to the facility.
4. Mail procedures:

1. Addresses are provided for making written reports to outside entities.
2. Indigent residents are provided with stamped envelopes when they arrive to the facility and again upon request.
3. Outgoing mail is placed in an outgoing mailbox and is not opened or read.

115.251(b)

What was read as a part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not a part of the agency.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 19):
 1. Outlines that facilities shall provide Individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
3. Resident Reporting Options Poster and PREA Resident Education Manual:
 1. Outlines multiple ways for residents to privately report incidents to an entity that is not a part of GEO.
 2. Address is provided for reporting to the Pennsylvania Department of Corrections PREA Coordinator Office of State Inspector General.
 3. Hotline number is provided for the Delaware County Women Against Rape (DCWAR)

What was heard as part of a systematic review of evidence:

1. Interview with PREA Coordinator:
 1. Stated that GEO policy requires each facility to provide residents contact information on how to report abuse or harassment to an office that is not part of the agency. At a minimum, facilities provide the contracting agency's reporting line (BOP). Many facilities also provide contact information for local and/or national entities capable of receiving reports of abuse or harassment.
2. Interviews with random residents:
 1. Residents interviewed stated that they were aware of multiple ways to make a report and were able to articulate different methods.
 2. Residents interviewed stated that they believed that the hotline numbers that were posted would allow them to remain anonymous as the telephones did not require any type of PIN to call.
3. A call to the Delaware County Women Against Rape (DCWAR) confirmed that

the number was active and that no PIN was required. Support staff answering the phone confirmed that as long as the resident gave their permission, the report would be forwarded to the facility.

115.251(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
 2. Reported that staff are required to document verbal reports immediately.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 19):
 1. Outlines that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.
3. CRRC Local Policy Manual 2019-1: Oversight (p. 1):
 1. Outlines that all employees, contractors and volunteers have an affirmative duty to report all allegations or knowledge of sexual abuse, sexual harassment, romantic, or sexual contact that takes place within Chester Residential Reentry Center Facility.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:
 1. All staff interviewed stated that they would accept both verbal and written reports from residents and that they would immediately report the incident to their supervisor or the Facility Director.
 2. Staff reported that if they received a verbal report, they would document it and report to their supervisor.
2. Interviews with random residents:
 1. Residents interviewed stated that believed they could make both a verbal and a written report to a staff member if they wanted to.

115.251(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.
 2. Reported that staff are informed of these ways through policy, company website, published hotline numbers and through training.
2. Employee Reporting Options Poster:

	<p>1. Outlines that GEO employees reporting sexual abuse or sexual harassment may report such information to the chief of security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the corporate PREA office directly at (561) 999-5827.</p> <p>3. GEO Website (Staff Reporting Information)</p> <ol style="list-style-type: none"> 1. www.reportlineweb.com/geogroup 2. Provides staff with various methods to report sexual abuse and sexual harassment of residents. <p>What was heard as part of a systemic review of evidence:</p> <ol style="list-style-type: none"> 1. Interviews with random staff: <ol style="list-style-type: none"> 1. Staff interviewed provided a variety of examples that were available to them to privately report sexual abuse and sexual harassment of residents. Most staff reported that they would go to their supervisor or the Facility Director to make a report. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-5: Resident Management (effective 7/1/2019) • CRRC Resident PREA Education Handbook (effective 5/4/2021) <p>Reasoning and analysis (by provision):</p> <p>115.252(a/b/c)</p>

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.
 2. Reported that agency 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.
 3. Reported that agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the submit of the complaint.
 4. Reported that a resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 19-20):
 1. Outlines that there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse.
 2. Outlines that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
 3. Outlines that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.
3. CRRC Local Policy Manual 2019-5: Resident Management (p. 4):
 1. Outlines that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the referring agency's Contract Facility Coordinator, GEO PREA Compliance Manager and/or GEO PREA Director.
 2. Outlines that residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of a complaint.
4. CRRC Resident PREA Education Handbook (p. 6):
 1. Outlines that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the DOC PREA Coordinator, GEO PREA Compliance Manager and/or GEO Senior Area Manager.

115.252(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
 2. Reported that in the past 12 months there were zero grievances filed that alleged sexual abuse.
 3. Reported that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 20):
 1. Reports that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90-days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.
 2. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.
 3. Reports that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.
3. CRRC Local Policy Manual 2019-5: Resident Management (p. 6):
 1. Outlines that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents at Chester Residential Reentry Center in preparing any administrative appeal.
 2. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Manager:
 1. Confirmed that there have been zero grievances alleging sexual abuse filed in the past 12 months.

115.252(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:

1. Reported that agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
2. Reported that policy and requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents decision to decline.
3. Reported that there were zero grievances alleging sexual abuse filed by residents in the past 12-months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 19):
 1. Outlines that third parties (e.g. fellow individuals in a GEO facility or program, employees, family members, attorneys and outside advocates) may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility or program.
 2. Outlines that the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process.
3. CRRC Local Policy Manual 2019-5: Resident Management (p. 4):
 1. Outlines that residents filing sexual abuse grievances may be assisted by a third party (family, employees, fellow inmates, staff members, outside advocates, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.
4. CRRC Resident PREA Education Handbook (p. 7):
 1. Outlines that residents filing sexual abuse grievances may be assisted by a third party (family, employees, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.
5. Resident grievance forms require that the residence sign off if they decline to have a grievance pursued on their behalf.

115.252(f):

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

2. Reported that the agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
 3. Reported that there were zero emergency grievances alleging substantial risks of imminent sexual abuse filed in the past 12 months.
 4. Reported that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 20):
 1. Outlines that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse.
 2. Outlines that after receiving an emergency grievance of this nature, the facility administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
 3. Outlines that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days.
 3. CRRC Local Policy Manual 2019-5: Resident Management (pp. 4-5):
 1. Outlines that emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt.
 2. Outlines that a final decision for emergency grievances will be provided within five (5) calendar days.
 3. Outlines that if an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the facility director will take immediate corrective action to protect the potential victim. If staff is the alleged abuser, separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation.
 4. CRRC Resident PREA Education Handbook (p. 7):
 1. Outlines that processing for emergency grievances will begin with the initial determination by the designated grievance coordinator that the issue raised is a life-threatening situation. Emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt.
 2. A final decision for emergency grievances will be provided within five (5) calendar days.
 3. If an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Manager confirmed that there have been no emergency grievances filed in the past 12 months.

115.252(g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.
 2. Reported that in the past 12-months there have been zero resident grievances alleging sexual abuse that resulted in disciplinary action.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 20):
 1. Outlines that individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith.
3. CRRC Local Policy Manual 2019-5: Resident Management (p. 8):
 1. Outlines that a resident found to have intentionally filed a false report or allegation against another person will be subject to disciplinary action.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-2: Oversight (effective 7/1/2019) • CRRC Resident PREA Education Manual (effective 5/4/2021) • CRRC Resident reporting options posters • CRRC MOU for outside confidential support services • Interviews with random residents • Site review observations

Reasoning and analysis (by provision):

115.253(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility provides residents access to outside victim advocates for emotional support services related to sexual abuse.
 2. Reported that the facility provides residents with access to such services by giving residents mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.
 3. Reported that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 25-26):
 1. Outlines that facilities shall provide individuals in a GEO facility or program who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).
3. CRRC Resident PREA Education Manual (pp. 8-9):
 1. Explains that residents can call 1.800. 656.HOPE (4673) at any time for victim advocacy referrals. When a caller dials 1.800. 656.HOPE, a computer notes the area code and first three digits of the caller's phone number. The call is then instantaneously connected to the nearest RAINN member center. If all counselors at that center are busy, the call is sent to the next closest center. The caller's phone number is not retained, so the call is anonymous and confidential unless the caller chooses to share personally identifying information. All calls are confidential.
4. CRRC MOU with Delaware County Women Against Rape (DCWAR):
 1. DCWAR provides support services related to sexual abuse through a 24-hour hotline assistance.
 2. DCWAR agrees to provide counseling support, individual therapy, groups for victims

What was heard as a part of a systematic review of evidence:

1. Interviews with random residents:
 1. Most residents interviewed stated that they were not aware of any specific outside support services but commented that they were probably listed on the posters that are posted throughout the facility.
 2. Residents interviewed stated that they believed that these services would be private and confidential.

2. CRRC reported that there were no residents who reported a sexual abuse during this reporting period.

What was observed as part of a systemic review of evidence:

1. Site review observations:
 1. Signage was observed throughout the facility with hotline numbers for advocacy services.
 2. Signage was clearly marked which services were for reporting and which were for support.
 3. Hotline numbers were tested from the facility and staff who answered the phones provided information regarding services that would be provided and well as the level of confidentiality that would be afforded.
 4. Telephone calls to the hotlines do not require a PIN, so calls can be made anonymously.
 5. Residents are allowed to have their personal cell phones inside the facility to make calls as well.

115.253(b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.
 2. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. CRRC Resident PREA Education Manual (p. 8):
 1. Outlines that caller's phone number to the support hotline is not retained, so the call is anonymous and confidential unless the caller chooses to share personally identifying information. All calls are confidential.

What was heard as a part of a systematic review of evidence:

1. Interviews with random residents:
 1. Residents interviewed stated that they believed calls to the hotline were private.

115.253(c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility maintains memorandum of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.
 2. Reported that the facility maintains copies of those agreements.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or program with confidential emotional support services related to sexual abuse while in custody.
 2. Outlines that facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.
3. CRRC MOU with Delaware County Women Against Rape (DCWAR):
 1. Copies of MOU are on file at the agency.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.254 Evidence relied upon in making the compliance determinations: <ul style="list-style-type: none">• GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)• GEO website Reasoning and analysis (by provision): 115.254(a)

	<p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment through the agency hotline or website. 2. Reported that agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through the agency website at www.geogroup.com/PREA. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the PREA manager. <ol style="list-style-type: none"> 1. Reported that there were no third-party reports of sexual abuse or sexual harassment of a resident during the past 12 months. <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Site review observations: <ol style="list-style-type: none"> 1. Signage was observed to be posted in public areas around the facility in the visiting area and front lobby. 2. The GEO hotline was tested while onsite and found to be operational. 3. The GEO website was visited and found to contain all required information for making third party reports. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-6: Oversight (effective 7/1/2019) • Interviews with random staff • Site review observations

Reasoning and analysis (by provision):

115.261(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency.
 2. Reported that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.
 3. Reported that the agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 20-21):
 1. Outlines that employees are required to immediately report any of the following:
 1. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility.
 2. Retaliation against individuals in a GEO facility or program or Employees who reported such an incident.
 3. Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.
3. CRRC Local Policy Manual 2019-3: Abuse, Neglect and Exploitation (pp. 5-6):
 1. Outlines that employees are required to immediately report any of the following:
 1. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility.
 2. Retaliation against a resident or employee who reported such an incident.
 3. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone.

What was heard as part of a systematic review of evidence:

1. Interviews with random staff:

1. Staff interviewed all stated that they were aware of agency policy that required them to immediately report any knowledge or suspicion of sexual abuse, sexual harassment or retaliation of residents, including any employee neglect or violation of responsibilities that may have contributed to an incident.
2. Staff interviewed understood policy that required information related to sexual abuse and sexual harassment remain confidential except to the designated supervisors that they report the incident to.

What was observed as part of a systematic review of evidence:

1. Site observations:
 1. Files related to residents are kept in locked cabinets within locked offices.
 2. Computer stations have automatic screen locks and are controlled by individual passwords.
 3. Staff only have access to files relevant to their position assignment.

115.261(c)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 21):
 1. Practitioners shall inform individuals in a GEO facility or program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
2. CRRC Local Policy Manual 2019-3: Abuse, Neglect and Exploitation (p. 6):
 1. Practitioners shall inform the resident of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

What was heard as part of a systematic review of evidence:

1. Interview with mental health staff:
 1. Mental health staff confirmed that residents are informed of their duty to report and the limitations of confidentiality.

115.261(d)

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. The Facility Director stated that any abuse of vulnerable adults would be reported to the appropriate agencies and that they would receive the same services available to all residents.
2. Interview with PREA Coordinator:

1. Stated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws.

115.261(e)

What was read as part of a systematic review of evidence:

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 21):
 1. Outlines that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these type incidents.
2. CRRC Local Policy Manual 2019-3: Abuse, Neglect and Exploitation (p. 6):
 1. The facility shall report all allegations of Sexual Abuse and Sexual Harassment to the referring agency, Contract facility Coordinator and/or local law enforcement for investigation.

What was heard as part of a systematic review of evidence:

1. Interview with facility director:
 1. The facility director stated that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported through the GEO reporting system as well as the Pennsylvania Department of Corrections (client).

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation

(effective 7/1/2019)

- **Interview with Agency Head**
- **Interview with Facility Director**
- **Interviews with random staff**

115.262(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that what the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.
 2. Reported that in the past 12-months there were zero instances where a resident was subject to a substantial risk of sexual abuse.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 21):
 1. Outlines that when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 5):
 1. Outlines that when it is learned that a resident is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees will assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly. Any no contact orders shall be documented within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the investigation file.

What was heard as part of a systematic review of evidence:

1. Interview with the Agency Head:
 1. Reported that GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc).
2. Interview with Facility Director:
 1. Reported that the resident would immediately be separated from other residents and the Pennsylvania Department of Corrections (client) would be notified to determine the most appropriate next steps.

	<p>3. Interviews with random staff:</p> <ol style="list-style-type: none"> 1. Staff interviewed all stated that if they became aware that a resident was in imminent danger of sexual abuse that they would immediately separate the resident and report to their supervisor or the facility director to determine next steps. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019) • Interview with Agency Head • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.263(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 2. Reported that in the past 12 months there were zero allegations the facility received that a resident was abused while confined in another facility. 3. Reported that agency policy requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation.

4. Reported that the agency or facility documents that it has provided such notification with 72 hours of receiving the allegation.
 5. Reported that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.
 6. Reported that in the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 24-25):
 1. Outlines that In the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
 2. Outlines that the facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA coordinator.
 3. Outlines that any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards.
 3. CRRC Local Policy Manual 2019-3: Abuse, Neglect and Exploitation (p. 10):
 1. Outlines a that in the event that a resident alleges that sexual abuse occurred while confined at another facility, the Chester Residential Reentry Center shall document those allegations.
 2. The Facility Director or in his/her absence the Assistant Facility Director of Programs will notify the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
 3. Chester Residential Reentry Center staff shall maintain documentation that it has provided such notification and all actions taken regarding the incident.
 4. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator.
 5. If a report is received by the Chester Residential Reentry Center from another facility regarding alleged sexual abuse occurring at the Chester Residential Reentry Center, the allegation will be investigated in accordance with the procedure herein.

What was heard as a part of a systematic review of evidence:

1. Interview with the Agency Head:
 1. Reported that f another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of out facilities,

	<p>the PREA allegations would be reported to the Director of the facility where the allegation is alleged to have occurred.</p> <ol style="list-style-type: none"> 2. Reported that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA coordinator is also informed of all allegations of this type via email. <ol style="list-style-type: none"> 2. Interview with Facility Director: <ol style="list-style-type: none"> 1. The Facility Director confirmed that if information was received that a resident had been sexually abused at another facility, she would immediately notify the Director of that facility as well as the Pennsylvania Department of Corrections (client). 2. All allegations of sexual abuse and sexual harassment would be entered into the GEO reporting portal. 3. The Facility Director stated that if she received notification from another facility that a resident had been abused while at her facility, she would ensure that an investigation was conducted according to PREA protocols. 4. The Facility Director confirmed that there were no allegations by residents of sexual abuse occurring in another facility, nor were any reports received from other facilities regarding residents alleging sexual abuse at her facility. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC First Responder Responsibilities reference card • Interviews with random staff • Interviews with random staff who act as first responders • Interview with PREA Manager <p>Reasoning and analysis (by provision):</p>

115.264(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a first responder policy for allegations of sexual abuse.
 2. Reported that the policy requires that upon learning that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.
 3. Reported that policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Reported that policy requires that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.
 5. Reported that the policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 6. Reported in the past 12 months, there were zero allegations that a resident was sexually abused.
 7. Reported that agency policy requires that if a staff first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
 8. Reported that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
 9. Reported that there were zero allegations of sexual abuse made during the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 21-22):
 1. Outlines that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:
 1. Separate the alleged victim and abuser.

2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
3. CRRRC First Responder Duties reference card carried by all staff members outlines that first responders should:
1. Separate the alleged victim and abuser.
 2. Immediately notify the On-Duty Call Supervisor and remain on scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
 5. If the first responder is not a security staff member; the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the victim and notify security staff.

What was heard as part of a systematic review of evidence:

1. Interviews with staff who act as first responders:
 1. Staff interviewed understood their responsibilities as it relates to reporting to the scene of an alleged sexual abuse and were able to articulate the steps they would take.
 2. All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff.
 3. Staff all had reference cards that outlined the necessary steps that needed to be taken in the event an allegation of sexual abuse was received.
 4. Non-security staff understood their responsibilities to immediately notify someone from security.
2. Interview with PREA Manager:
 1. Confirmed that Chester Residential had no incidents requiring activation of staff first responder duties during the reporting period.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.265	Coordinated response
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 411 376">115.265</p> <p data-bbox="280 416 1299 452">Evidence relied upon in making the compliance determinations:</p> <ul data-bbox="354 515 1458 716" style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • PREA Coordinated Response Plan (dated 7/14/23) • Interview with Facility Director <p data-bbox="280 757 900 792">Reasoning and analysis (by provision):</p> <p data-bbox="280 833 453 869">115.265(a)</p> <p data-bbox="280 909 1219 945">What was read as part of a systematic review of evidence:</p> <ol data-bbox="341 1008 1474 1792" style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 6): <ol style="list-style-type: none"> 1. Outlines that each facility shall develop written Facility plans to coordinate the actions taken in response to incidents of sexual abuse. 2. Outlines that the plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership. 3. Outlines that the local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. 3. CRRC Coordinated Response Plan: <ol style="list-style-type: none"> 1. Directs staff regarding actions to be taken in response to an incident of sexual abuse. Reviewed and signed by the Facility Director 7/14/2023. <p data-bbox="280 1832 1235 1868">What was heard as part of a systematic review of evidence:</p> <ol data-bbox="341 1930 1410 2047" style="list-style-type: none"> 1. Interview with Facility Director: <ol style="list-style-type: none"> 1. The Facility Director confirmed that a coordinated plan had been developed and gave examples of actions that would be taken in

	<p>response to an incident of sexual abuse.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • Interview with Agency Head • Interview with PREA Manager <p>Reasoning and analysis (by provision):</p> <p>115.266(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 6): <ol style="list-style-type: none"> 1. States that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged employee sexual abusers from contact with any individual in a GEO facility or program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. <p>What was heard as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head: <ol style="list-style-type: none"> 1. Reported that none of the agency’s collective bargaining agreements

	<p style="text-align: center;">prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.</p> <p>2. Interview with PREA Manager:</p> <p style="padding-left: 40px;">1. PREA Manager confirmed that the CRRC does not have a collective bargaining agreement in place.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.267</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-9: Abuse, Neglect and Exploitation (effective 7/1/2019) • Review of retaliation monitoring logs • Interview with Agency Head • Interview with Facility Director • Interview with staff member charged with monitoring retaliation <p>Reasoning and analysis (by provision):</p> <p>115.267(a)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> 1. Reported that the agency has a policy to protect all resident 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. 2. Reported that the agency designates staff members with monitoring for possible retaliation. 3. Reported that the PREA Compliance Manager is responsible for retaliation monitoring.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees.
 2. Outlines that the facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of individuals in a GEO facility or program.
 3. Outlines that the facility Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 12):
 1. Outlines that the PREA Compliance Manager will monitor for retaliation against the resident who reports sexual abuse.
4. A review of facility retaliation logs confirmed that retaliation monitoring occurred on a consistent basis and monitored housing, discipline and work/program changes as well as other concerns.

115.267(b/c/d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency monitors the conduct or treatment of resident or staff who reported sexual abuse and of residents who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
 2. Reported that the agency monitors the conduct or treatment for a period of 90 days.
 3. Reported that the agency acts promptly to remedy any such retaliation.
 4. Reported that the agency continues such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.
 5. Reported that there have been zero incidents of retaliation in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 26-27):
 1. Outlines that facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

2. Outlines that items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing or program changes.
3. Outlines that for at least 90 days following a report of staff sexual misconduct by another employee, the facility Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation.
4. Outlines that monitoring shall terminate if the allegation is determined unfounded. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
5. Outlines that any issues discussed shall be noted on the "Employee Protection from Retaliation", to include corrective actions taken to address the issue.
6. Outlines that items to be monitored for employees include negative performance reviews and employee reassignments.
7. Outlines that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (pp. 12-13):

1. Outlines that items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing or program changes.
2. Outlines that for at least 90 days following a report of staff sexual misconduct by another employee, the facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation.
3. Outlines that monitoring shall terminate if the allegation is determined unfounded.
4. Outlines that designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
5. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
6. Items to be monitored for Employees include negative performance

reviews and Employee reassignments.

7. If any other individual expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual as well.

What was heard as part of a systematic review of evidence:

1. Interview with Agency Head:
 1. Agency Head reported that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis.
 2. Reported that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days.
2. Interview with the Facility Director:
 1. Reported that protective measures may include housing changes or even a change in facility for either the victim or abuser based on input from the Pennsylvania Department of Corrections (client).
 2. Reported that the facility would take steps to protect any individual who feared retaliation.
3. Interview with Staff member charged with monitoring retaliation (PREA Manager):
 1. Meets weekly with individuals being monitored for retaliation.
 2. Looks for changes in behavior that may suggest that retaliation may be occurring..
 3. Reported that monitoring will continue for 90 days or longer if needed.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.271

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020)**
- **Interview with Director**
- **Interview with PREA Coordinator**

Reasoning and analysis (by provision):

115.271(a/b/c/d/e/f/g/h/i/j/l)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency has a policy related to criminal and administrative agency investigations.
 2. Reported that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
 3. Reported that there were zero substantiated allegations that appeared to be criminal since the last PREA audit.
 4. Reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (pp. 5-6):
 1. Outlines that when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
 2. Outlines that where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conducts such investigations.
 3. Outlines that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
 4. Outlines that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
 5. Outlines that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Individual in a GEO facility or program or staff.

6. Outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
7. Outlines that an investigative report shall be written for all investigations of allegations of sexual abuse and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency.
8. Outlines that GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.
9. Outlines that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
10. Outlines that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the corporate PREA Director for review and closure.

What was heard as part of a systematic review of evidence:

1. Interview with Facility Director:
 1. The Facility Director reported that there are no internal investigators assigned to the CRRC. All allegations of sexual abuse and sexual harassment are reported to the Pennsylvania Department of Corrections. If criminal investigations appear to be criminal in nature, they are referred to the Pennsylvania State Police to investigate. Administrative investigations are assigned to a GEO corporate investigator.
 2. The Facility Director reported that whenever an outside agency conducts an investigation, the facility fully cooperates with the investigation. During an investigation, the facility would request periodic updates regarding the status of the investigation. In the past, agencies have been responsive to those requests and provided updates.
2. Interview with PREA Coordinator:
 1. The PREA Coordinator reported that facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of

outcomes, sexual abuse incident reviews.

What was observed as part of a systematic review of evidence:

1. Site observations:
 1. Documentation of previous investigations was observed to be retained according to this provision.
 2. All investigative files are kept in locked cabinets within locked offices.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.272	Evidentiary standard for administrative investigations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.272

Evidence relied upon in making the compliance determinations:

- Chester Residential Reentry Center (CRRC) PAQ
- GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020)
- Substantiated and unsubstantiated administrative reports

Reasoning and analysis (by provision):

115.272(a)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 6):
 1. Outlines that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.
3. Substantiated and unsubstantiated administrative investigations:
 1. A review of a substantiated and unsubstantiated administrative investigation revealed that the burden of proof used is a

	<p>preponderance of evidence.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020) • Examples of resident notification forms • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.273(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 2. Reported that there were four criminal and/or administrative investigations of alleged resident sexual abuse that were completed in the past 12 months. 3. Reported that of the alleged sexual abuse investigations completed in the past 12 months, that four residents were notified of the results of the investigation. 4. Reported that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. 5. Reported that there were zero investigations of alleged resident

sexual abuse in the facility that were completed by an outside agency in the past 12 months.

2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (pp. 11-12):
 1. Outlines that at the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Reported that facility residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.

115.273(c/d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
 1. The staff member is no longer posted within the resident's unit.
 2. The staff member is no longer employed at the facility.
 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
 2. Reported that there have been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months.
 3. Reported that the agency has a policy that all notifications to residents under this standard are documented.
 4. Reported that in the past 12 months there has been four notifications to residents that were all documented.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (pp. 11-12):
 1. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.
 2. If the alleged abuser was an employee, the victim shall also be informed whenever:
 1. The Employee is no longer posted within the victim's housing unit/area.

2. The Employee is no longer employed at the facility.
3. The facility learns that the employee has been indicted on a charge related to the Sexual Abuse within the facility.
4. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.
3. If the alleged abuser was another individual in a GEO Facility or Program, the victim shall also be informed whenever:
 1. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
4. The individual will be provided an updated notification at the conclusion of a criminal proceeding, if the individual is still in custody at the facility.
5. The facility's obligation to report under this section shall terminate if the individual is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.
3. Examples of resident notification forms:
 1. Examples of notification forms used for incidents outside the reporting period were examined and found to be in compliance with all provisions of this standard.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. Reported that facility residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ

- GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020)
- CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019)
- GEO Employee Handbook
- Interview with PREA Manager

Reasoning and analysis (by provision):

115.276(a/b/c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
 2. Reported that in the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero.
 3. Reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
 4. Reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.
 5. Reported that 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, are reported to law enforcement agencies and to any relevant licensing bodies.
 6. Reported that in the past 12 months the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.
 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in

	<p>sexual abuse) shall be 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.</p> <p>4. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.</p> <p>3. CRRRC Local Policy Manual 2019-9: Abuse, Neglect and Exploitation (p. 15):</p> <ol style="list-style-type: none"> 1. Outlines that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. 2. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies. 3. GEO is committed to investigating, disciplining prosecution, employees that engage in such behavior and/or referring for prosecution, employees that engage in such behavior. <p>4. GEO Employee Handbook (p. 18):</p> <ol style="list-style-type: none"> 1. States that GEO has a zero tolerance for sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or otherwise served by GEO. Therefore, sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances request for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action u to and including termination. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Manager confirmed that there has been no disciplinary action taken toward an employee during this reporting period as a result of sexual abuse or sexual harassment. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.277

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020)**
- **Interview with Facility Director**

Reasoning and analysis (by provision):

115.277(a/b)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.
 2. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
 3. Reported that in the past 12 months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.
 4. Reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero.
 5. Reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 13):
 1. Outlines that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.
 2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. The Facility Director confirmed that CRRC does not utilize the

services of volunteers or contractors.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.278

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRR) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (effective 12/17/2020)**
- **CRR Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019)**
- **CRR Resident Handbook (reviewed January 2023)**
- **Interview with Facility Director**
- **Interview with Facility PREA Manager**

Reasoning and analysis (by provision):

115.278(a/b/c)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.
 2. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
 3. Reported that in the past 12 months one administrative finding of resident-on-resident sexual abuse have occurred at the facility.
 4. Reported that in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that individuals in a GEO facility or program who are found guilty of engaging in sexual abuse involving other individuals in a

- GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
2. Outlines that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
 3. Outlines that the disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 15):
1. Outlines that the referring agency is the supervision authority over all residents residing at the Chester Residential Reentry Center. Therefore, if a resident is found guilty of engaging in sexual abuse involving another resident (either through administrative or criminal investigations), it shall be reported to the appropriate Contract Facility Coordinator. The referring- agency Contract Facility Coordinator will determine whether to subject the offender to formal disciplinary sanctions.
 2. The disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.
4. CRRC Resident Handbook (p. 10):
1. Outlines difference levels of disciplinary sanctions that may be imposed based on the level of severity of offense.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:
 1. The facility Director confirmed various levels and types of discipline that may be used with residents. In all cases, any disability that the resident may have will be taken into consideration.
2. Interview with Facility PREA Manager confirmed that the CRRC had no incidents relating to sexual abuse that resulted in disciplinary action.

115.278(d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse.
 2. Reported that the facility officer therapy, counseling or other interventions designed to address and correct the underlying reasons

or motivations for abuse the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that if the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 15):
 1. The referring agency will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.

115.278(e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that disciplining an individual in a GEO facility or program for sexual contact with an employee is prohibited unless it is found that the employee did not consent to contact.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 15):
 1. Outlines that disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278(f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 15):
 1. Outlines that a report of sexual abuse made in good faith by a resident, based upon a reasonable belief that the alleged conduct

occurred, will not constitute false reporting or lying.

115.278(g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency prohibits all sexual activity between residents.
 2. Reported that sexual activity between residents is deemed to constitute sexual abuse only if it determines that the activity is coerced.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E: Oversight (p. 12):
 1. Outlines that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (pp. 15-16):
 1. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was forced.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.282 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.282

Evidence relied upon in making the compliance determinations:

- Chester Residential Reentry Center (CRRC) PAQ
- GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)
- CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019)
- Interviews with staff who may be first responders
- Interview with Facility PREA Manager

Reasoning and analysis (by provision):

115.282(a/b/c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
 2. Reported that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement.
 3. Reported that medical and mental staff do not maintain secondary materials.
 4. Reported that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
 5. Reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 25):
 1. Outlines that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners.
 2. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a "Resident Referral Verification" form will be utilized to document the offer for to onsite or offsite mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services.
 3. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 8):
 1. Outlines that the Supervisor shall arrange for transportation of the victim to the local hospital for the collection of forensic evidence, emergency medical treatment, and crises intervention. The victim will not be liable for charges associated with a forensic medical exam
 2. Outlines that victims will receive immediate, unimpeded access to emergency medical services and crises intervention which includes

	<p>access to timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim.</p> <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interviews with staff who may be first responders: <ol style="list-style-type: none"> 1. Interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided. 2. Interview with the facility PREA Manager: <ol style="list-style-type: none"> 1. Residents who are victims of sexual abuse will be transferred to the Crozer Chester Medical Center for SANE exams and emergency medical treatment consistent with the community level of care. 2. During this reporting period, there have been no reports of sexual abuse and no referrals made for treatment. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019) • Interview with Facility PREA Manager <p>Reasoning and analysis (by provision):</p> <p>115.283(a/b/c)</p> <p>What was read as part of a systematic review of evidence:</p>

1. The facility PAQ:
 1. Reported that the facility offers 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.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile facility.
 2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
 3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 12):
 1. Outlines that Chester Residential Reentry Center shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup, or juvenile facility.
 2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
 3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

What was heard as part of a systematic review of evidence:

1. Interview with PREA Manager:
 1. Reported that there have been no residents placed on treatment plans relating to sexual abuse during this reporting period.

115.283(d/e/f/g)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the CRCC is an all-male facility.
 2. Reported that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that victims shall also be offered tests for sexually

transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.

3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 8):
 1. Outlines that victims will receive immediate, unimpeded access to emergency medical services and crises intervention which includes access to timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim.

115.283(h)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 26):
 1. Outlines that the facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.
3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 11):
 1. Outlines that the Chester Residential Reentry Center shall attempt to refer the resident for a mental health evaluation of all known resident-on-resident sexual abusers within 60 days of learning of such abuse history and offer treatment where deemed appropriate by mental health practitioners.
 2. Resident on resident abusers shall be referred to local community-based resources for this evaluation and offer treatment when deemed appropriate by mental health practitioners. All refusals shall be documented.
4. PREA risk screening referrals:
 1. A random selection of PREA risk screenings were examined and found to contain referrals for mental health evaluations where appropriate and included a signature by the resident if services were declined.

What was heard as part of a systematic review of evidence:

1. Interview with the facility PREA Manager:
 1. Reported that the CRRC had no residents placed on a treatment plan related to sexual abuse during the review period.

Based on this analysis the facility is substantially compliant with this

provision and corrective action is not required.

115.286 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.286

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019)**
- **Interview with Facility Director**
- **Interview with the PREA Coordinator**
- **Interview with Facility PREA Compliance Manager**

Reasoning and analysis (by provision):

115.286(a/b/c/d/e)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
 2. Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only "unfounded" incidents were three.
 3. Reported that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
 4. Reported that in the past 12 months there were three criminal and/or administrative investigations of alleged sexual abuse completed at the facility.
 5. Reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
 6. Reported that the facility prepares a report of its findings from sexual abuse incident review, including but not necessarily limited to

determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.

7. Reported that the facility implements the recommendations for improvement or documents its reasons for not doing so.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 28):
 1. Outlines that facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the investigation.
 3. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review.
 4. Unless mandated by client contract, a " PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.
 5. The PREA Compliance Manager shall maintain copies of all completed " PREA After Action Review Reports" and a copy shall also be maintained in the corresponding investigative file.
 3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 14):
 1. Outlines that facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determine substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the investigation.
 3. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and/or Medical/Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person.
 4. A "PREA After Action Review Report" of the team's findings shall be completed using the approved GEO PREA After Action Review Report and submitted to the Corporate PREA Coordinator no later than 10 working days after the review via the GEO PREA Database. The facility shall implement the recommendations for improvement or document its reasons for not doing so.
 5. The PREA Compliance Manager shall maintain copies of all completed "PREA After Action Review Reports" and a copy shall also

be maintained in the corresponding investigative file.

4. Sexual Abuse Incident reviews:

1. Sexual Abuse Incident reviews were examined and found to have been completed within the required time frame.
2. Sexual Abuse Incident reviews looked at various factors, including those items identified in this standard.

What was heard as part of a systematic review of evidence:

1. Interview with the Facility Director:

1. Reported that the facility has an incident review teams that includes the Director, Assistant Director of Programs and Assistant Director of Operations.
2. Reported that line staff are involved where appropriate.

2. Interview with the PREA Coordinator:

1. Reported that PREA compliance managers at each facility are required to upload the "PREA After Action Review Report," to the agency's secure PREA Portal within 30 days of case closure. The corporate PREA compliance team monitor these reports and work with the facility to address issues as necessary. If an after-action report necessitates corrective action at the corporate level, the PREA coordinator works with the applicable department heads to implement appropriate measures. To date, no systemic trends have been identified.
2. Reported that the corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. The recommended improvements are reviewed, and a recommendation is submitted to the divisional authority for Reentry for review and approval.

3. Interview with incident review team member (PREA Manager):

1. Reported that incident reviews include things such as the race of the individuals involved and how the residents may identify. The size and status of the residents involved are also considered when reviewing the incident. Other factors that are looked at include camera/mirror locations

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.287

Evidence relied upon in making the compliance determinations:

- **Chester Residential Reentry Center (CRRC) PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)**
- **CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (effective 7/1/2019)\PREA Annual Incident Tracking Log**
- **GEO Annual Data Report**

Reasoning and analysis (by provision):

115.287(a/b/c/d/e/f)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
 2. Reported that the agency aggregates the incident-based sexual abuse data at least annually.
 3. Reports that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
 4. Reported that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
 5. Reported that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 28):
 1. Outlines that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator.
 2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
 3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
 4. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. ("Monthly PREA Incident Tracking Log").
 5. In addition to submitting the Monthly PREA Incident Tracking L, PREA

	<p>Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity as required.</p> <ol style="list-style-type: none"> 3. CRRC Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 14): <ol style="list-style-type: none"> 1. Outlines that the Chester Residential Reentry Center shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. 2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). 3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. 4. Facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment and sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis utilizing the "Monthly PREA Incident Tracking Log". 5. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity as required. 4. CRRC annual tracking log was reviewed from previous years. 5. GEO Annual Data Report was reviewed and found to contain all relevant data. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • GEO Annual Data Reports

- **Interview responses from Agency Head**
- **Interview responses from Agency PREA Coordinator**

Reasoning and analysis (by provision):

115.288(a/b/c/d)

What was read as part of a systematic review of evidence:

1. The facility PAQ:
 1. Reported that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
 2. Reported that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.
 3. Reported that the report provides an assessment of the agency's progress in addressing sexual abuse.
 4. Reported that the agency makes its annual report readily available to the public at least annually through its website.
 5. Reported that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
 6. Reported that the agency indicates the nature of material redacted.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 28-29):
 1. Outlines that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 1. Identifying problem areas.
 2. Taking corrective action on an ongoing basis.
 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
 2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
 3. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval. at least annually through GEO's website or the client's website as required by contract.
 4. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of

- a facility~ but must indicate the nature of the material redacted.
3. GEO PREA Annual Reports were examined and found to comply with all aspects of the standards.

What was heard as part of a systematic review of evidence:

1. Interview with Agency Head:
 1. Reported that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval.
 2. Reported that annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.
2. Interview with PREA Coordinator:
 1. Reported that each facility is required to complete the GEO "PREA After-Action Review Report," after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and captured in the facility's "Annual PREA Facility Assessment.
 2. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal. The corporate PREA team reviews this data annually to determine the improvements needed to enhance the overall PREA program. These recommended improvements are submitted to the divisional authority for reentry annually for review and approval.
 3. GEO publishes a PREA report annually. Currently, annual PREA data reports from 2017-2022 are available on GEO's website.
 4. Reported that GEO only reports statistical data and incident types. Personally identifiable information is excluded for confidentiality purposes.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Chester Residential Reentry Center (CRRC) PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019) • GEO Annual Data Reports • Interview responses from PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.289(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency ensures that incident-based and aggregate are securely retained. 2. Reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 3. Reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 4. Reported that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 4): <ol style="list-style-type: none"> 1. Outlines that data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. 3. Interview responses from PREA Coordinator: <ol style="list-style-type: none"> 1. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal. 4. Review of GEO Annual Data Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to

improve sexual safety within the facilities.

Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.401</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">• GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (effective 2/14/2019)• GEO website - https://www.geogroup.com/PREA_Certification_Information• GEO Annual Data Reports <p>Reasoning and analysis (by provision):</p> <p>115.401(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none">1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 29):<ol style="list-style-type: none">1. Outlines that during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice.2. GEO agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year.3. Prior CRCC PREA Audit was completed in August 2021. <p>115.401(h/i/m/n)</p> <p>What was observed as part of a systematic review of evidence:</p> <ol style="list-style-type: none">1. The auditor had access to and observed all areas of the Chester Residential Reentry Center.2. The auditor was permitted to request and was provided with copies of all relevant documents.

	<p>3. The auditor was given a private room to conduct interviews with both residents and staff.</p> <p>4. Audit notices were posted in English and Spanish six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • GEO website - https://www.geogroup.com/PREA_Certification_Information • GEO Annual Data Reports <p>Reasoning and analysis (by provision):</p> <p>115.403(f)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. 2. A review of the GEO website demonstrates compliance with the posting of final reports for other GEO facilities. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	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.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	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
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	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)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	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.)	no
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	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.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	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
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	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
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes