

# PREA Facility Audit Report: Final

**Name of Facility:** Arapahoe County Residential Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/23/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Barbara Jo Denison	<b>Date of Signature:</b> 08/23/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Denison, Barb
<b>Email:</b>	denisobj@sbcglobal.net
<b>Start Date of On-Site Audit:</b>	07/30/2024
<b>End Date of On-Site Audit:</b>	07/31/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Arapahoe County Residential Center
<b>Facility physical address:</b>	2135 West Chenango Avenue, Littleton , Colorado - 80120
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Angela Phebus
<b>Email Address:</b>	aphebus@geogroup.com
<b>Telephone Number:</b>	303-795-6975

<b>Facility Director</b>	
<b>Name:</b>	Angela Phebus
<b>Email Address:</b>	aphebus@geogroup.com
<b>Telephone Number:</b>	303-795-6975

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kristen Talmadge
<b>Email Address:</b>	kristin.talmadge@geogroup.com
<b>Telephone Number:</b>	O: (720) 693-0653

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	206
<b>Current population of facility:</b>	131
<b>Average daily population for the past 12 months:</b>	125
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	21-71
<b>Facility security levels/resident custody levels:</b>	Re-entry
<b>Number of staff currently employed at the facility who may have contact with</b>	27

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

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

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	Brian Evans
<b>Email Address:</b>	bevans@geogroup.com
<b>Telephone Number:</b>	5618930101

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

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

**Number of standards exceeded:**

8

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.242 - Use of screening information
- 115.288 - Data review for corrective action

**Number of standards met:**

33

**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:	2024-07-30
2. End date of the onsite portion of the audit:	2024-07-31

#### 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
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<p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p>	<p>GEO/Arapahoe County Residential Center has an MOU with the Blue Bench. The MOU renewed in March 2024, provides for emotional support services for resident victims of sexual abuse. On 7/16/24 I contacted the Co-Director of Client Services of the Blue Bench to confirm and review the terms of the MOU. The Blue Bench provides a reporting hotline for sexual abuse victims of the Arapahoe County Residential Center. Callers are informed of the Blue Bench’s mandatory reporting rules. The Co-Director of Client Services reported that calls made to the Blue Bench are confidential and anonymous. The Blue Bench has full-time, part-time and volunteer advocates who are called upon to provide accompaniment to victims through the forensic process. Following the SANE exam, advocates offer victims follow-up services for emotional support and community referrals if needed. The Blue Bench offers Case Management services, which include assistance with reporting allegations of sexual abuse up to and including legal accompaniment for court cases related to the abuse.</p>
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**AUDITED FACILITY INFORMATION**

<p><b>14. Designated facility capacity:</b></p>	<p>206</p>
<p><b>15. Average daily population for the past 12 months:</b></p>	<p>125</p>
<p><b>16. Number of inmate/resident/detainee housing units:</b></p>	<p>25</p>

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**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**

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>130</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>15</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>28</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The above information was provided by the Assistant Facility Director/PCM who tracks this information.</p>



<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	28
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	25
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	In interview with the Office Support Specialist, currently there are 28 employees and seven vacancies. Vacancies include two Cooks and five Security Monitor I's. The facility does not utilize the services of contractors.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input 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><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Twenty-five rooms were occupied and at least one resident from 24 rooms were selected to be interviewed. Thirteen were selected as random residents and eleven were selected as targeted residents.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>A large majority of the resident population are employed outside of the facility. Selections of residents to interview were based on their availability to be scheduled when it fit their schedule.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</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><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Assistant Facility Director/PCM reported there were no residents assigned to the facility in this category.</p>

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

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Assistant Facility Director/PCM reported there were no residents assigned to the facility in this category.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>15</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the onsite audit visit, there were no residents assigned to the facility who reported sexual abuse.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>28</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility is a community confinement facility and does not have segregated housing.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Assistant Facility Director/PCM provided an LGBTI Log, an At-Risk Log and identified resident who had a physical disability. Targeted residents were selected to be interviewed from these sources.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>6</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The facility has two security shifts. All Security Monitors who worked on the first day of the audit on both shifts were interviewed.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

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.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	9
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input 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
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	3
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>The agency's PREA Coordinator and the Director, Quality Assurance and Reentry Services (Agency Head Designee) were interviewed at the beginning of this three-year reaccreditation period. Three of the Security Monitors interviewed conduct initial risk screenings. They were asked the random staff interview questions as well as the questions for staff who perform screening for risk of victimization and abusiveness. The three volunteers were interviewed by telephone.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

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)?**

Yes

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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>On the first day of the audit visit I called the DOC TIPS Line, the Blue Bench and the number for RAINN. All numbers were found to be accessible. A short time after I called the DOC TIPS Line, I received a call back from the DOC Office of Inspector General acknowledging my call was received. The call to RAINN was routed to Moving to End Sexual Assault.</p> <p>The main entrance door is locked and those entering the building are buzzed in to gain access. During the Site Review I was allowed access to all areas of the facility including the exterior of the building. I observed signage which included Resident Reporting Options and Third-Party Reporting posters and camera placement. On the last day of the audit, I reviewed camera monitors with the Security Manager. I informally interviewed two staff members and nine residents and asked them questions about PREA information and reporting options.</p> <p>The facility was preparing for a Back-to-School Carnival, an annual event held every summer. Residents were observed making posters and appeared to be looking forward to the event where their children are invited to attend.</p> <p>Resident rooms are multiple occupancy rooms. Restrooms were adjacent to resident rooms with solid entry doors and PREA-approved curtains to ensure privacy.</p>
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**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.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

I selected and reviewed 17 employee human resource files to determine compliance with criminal background checks and PREA training requirements. I reviewed the records of 21 residents to determine compliance with risk screening and required PREA education. I reviewed the two sexual harassment allegations received in the past 12 months and one substantiated allegation of staff-on-inmate sexual abuse reported outside of the 12-month period. During the Post-Audit Phase I requested and reviewed incident review reports for three additional sexual abuse allegations reported outside of the 12-month period.

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

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
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<p><b>a. Explain why you were unable to review any sexual abuse investigation files:</b></p>	<p>There was no sexual abuse allegations reported in the preceding 12 months of the audit visit. I reviewed the investigative file of a staff-on-inmate sexual abuse allegation reported and investigated outside of the 12-month reporting period to assess the facility's compliance with standards related to the facility's response to allegations of sexual abuse.</p>
<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>

<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>I reported "0" for this question, although I did review the two sexual harassment investigative files of allegations reported in the 12-month reporting period. Both allegations were determined to not meet the criteria for PREA. One allegation reported was an inmate-on-inmate sexual harassment allegation that was determined by GEO's Manager, Contract Compliance and the other allegation was a staff-on-inmate sexual harassment allegation determined to not meet the criteria for PREA by GEO's OPR Supervisor Specialist.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>I reported "0" for this question, although I did review the two sexual harassment investigative files of allegations reported in the 12-month reporting period. Both allegations were determined to not meet the criteria for PREA. One allegation reported was an inmate-on-inmate sexual harassment allegation that was determined by GEO's Manager, Contract Compliance and the other allegation was a staff-on-inmate sexual harassment allegation determined to not meet the criteria for PREA by GEO's OPR Supervisor Specialist.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p><b>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.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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## AUDITING ARRANGEMENTS AND COMPENSATION

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

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.211 (a): GEO policy 5.1.2, <i>Zero Tolerance Policy Towards Sexual Abuse and Harassment</i>, is the written agency policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. Other agency policies include 5.1.2-A, <i>PREA Sexually Abusive Behavior Intervention Procedure</i> and 5.1.2-E, <i>PREA Investigation Procedures (non-ICE)</i>. Facility policies define the procedures that are used at the Arapahoe County Residential Center and guidance for adherence to the PREA standards and the agency policies. Facility policies include the following: 2019-1, <i>PREA Staffing and Facility Requirements</i>; 2019-2, <i>PREA Intake and Orientation</i>; 2019-3, <i>PREA Screening/Admission</i>; 2019-4, <i>Resident Searches, Viewing, and Contraband</i>; 2019-5, <i>Grievance Process</i>; and 2019-6, <i>Sexual Abusive Behavior Prevention and Intervention Program (PREA)</i>. Agency policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The agencies policies are comprehensive and clearly outline the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policies address each standard as guidance to</p>

staff ensuring compliance to the PREA standards and therefore were found to exceed in the requirements of this standard.

115.211 (b) GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 and facility policy 2019-1, pages 2 & 3, section VI-A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency's organizational chart depicts the PREA Coordinator's position within the agency. The Assistant Facility Director of Programs is designated as the facility's PREA Compliance Manager (PCM). The facility's Organizational Chart depicts the PREA Compliance Manager's position. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all GEO facilities. The agency not only employs an agency-wide PREA Coordinator, but also employs a Director, Fidelity & Quality Assurance who provides oversight to the agency's reentry facilities; therefore, exceeding in the requirements of this provision of this standard.

In interview with the agency's PREA Coordinator at the beginning of this reaccreditation period he stated, "Yes, I have sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA standards at all GEO facilities". When asked how he coordinates the agency's efforts to comply with the PREA standards he stated. "I supervise a corporate PREA compliance team consisting of four PREA Compliance Managers (PCMs) and a PREA Compliance Specialist. There is also one PREA Division Coordinator and three regional PREA Compliance Managers that assist with the Reentry Services division. Furthermore, each of the corporate PREA Compliance Managers on my team have investigative oversight for each of their assigned facility and serve as the main point of contact for all PREA-related questions".

When asked if he identifies an issue with complying with a PREA standard, what actions would he take to work toward compliance with the standard the PREA Coordinator stated, "The agency conducts annual audits to identify any issues with compliance. The results of the internal audits are thoroughly reviewed during the post audit workshop and a corrective action plan is developed. In addition, our internal auditing tools are reviewed/update annually to include methodologies for maintain compliance and improving overall quality. In conjunction with the corporate PCM's we utilize the PREA Resource Center for up-to-date guidance and as a resource for standard interpretation. We also provide the PREA "Standards in Focus" to the facility PCM's as a resource for implementing best practices. Our specialized investigator training format is an interactive (trackable) web-based curriculum that is updated annually. Additionally, we have a web-based specialized investigator refresher training and a *PCM Orientation Guide* which are also updated annually."

When interviewed the Assistant Facility Director/PCM stated she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. She further added, she is organized and keeps spreadsheets and calendars which help her. The agency policy was found to be very comprehensive and both the PREA Coordinator and the Assistant Facility Director/PCM were very knowledgeable when interviewed; therefore, the facility was found to exceed in the

	requirements of this standard.
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.212: GEO is a private provider and does not contract with other agencies for the confinement of residents; therefore, this standard is not applicable.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.213 (a): Based on GEO policy 5.1.2-A, pages 3 &amp; 4, section C-1 and facility policy 2019-1, pages 3 &amp; 4, section B-1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The facility's design capacity is 206 residents, and the staffing plan was developed based on that number. In the past 12 months, the average daily population was 125 residents. The population on the first day of the audit was 130 residents. When interviewed the Facility Director shared what the facility considers when they developed the staffing plan. She stated the Community Correction Board requests monthly staffing rosters and case management rosters for their review.</p> <p>The agency's PREA Coordinator responded to how facilities assess adequate staffing levels and the need for video monitoring equipment when developing facility staffing plans as follows:</p> <p>a. The physical layout of each facility:</p> <p>"We fully understand the intent and language within the PREA guidelines. GEO has a zero tolerance for any sexual abuse within our facilities and does everything possible to design and run facilities which protect inmates from abuse. Since the</p>



release of the federal standards, we have allocated funds for shower modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well.”

“We acquire facilities which are at times older in construction and not optimal by today’s standards. Our company leadership allocated the resources needed to make proper modifications to enhance safety.” “Our corporate PREA team works very closely with our corporate project development team. If design issues are detected during internal or external site visits, we use a team approach to address and correct the issue.”

b. The composition of the resident population:

“GEO routinely uses new technology to assist in better monitoring of our staff and inmates within our facilities. We routinely add or improve camera coverage within our prisons and jails. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities.”

“Corporate operations staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities”.

c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse:

“GEO monitor incidents at both the local and national level to identify patterns and areas for improvement. The monitoring has been made possible through software applications and systems implemented nationally allowing incidents and audit results to be tracked and compared more easily.”

d. Any other relevant factors:

“Security monitoring systems, the PREA portal, software applications, improvements in communication technology such as radios, emergency response practices, after-action reviews, and audit findings are all taken into consideration. Again, our corporate PREA team works closely with our corporate project development team. If design issues are detected during internal or external visits, we use a team approach to address and correct the issue.”

115.213 (b): The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. The Security Manager develops the security staff schedules and reviews them with the Facility Director for compliance on a daily basis. On information provided on the Pre-Audit Questionnaire and upon interview with the Facility Director, in this audit period there were no times that there were deviations to the staffing plan. The staffing plan ensures there is adequate supervision with at least two security staff members present in the facility at all times. Over the last year, the Facility Director stated that number has increased to three or four Monitors on each security shift. The facility maintains a Case Management ratio of 1:20. When a staff member calls

out, the on-call supervisor contacts another staff member to come in and work overtime in order to fill the shift vacancy.

115.213 (c) Whenever necessary or at least once a year the staffing plan is reviewed. The staffing plan is reviewed annually by the Facility Director and the Assistant Facility Director/PCM and this review is documented on the *Annual PREA Facility Assessment-Reentry* form. This form is then forwarded to the Regional Director, the Director, Fidelity & Quality Assurance, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The *Annual PREA Facility Assessment-Reentry* forms and the staffing plan/models completed since the last PREA audit were provided for review. There were no recommendations made for changes to the established staffing plan. In interview of the PREA Coordinator he stated, "Each facility is required to conduct an *Annual PREA Facility Assessment*, which requires them to review their staffing plan and all components of the physical plant.

Completed assessments are forwarded to me which include recommendations for equipment, cameras, additional staffing. Etc. I review and consult with the appropriate divisional leadership (i.e., secure services and reentry services) and we assess the request. It is either approved or denied, signed and returned to the facility."

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas once a month for each shift to identify and deter employee sexual abuse and sexual harassment. It is the responsibility for the Assistant Facility Director/PCM and the Security Manager to conduct these rounds. These rounds are documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting residents or other employees that these supervisory rounds are occurring. The facility has outlined five different routes and the person conducting the rounds chooses the route he/she takes. The *PREA Unannounced Supervisor Rounds* forms for the months of June and July 2024 were requested and reviewed. Three unannounced PREA rounds are being conducted each month and documented on the *PREA Unannounced Supervisor Rounds* form. In interview with the Security Manager, he reported security staff are required to conduct seven Walk Throughs in a 24-hour period: five on the day shift and two on the night shift. Walk Throughs are conducted randomly with the two required to be conducted on the night shift before curfew (Sunday-Thursday 11 pm and Friday and Saturday 12 am). Walk Throughs are documented on the *Daily Shift Log*.

Documentation provided for review, *PREA Unannounced Supervisor Rounds* for June and July, *Daily Shift Log* for the first day of the audit visit and in interview with staff and residents, the practice of rounds by facility management staff and supervisory staff confirmed numerous rounds being conducted on both security shifts. The facility was found to exceed in its monitoring efforts.

115.215	Limits to cross-gender viewing and searches
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 262 564 293"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1477 790">115.215 (a): Based on review of GEO policy 5.1.2-A, page 12, section I, and facility policy 2019-4, pages 2 &amp; 3, sections 1-3, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and body cavity searches be documented. Resident strip searches and body cavity searches are prohibited at the Arapahoe County Residential Center. If at any time there is cause to strip search a resident, the Facility Director or designee will contact the nearest correctional institution to arrange and have search conducted at the local institution. According to information reported on the Pre-Audit Questionnaire, In the past 12 months there were no cross-gender strip or cross-gender visual body cavity searches performed.</p> <p data-bbox="280 831 1477 1028">115.215 (b): Females are not restricted access to regular available programming or outside opportunities in order to comply with this provision. At all times, there is a female and a male staff member on duty. Random staff interviewed confirmed there is always male and female staff on duty. In interview of female residents, they reported they are always pat searched by female staff.</p> <p data-bbox="280 1068 1458 1225">115.215 (c): The facility would document all cross-gender strip searches and cross-gender visual body cavity searches if they were to occur in an exigent circumstance. Females are always pat searched by female staff. All pat searches are conducted in an area adjacent to the Security Office in view of a camera.</p> <p data-bbox="280 1265 1477 1843">115.215 (d): The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site and residents and staff interviewed confirmed that this practice is being followed. All residents are required to change clothing in the resident restroom area. In the event a staff has observed an opposite-gender resident for any reason, the staff member is responsible for making an immediate report and submitting a written statement describing the circumstances that resulted in the incident. This report must be submitted to the Facility Director prior to the end of the employee's shift. Residents interviewed shared opposite gender staff make an announcement before entering their housing units and they feel they have privacy to shower, toilet and change clothing when opposite gender staff are in their housing units.</p> <p data-bbox="280 1883 1445 2083">115.215 (e): Based on GEO policy 5.1.2-A, pages 12 &amp; 13, section J-3 and facility policy 2019-4, page 3, section D-4, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical</p>

	<p>examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. Transgender and intersex residents complete a <i>Statement of Search Preference Form</i> indicating what gender of staff they would like to pat search them. On information provided by the Assistant Facility Director/PCM, in the past 12 months there were three residents who self-disclosed being transgender and none who self-disclosed being intersex assigned to the facility.</p> <p>115.215 (f): In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. Staff sign a <i>PREA Basic Acknowledgement</i> form upon completion of this training. Receipt of this training was verified through interviews with staff and review of 17 employee PREA training records.</p>
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<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.216 (a): The agency takes appropriate steps to ensure that residents with disabilities and residents who are limited English proficient have an opportunity to participate and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, page 10, section E and facility policy 2019-2, page 4, were used to verify compliance to this standard. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee), “All GEO facilities have developed PREA education materials in various formats to ensure that individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. GEO has developed posters, pamphlets, videos and large print materials, etc. and provides access to TTY phones, language lines and designated staff interpreters to ensure we can effectively communicate procedures and available services to residents. Facilities also reach out to community-based resources (i.e., local colleges or organizations) that might be willing to assist.” At the time of the onsite audit visit there were no resident assigned to the facility who were deaf, hard of hearing, blind, had low vision or cognitive deficits. The facility has a TTY phone accessible for all staff and a contract with Big Language Solutions for translation for limited English proficient residents.</p> <p>115.216 (b): Residents receive a <i>PREA Education Manual for Residents</i> during the intake process that is available in English, Spanish and in large print for residents with low vision. PREA posters in both English and Spanish. Staff members are proficient in the Spanish language provide translation to Spanish speaking residents. A contract with Big Language Solutions provides for the translation of any other languages. At the time of the onsite audit visit, there were no residents</p>

	<p>who were limited English proficient. The Big Language Solutions number was called and found to be accessible.</p> <p>115.216 (c): The agency prohibits the use of resident interpreters, resident readers or other types of resident assistants except in limited circumstances. On information provided by the facility, in the past 12 months, there have been no instances where residents were used for these purposes. Random staff interviewed knew the use of resident interpreters was not allowed.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.217 (a): GEO policy 5.1.2-A, page 8 section C-2 and facility policy 2019-1 page 4, section B-2, interview with the Office Support Specialist, and review of 17 random employee files were used to verify compliance to this standard. Per policy the agency/facility 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 have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. On interview with the Office Support Specialist, she confirmed this policy.</p> <p>115.217 (b): GEO and the Arapahoe County Residential Center considers 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. Interview with the Office Support Specialist confirmed this practice.</p> <p>115.217 (c): The agency requires all applicants and employees who may have contact with residents have a criminal background check. In interview with the Office Support Specialist, she shared that criminal background checks for all potential employees are completed by the Community Corrections Board who conduct a CCIB criminal background check. Through a contract with Accurate Backgrounds, GEO corporate office initiates a background check for all potential employees. For those considered for promotions or who transfer from another facility, an internal background check through GEO, is requested on the <i>Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer</i> form (HR-104), and an Accurate background check is conducted. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers is requested through Accurate Backgrounds. From information provided on the Pre-Audit Questionnaire, in the past 12 months, 46 criminal background checks were conducted on employees.</p>

	<p>115.217 (d): The agency requires all contractors and volunteers have criminal background checks before enlisting their services. The facility does not utilize the services of contractors and has 25 volunteers. In the past 12 months, there were seven criminal background checks conducted on volunteers.</p> <p>115.217 (e): It is the agency policy that CCIB criminal background checks be conducted every five years and as well as Accurate Background checks.</p> <p>115.217 (f): The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a <i>PREA Disclosure and Authorization Form Promotions - PREA Related Positions</i> (PREA-102). Annually at the time of performance evaluations, employees sign a <i>PREA Disclosure and Authorization - Annual Performance Evaluations</i> (PREA-101). On information provided from the facility and in interview with the Office Support Specialist, in the past 12 months there were two promotions and one transfer.</p> <p>115.217 (g): GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.</p> <p>115.217 (h): Unless prohibited by law, GEO's Reentry Services Human Resource Department will 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 the individual has applied for work.</p> <p>In review of 17 random employee human resource files, pre-employment criminal background checks, background checks of employees employed for five years, or more were found in the files. PREA 101's, completed at the time of annual performance evaluations, were also filed in the employees' respective files.</p> <p>In review of all employee human resource files, files were found to be complete with documentation showing adherence to standard and agency policy requirements. The facility was found to exceed in the requirements of this standard. Records reviewed were well organized and complete with all required documentation.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.218 (a): GEO policy 5.1.2-A, page 8, section C-3, facility policy 2019-1, page 4, section 3, interview of the Facility Director and documentation provided for review was used to verify compliance to this standard. Per agency and facility policies, the

Arapahoe County Residential Center shall consider the effect any new design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee) he stated, "GEO is a world leader in providing sound and effective security measures in the facilities we manage and operate. Every facility acquired by the company is thoroughly assessed for needed safety and security enhancements in both physical plant construction and procedure enhancement. When GEO acquires older facilities that are not optimal by today's standards, security modifications are prioritized to enhance safety. When modifications are made by GEO to existing institutions, or when new facilities are designed and constructed, the design/construction staff work closely with GEO's experienced operational personal to significantly improve the safety of our institutions. GEO routinely merges operational and design expertise in the enhancement of facilities. The security and safety of residents and staff are at the forefront of every decision made by the company. GEO has a zero-tolerance for any sexual abuse within facilities and does everything possible to design and operate facilities that protect residents from abuse. Since the release of the federal standards, GEO has not only allocated funds to shower modifications, camera upgrades, etc. in existing facilities but also considers these enhancements during new construction projects as well. The corporate PREA team works very closely with the Corporate Project Development team. If design issues are detected during internal or external site reviews, a team approach is used to address and correct the issues." In interview with the Facility Director and on information provided on the Pre-Audit Questionnaire, since the last PREA audit the facility has not acquired any new facilities or had any substantial expansions or modifications to the existing facility.

115.218 (b): When installing or updating a video monitoring system GEO considers how the technology may enhance the agency's ability to protect residents from sexual abuse. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee) he stated, "GEO routinely uses new technology to assist in better monitoring of staff and residents within our facilities. GEO routinely adds or improves camera coverage within our centers. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. Corporate Operations staff routinely meet with vendors to look for efficient and effective ways to bolster security and safety within our facilities. The company implemented software applications and systems nationally that track audit results and events. These applications assist in the comparison of audit results and events. Those applications assist in the comparison of audit results and events to identify patterns and areas is need of improvement. Again, the Corporate PREA team works very closely with our Corporate Project Development team. If design issues are detected during internal or external site visits, we use a team approach to address and correct the issues." In interview with the Facility Director and on information provided on the Pre-Audit Questionnaire, since the last PREA audit four new cameras were installed.

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 1003">115.221 (a): GEO policy 5.1.2-E, pages 6-9, sections D-I and facility policy 2019-6, pages 8 &amp; 9. outlines the agency’s requirements as it applies to this standard. The Assistant Facility Director/PCM Security Manager and the Case Manager Supervisor are the trained facility Investigators responsible for administrative investigations of sexual abuse and sexual harassment at the Arapahoe County Residential Center. The facility has a Memorandum of Understanding (MOU) with the Littleton Police Department renewed in July 2023. The Littleton Police Department is responsible for conducting criminal investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. In interview of all staff, they knew how to preserve evidence and knew facility Investigators are responsible for conducting administrative investigations of sexual abuse and sexual harassment and that the Littleton Police department is responsible for conducting investigations of allegations that appear to be criminal in nature.</p> <p data-bbox="280 1043 1477 1361">115.221 (b): The protocol is developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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. The Littleton Police Department is required to follow the <i>Colorado Sexual Assault Evidence Collection Protocol</i>, which was provided for review.</p> <p data-bbox="280 1402 1477 1729">115.221 (c): Victims of sexual abuse have access to forensic medical examinations with the victim’s consent and without cost to the resident regardless of if the victim names the abuser or cooperates with an investigation arising out of incident. Forensic exams are not performed at this facility. Victims of sexual abuse are referred to the University of Colorado Health for SANE exams at no cost to the resident. On information provided on the Pre-Audit Questionnaire and in interview with the Forensic Nurse Manager of the SANE program, in the past 12 months there no residents who required SANE exams.</p> <p data-bbox="280 1769 1461 2056">115.221 (d): GEO/Arapahoe County Residential Center has an MOU with the Blue Bench. The MOU renewed in March 2024, provides for emotional support services for resident victims of sexual abuse. The Blue Bench provides a reporting hotline for sexual abuse victims of the Arapahoe County Residential Center. Callers are informed of the Blue Bench’s mandatory reporting rules. The Co-Director of Client Services of the Blue Bench reported that calls made to the Blue Bench are confidential and the caller may remain anonymous. The Blue Bench has full-time,</p>



	<p>part-time and volunteer advocates who are called upon to provide accompaniment to victims through the forensic process. Following the SANE exam, advocates offer victims follow-up services for emotional support and community referrals if needed. The Blue Bench offers Case Management services, which include assistance with reporting allegations of sexual abuse up to and including legal accompaniment for court cases related to the abuse.</p> <p>115.221 (e): Residents are made aware of the confidential emotional support services available to them on page 9 of the <i>PREA Education Manual for Residents</i> and on PREA posters displayed throughout the facility. When interviewed, residents were aware of confidential emotional support services available to them and how to access them. In interview of the agency's PREA Coordinator he stated, "GEO policy requires each facility to ensure residents are offered access to a community-based provider capable of providing emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. In the event a community-based provider is unavailable, an agency staff member is trained on the provision of victim advocacy services."</p> <p>115.221 (f): Criminal investigations are conducted by the Littleton Police Department. The Littleton Police Department follow the requirements of the provisions of this standard as confirmed by the review of the MOU.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.222 (a): GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 2019-6, pages 15 &amp; 16, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee) he stated, "An administrative and/or criminal investigation of all allegations of sexual abuse or harassment is required by GEO corporate and local facility policies. Based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator." He further stated, "GEO has a cadre of staff in the reentry division that have received PREA Specialized Investigations Training. Reentry services also utilize local, state or federal agencies to investigate these type allegations, based on client contract requirements. 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." In the past 12 months, there were two allegations of sexual harassment reported. Following an administrative investigation, it was determined by GEO's</p>

	<p>corporate office that both allegations did not meet the criteria for PREA. There were no referrals for criminal investigations in the past 12 months.</p> <p>115.222 (b): Upon receipt of an allegation of sexual abuse, the supervisor receiving the report immediately notifies the Facility Director. The Facility Director will make immediate notification to the PREA Coordinator, to the Director, Fidelity &amp; Quality Assurance, to GEO's Office of Professional Responsibility (OPR) (if the allegation involved staff), the GEO Reentry Services Regional Director and the Colorado Department of Corrections. The facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Littleton Police Department who conducts a criminal investigation. It is the responsibility of the Littleton Police Department to ensure that all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice and the <i>Colorado Sexual Assault Evidence Collection Protocol</i>. When interviewed, the Assistant Facility Director/PCM and the Security Manager knew their responsibility of referring allegations that appear to be criminal to the Littleton Police Department. The agency documents any referrals of allegations of sexual abuse or sexual harassment for criminal investigation. A <i>Serious Incident Report</i> is completed for all allegations of sexual abuse. All allegations are tracked on the <i>PREA Monthly Incident Outcome Tracking Log</i>.</p> <p>115.222 (c): The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website <a href="http://www.geogroup.com/reporting_sexual_abuse-prea">http://www.geogroup.com/reporting_sexual_abuse-prea</a>.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>115.231 (a): GEO employees receive training on GEO's zero-tolerance policy (5.1.2) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 11 &amp; 12, section F-1. Between trainings, the facility has monthly staff meetings where PREA is reviewed and discussed. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard. The Office Support Specialist facilitates staff pre-service PREA training. The Office Support Specialist, Assistant Facility Director/PCM, Facility Director, Security Manager, Business Office Manager and the Case Manager Supervisor are trained to facilitate the annual in-service PREA training for staff. In interview of staff, they confirmed completing PREA training annually and confirmed some of the information topics covered in the training.</p> <p>115.231 (b): The training is tailored to meet the needs of male and female residents. Employees who are reassigned from facilities housing only one gender of</p>

	<p>residents are given additional training to meet the needs of the opposite gender population.</p> <p>115.231 (c): All employees receive PREA training annually. Between trainings, PREA is discussed during monthly staff meetings and department head meetings. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment.</p> <p>115.231 (d): Employees sign a <i>PREA Basic Acknowledgement</i> form acknowledging they have received and understood the PREA training. Documentation of PREA training is maintained by the Office Support Specialist in the employee's human resource file. In review of 16 employee files to determine compliance with PREA training requirements for employees, files were complete with documentation annually, where applicable, since the last PREA audit.</p> <p>The facility exceeds in this standard as was evident by review of the training curriculums, review of staff training records and the overall knowledge of staff in response to interview questions.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232 (a): GEO policy 5.1.2-A states that all contractors and volunteers shall receive training on the agency's policy on zero tolerance for sexual abuse and sexual harassment. Guidelines on volunteer training can be found on page 13, section G-1 &amp; 2, and contractor training on page 14, section 1 &amp; 2. The facility currently has 25 volunteers and no contractors.</p> <p>115.232 (b): The training curriculum <i>Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training 2017</i> was provided for review. Volunteers are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection and response policies and procedures including their responsibility and method of reporting any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.</p> <p>115.232 (c): Volunteers sign a <i>PREA Basic Acknowledgement</i> form acknowledging they have received and understood the training provided to them. In review of five volunteer training records, the records were found to be in order with documentation of training annually for volunteers. Volunteer records are maintained by the Business Office Manager. In interview with three volunteers, they confirmed receiving PREA training and knew their responsibilities in reporting allegations of sexual abuse and sexual harassment.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.233 (a): Based on GEO policy 5.1.2-A, pages 8 &amp; 9, section E-2 and facility policy 2019-2, pages 3 &amp; 4, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Security Monitors provide PREA education to residents upon their arrival to the facility. Residents receive a <i>PREA Education Manual for Residents</i> and receive verbal information. Residents interviewed confirmed receiving written PREA information upon intake. Security Monitors confirmed what information they provide to residents upon their intake to the facility.</p> <p>115.233 (b): Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no residents who transferred from a different community confinement center.</p> <p>115.233 (c): Resident education is presented in formats accessible to all residents. In the past 12 months, 213 residents assigned to the facility received PREA education within the first 24 hours of arrival. The <i>PREA Education Manual for Residents</i> is available in English and Spanish and in large print. Spanish speaking staff are available for Spanish translation and a contract with Big Language Solutions is used for the translation of any other languages. All posted PREA information is posted in English and Spanish. In interview of 24 residents, 23 residents reported receiving a handbook and a <i>PREA Education Manual for Residents</i> on the first day of their arrival to the facility. One resident reported receiving the PREA information the day after he arrived because his arrival to the facility was very late.</p> <p>115.233 (d): Residents acknowledge by their signature on a <i>Prison Rape Elimination Act (PREA) Resident Manual Acknowledgement</i> form that they have received written and verbal PREA education. The Assistant Facility Director/PCM maintains this documentation.</p> <p>115.233 (e): Ongoing PREA information is provided on numerous posters in English and Spanish found displayed in various locations throughout the facility, including in all resident rooms. House Meetings are held with residents every Friday where PREA is quite often discussed.</p> <p>When interviewed, residents were knowledgeable of the zero-tolerance policy and the methods of reporting available to them. It was evident that the facility has done an excellent job of informing residents and makes PREA information continuously accessible at all times. The facility exceeds in the requirements of this standard</p>

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234 (a): Based on GEO policy 5.1.2-A, page 10, section F-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings in addition to general PREA training provided to all employees. The facility has three trained Investigators: The Assistant Facility Director/PCM, Security Manager and the Case Manager Supervisor. At the time of the onsite audit visit, the Case Manager Supervisor was out due to illness. The Assistant Facility Director/PCM and the Security Manager interviewed confirmed completing specialized investigations training and were knowledgeable of their responsibilities in conducting sexual abuse and sexual harassment administrative investigations.</p> <p>115.234 (b): Facility investigators complete specialized investigations training. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. In interview, the facility Investigators, confirmed the topics addressed in the training.</p> <p>115.234 (c): The facility maintains documentation that the investigators have received specialized training. The facility provided certificates of completion of this specialized training for the three facility Investigators. Investigators also complete general PREA training that all employees are required to complete.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235 (a): According to GEO policy 5.1.2-A, pages 9 &amp; 10, section F-2, in addition to general training provided to all employees, GEO ensures all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in their facilities shall specialized medical training.</p> <p>The Arapahoe County Residential Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. All medical and mental health services are provided by referral to off-site providers.</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
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**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

115.241 (a): Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2019-3, pages 2 & 3, section B, all offenders assigned to the Arapahoe County Residential Center are assessed for their risk of being sexually abused or sexually abusive towards others upon arrival to the facility. The Security Monitors are responsible for conducting the screenings. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed. Security Monitors interviewed confirmed all residents are screened upon admission to the Arapahoe County Residential Center. Residents interviewed confirmed being screened upon intake to the facility.

115.241 (b): According to policy, intake screening is conducted within 24 hours of a resident's arrival to the facility, exceeding in the 72-hour requirement of this provision. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 203 residents assigned to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility. Monitors interviewed described the screening process. Residents are screened individually in the Security Manager II office to ensure confidentiality. Residents are given a *Resident Handbook*, a *PREA Education Manual for Residents* and are given verbal information about the zero-tolerance policy and methods of reporting available to them.

115.241 (c): Screenings are conducted using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

115.241 (d): The *Reentry Facilities PREA Risk Assessment* form was reviewed and found to contain all requirements of provision 115.241 (b) of this standard.

115.241 (e): The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of the Security Monitors.

115.241 (f): Within a set time, not to exceed 30 days of the resident's arrival to the facility, Case Managers using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) reassesses residents for their risk for victimization and abusiveness. Case Managers interviewed reported rescreenings are completed between 21-30 days of a resident's arrival to the facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 189 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness. In review of 21 resident records to determine compliance with screening procedures 30-day reassessment screenings were found to be completed before 30 days.

115.241 (g): A resident's risk level will also be reassessed when warranted due to a

	<p>referral, request, incident of sexual abuse, or receipt of additional information using the <i>PREA Vulnerability Reassessment Questionnaire</i>. <i>PREA Vulnerability Reassessment Questionnaires</i> are maintained by the Assistant Facility Director/PCM in a binder in her office along with the resident's initial risk assessment. Residents interviewed confirmed being asked PREA questions by their Case Managers a second time.</p> <p>115.241 (h): Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.</p> <p>115.241 (i): GEO implements appropriate control of risk screening information. In interview with the PREA Coordinator he stated, "Access to a resident's risk assessment is limited to those requiring the information to make housing, work assignments and program/education decisions." To maintain confidentiality, only the Assistant Facility Director/PCM, Case Managers and administrators have access to screening information. The Assistant Facility Manager/PCM maintains screening information in binders that are locked in her office to ensure confidentiality to screening information.</p> <p>The facility was found to exceed in the requirements of this standard. In review of the <i>Reentry Facilities PREA Risk Assessment and the PREA Vulnerability Reassessment</i> forms, both forms were found to be objective screening tools capturing necessary information to determine a resident's risk of abusiveness or victimization. Initial screenings are conducted within the first 24 hours of a resident's arrival to the facility and 30-day reassessments are completed within 30 days of the resident's arrival to the facility. In review of 21 resident records, screening information was found to be complete and conducted timely.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. GEO policy 5.1.2-A, pages 6 &amp; 7, section D-3 and facility policy 2019-3, page 3, section 2, explains the use of PREA screening information. In interview of the PREA Coordinator he stated, "GEO has developed and implemented a standardized PREA Risk Assessment screening form used at each facility, except for those contractually required to use the client's screening tool. Corporate policy requires each facility to conduct risk assessments on all new intakes within 24 hours of arrival to a facility. Residents who score "at risk", for</p>

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 PREA Compliance Manager 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." Residents who score at risk of victimization or abusiveness are referred to a community provider for further evaluation using the *PREA Risk Assessment Referral* form. Residents have an option of refusing these services. Those identified to be at risk are tracked on an "At Risk" Log.

115.242 (b): Individualized determinations on a case-by-case basis are made about how to ensure the safety of each resident. In interview with the Assistant Facility Director/PCM and the Case Managers they explained how the facility utilizes screening information from the *Reentry Facilities PREA Risk Assessment* for this purpose.

115.242 (c): Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in GEO 5.1.2-Apolicy, pages 6 & 7, section D-3-c-g and facility policy 2019-3, page 3, section 2-d-f. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, GEO considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. In interview with the PREA Coordinator he stated, "GEO's policy requires each facility to establish a Transgender Care Committee (TCC) consisting of the 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." At the time of the onsite audit visit there was one resident who self-disclosed during his initial risk assessment of being transgender. The facility provided the resident's TCC Summary notes for review. The resident met with the Facility Director, Assistant Facility Director/PCM, Security Manager and Business Manager on his day of arrival to the facility. When interviewed, the resident confirmed the meeting and the information that was discussed at the meeting.

115.242 (d): Transgender and intersex residents' own view of his or her safety is given serious consideration. In interview with the PREA Coordinator he stated, "Transgender and intersex residents are asked whether they have any safety concerns or housing preferences during completion of both the GEO PREA Risk Assessment and Transgender Care Committee Summary. Both documents are utilized to advise housing/program decisions. "

115.242 (e): Transgender and intersex residents are given the opportunity to shower separately from other residents. The PREA Coordinator stated, "GEO has



	<p>developed and implemented a standardized State of Search/Shower/Pronoun Preference form used at each facility except for those contractually required to use the client’s tool. The preference form offers the resident the option to shower separately from the resident population.” In interview with the Assistant Facility Director/PCM, transgender and intersex residents would be offered the opportunity to shower alone. At the time of the onsite audit visit, there was one transgender resident assigned to the facility. In interview the resident stated he was assigned to a four-man room where there is an individual restroom with a shower, so he has privacy to shower separately from other residents.</p> <p>115.242 (f): The agency shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or legal judgement for the purpose of protecting such residents. In interview with the PREA Coordinator he stated, “There are no GEO facilities under a consent decree or other legal judgement. GEO policy prohibits housing LGBTI residents in dedicated facilities, units or wings and the facility considers each resident’s own views about their safety as part of the initial PREA risk screening assessment. The PREA Compliance Manager maintains an LGBTI Log of residents who choose to disclose their sexual orientation, genital status, or gender identity during intake to track housing locations of LGBTI residents and ensure fair placement.”</p> <p>Arapahoe County Residential Center does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. Residents who self-disclosed upon arrival of being lesbian, gay or bisexual in interview stated they did not think they were housed any differently because of their sexual orientation.</p> <p>In review of the <i>Housing Rosters, At-Risk Logs, the LGBTI Log</i> and screening information of 21 resident records, the facility was found to exceed in the requirements of this standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.251 (a): GEO policy 5.1.2-A, page 14, section L-1 and facility policy 2019-2, page 3, last paragraph outline the agency/facility’s responsibility for providing residents methods of reporting. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and any staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are made aware of methods of reporting available to them through the</p>

*PREA Education Manual for Residents* (page 9) provided to them upon intake, on the *Resident Reporting Options* posters and continuously through other PREA information and brochures displayed throughout the facility. Residents are made aware that they can verbally inform any staff member, the Facility Director or the Assistant Facility Director/PCM immediately in person or in writing and a third party can report for them. Residents can also file a grievance and facility policy 2019-5, page 5 addresses sexual abuse grievances and emergency grievance procedures are found on pages 5 & 6.

115.251 (b): Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of GEO. They are informed they can call or write to the Littleton Police Department, and they are provided with the telephone number and mailing address. They are also informed DOC residents can call or write to the Colorado Department of Corrections TIPS Line (877-DOC-TIPS) or write. During the site review, the DOC TIPS Line was dialed on a phone located in the Intake Room. The phone is available for the use of residents who do not have cell phones. Within 10 minutes of making the call, I received a call back from the DOC Office of Inspector General who acknowledged receipt of my phone call. When calls are made to the TIPS Line, the Parole Division and the Facility Director receive a notification of the call. In interview of the PREA Coordinator he stated, "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(s) (ICE, USMS, BOP, etc.). Many facilities also provide contact information for local and/or national entities capable of receiving reports of abuse or harassment. GEO policy requires each facility to provide residents contact information to external entities capable of receiving and immediately reporting sexual abuse and harassment to agency officials while allowing the reporting individual to remain anonymous. The agency continually audits each facility for compliance with PREA standards, which includes manual testing of reporting lines to ensure residents are capable of reporting incidents without entering any personally identifiable information. Audits are conducted by facility staff as well as corporate personnel throughout the year." Residents and staff interviewed were aware of resident reporting options available to them and knew reporting anonymously was an option for them.

115.251 (c): Staff must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented. Staff who fail to report allegations may be subject to disciplinary action.

115.251 (d): Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. They can also report on the agency website at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup). Information for resident and staff reporting can be found on the GEO website (<http://www.geogroup.com/PREA>) under the Social Responsibility tab and clicking on "PREA Certification". Page 4, section I of the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment.

	<p>Staff carry with them a <i>Sexual Abuse First Responder Card</i>, which has the Employee Hotline number and the website address for anonymous reporting. <i>Third Party Reporting</i> posters were found posted in all staff offices and other locations within the facility. Staff interviewed were aware of confidential reporting by calling the Employee Hotline or through the agency website.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.252 (a): In review of GEO policy 5.1.2-A, pages 14 &amp; 15, section L-2, and facility policy 2019-5, page 5, section E there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided on pages 8 &amp; 9 of the <i>PREA Education Manual for Residents</i>. The Assistant Facility Director/PCM receives copies of all grievances related to sexual abuse, sexual harassment or sexual activity for monitoring purposes. Grievance forms were found available for residents in the male and female day rooms and by the Security Office.</p> <p>115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p>115.252 (c): Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to a staff member who is the subject of the complaint.</p> <p>115.252 (d): The agency shall issue a final agency decision on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.</p> <p>115.252 (e): Third parties can file grievances relating to allegations of sexual abuse on behalf of a resident. If a third-party file a request on behalf of a resident, the alleged victim must agree to have the request filed on their behalf. If the resident declines to have the grievance processed on his or her behalf, the agency will document the resident's decision.</p>

	<p>115.252 (f): Information on emergency grievances is found on page 15, section 2-b of GEO policy 5.1.2-A. An emergency grievance may be filed if a resident feels he is at substantial risk of imminent sexual abuse. After receiving an emergency grievance, the agency will act immediately with corrective action. An initial response will be provided within 48 hours and a final agency decision within five calendar days.</p> <p>115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.</p> <p>The Assistant Facility Director/PCM receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In information provided on the Pre-Audit Questionnaire and in interview with the Assistant Facility Director/PCM, in the past 12 months, there have been no PREA-related grievances filed.</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.253 (a): GEO policy 5.1.2-A, pages 20 &amp; 21, section M-8 and facility policy 2019-6, page 11, section C-8, addresses the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone numbers to the Blue Bench (303-322-7273) and the RAINN National Sexual Assault Hotline (800-656-4673), where advocates are available 24 hours a day, seven days a week. On the first day of the audit, both numbers were called. When the Blue Bench number was answered, I was asked if I wanted to speak to an advocate. When the number to RAINN was called, my call was routed to the Moving to End Sexual Assault hotline.</p> <p>115.253 (b): This information is provided to residents in the for <i>PREA Education Manual for Resident</i> and on <i>Resident Reporting Options</i> posters displayed throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>115.253 (c): GEO/Arapahoe County Residential Center has an MOU with the Blue Bench. The MOU renewed in March 2024, provides for emotional support services for resident victims of sexual abuse. The Blue Bench provides a reporting hotline for sexual abuse victims of the Arapahoe County Residential Center. Callers are informed of the Blue Bench's mandatory reporting rules. The Co-Director of Client Services reported that calls made to the Blue Bench are confidential and anonymous. The Blue Bench has full-time, part-time and volunteer advocates who are called upon to provide accompaniment to victims through the forensic process. Following the SANE exam, advocates offer victims follow-up services for emotional support and community referrals if needed. The Blue Bench offers Case</p>

	<p>Management services, which include assistance with reporting allegations of sexual abuse up to and including legal accompaniment for court cases related to the abuse.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.254 (a): Based on GEO policy 5.1.2-A, page 15, section 3, the agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third-party reporting is found on facility postings and is made available on the GEO website at <a href="http://www.geogroup.com/PREA">http://www.geogroup.com/PREA</a> (Social Responsibility-PREA Certification Section). Third-party reports can be made in person, in writing, anonymously or by contacting the agency’s PREA Coordinator. Residents interviewed were aware of this method of reporting. In information reported by the Assistant Facility Director/PCM, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. During the Site Review, <i>Third-Party Reporting</i> posters were found posted in various locations throughout the facility, including all staff offices.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.261 (a): The agency’s requirement on staff reporting duties can be found pages 15 &amp; 16, section L-4 of GEO policy 5.1.2-A and facility policy 2019-6, pages 6 &amp; 7, section III-B. Employees must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the Facility Director or to the Assistant Facility Director/PCM any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Facility Director. For an allegation of sexual abuse, the Facility Director will make notification to the PREA Coordinator, Director,</p>

	<p>Fidelity &amp; Assurance and to DOC and/or the Littleton Police Department. If the allegation involves staff, notification is also made to GEO's OPR.</p> <p>115.261 (b): Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.</p> <p>115.261 (c): Arapahoe County Residential Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.</p> <p>115.261 (d) Arapahoe County Residential Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. If there is an allegation of a vulnerable adult, facilities are instructed to contact state or local service agencies under mandatory reporting laws. In interview with the Facility Director, she stated individuals under the age of 18 are not housed at the Arapahoe County Residential Center. She would contact the Littleton Police Department to find out the mandatory reporting laws if an allegation was reported by a vulnerable resident. In interview of the PREA Coordinator he stated, "Unless precluded by federal 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 service agencies under applicable mandatory reporting laws."</p> <p>115.261 (e): The facility will report all allegations of sexual abuse and sexual harassment, including third-party to the facility Investigators. In interview of the Facility Director she stated all allegations are immediately reported to facility Investigators.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262 (a): When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident according to GEO policy 5.1.2-A, page 16, section M-1. interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee) he stated, "The agency takes immediate action to protect the victim from further harm and refers the resident for necessary offsite services (medical, mental health, etc.)."</p> <p>In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regard to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew it was their responsibility to</p>

	report this information immediately.
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.263 (a): GEO policy 5.1.2-A, pages 19 &amp; 20, section M-5 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the allegation will be documented and the Facility Director or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation is forwarded to the PREA Coordinator and the Facility Director.</p> <p>115.263 (b): In interview with the Facility Director and in review of documentation provided, in the past 12 months, there were no residents assigned to the Arapahoe County Residential Center who alleged that sexual abuse had occurred while they were assigned to another facility. The Facility Director stated if such an allegation was made, she would notify the head of the facility where the abuse was alleged to have occurred within 72 hours of receiving the allegation.</p> <p>115.263 (c): The agency shall document that notification was provided.</p> <p>115.263 (d) If a report is received from another facility regarding alleged sexual abuse occurring at Arapahoe County Residential Center, the allegation will be reported and investigated according to PREA standards. In interview with the Facility Director and on information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations of sexual abuse received from other facilities. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee) he stated, "When a facility receives such an allegation, the allegation will be referred to designated investigators (internal or external) for investigation. GEO's PREA Coordinator is also informed of all allegations of this type via email."</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.264 (a): GEO policy 5.1.2-A, pages 16 & 17, section M-2, outlines the procedure

	<p>for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident.</p> <p>115.264 (b): If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. All staff carry with them a <i>Sexual Abuse First Responder Card</i> reminding them of the steps to take if they are the first responder to an allegation of sexual abuse or sexual harassment. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve any physical evidence. On information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations of sexual abuse reported. Staff are informed of their first responder duties during Pre-Service and In-Service PREA training.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.265 (a): GEO policy 5.1.2-A, page 2, section II-A-4 and review of Arapahoe County Residential Centers' <i>PREA Coordinated Response Plan</i> were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A <i>PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment</i> is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. The Facility Director and the Assistant Facility Director/PCM are responsible to ensure compliance to the plan. Staff interviewed confirmed they were knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard



	<p><b>Auditor Discussion</b></p> <p>115.266 (a): GEO policy 5.1.2-A, pages 5 &amp; 6, section III-A-3, GEO policy 5.1.2-E, pages 4 &amp; 5, section III-A-2, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency’s ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation. In interview with the Director, Quality Assurance and Reentry Services (Agency Head Designee), he stated, “The Reentry Services division currently has three facilities which have a collective bargaining agreement: Delaney Hall (NJ). Tully House (NJ), and The Harbor (NJ). None of the languages in the collective bargaining agreement precludes investigations and disciplinary action against staff, up to and including termination for substantiated allegations of sexual abuse and sexual harassment.” On information provided for review, the Arapahoe County Residential Center does not have a collective bargaining agreement.</p> <p>115.266 (b): In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. The staff member will be reassigned to a post with no resident contact or placed on administrative leave pending completion of the investigation.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 21&amp; 22, section N-2 and facility policy 2019-6, pages 12 &amp; 13, section 9-2. On information reported on the Pre-Audit Questionnaire, no incidents of retaliation occurred in the past 12 months.</p> <p>115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. According to the Director, Quality Assurance and Reentry Services (Agency Head Designee),</p>

	<p>"When a PREA incident is reported, management staff, on a case-by-case basis, consider the best options for the victim like housing changes or transfers from the facility, removal of alleged abusers, whether staff or resident, and emotional support services." In interview with the Facility Director, she stated for residents she would look for disciplinary reports, change of housing or denied passes. For staff she would look for write-ups, poor evaluations or shift changes.</p> <p>115.267 (c): The Assistant Facility Director/PCM is responsible for weekly monitoring for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the <i>Protection from Retaliation Log</i> for residents and employee monitoring is documented on the <i>Employee Protection from Retaliation Log</i>. Completed logs are filed in the investigative file. In the past 12 months, there were no incidents of retaliation that occurred. When interviewed, the Facility Director/PCM knew her responsibilities for monitoring for retaliation per policy. She stated she would monitor weekly for at least 90 or possibly longer if needed.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Arapahoe County Residential Center, including third party and anonymous reports. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 2-4, section II-B-1. Investigations of sexual abuse and sexual harassment are required to be investigated promptly, thoroughly and objectively as stated on page 3, section B-d of GEO policy 5.1.2-E. The supervisor receiving the report of an allegation of sexual abuse or sexual harassment immediately notifies the Facility Director who notifies the PREA Coordinator and the Director, Fidelity &amp; Assurance. If the allegation involves a staff member, notification is made to GEO's OPR. All allegations of sexual abuse and sexual harassment are documented on the <i>Monthly PREA Incident Tracking Log</i>. In interview of facility Investigators, they confirmed when allegations are reported they immediately initiate an investigation. They also confirmed that anonymous and third-party allegations are also immediately investigated. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were two allegations of sexual harassment reported and administratively investigated. Both allegations were determined to not meet the criteria for PREA. Since the last PREA audit, there were a total of 11 allegations of sexual abuse/sexual harassment reported. One allegation of staff-on-inmate sexual abuse was determined to be substantiated. The administrative investigations of the two sexual harassment allegations determined to not meet the criteria for PREA and the substantiated allegation of sexual abuse reported outside of the 12-month period were reviewed.</p>

115.271 (b): The Assistant Facility Director/PCM, Security Manager and Case Manager Supervisor are the trained facility Investigators responsible for conducting administrative investigations. The facility provided certificates of completion of specialized investigation training for all three facility investigators. The Assistant Facility Director/PCM and the Security Manager were interviewed, the Case Manager Supervisor was unable to be interviewed as she was out for medical reasons. When interviewed, Investigators confirmed completing specialized investigation training and were able to describe some of the topics addressed in the training.

115.271 (c): The Investigators gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of Investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When interviewed the Assistant Facility Director/PCM stated she would gather any statements, camera footage, pictures and cell phone information. The Security Manager reported he would gather any physical evidence he could including cell phone data search information and staff scheduled. Both stated during interview if an allegation appears to be criminal, they would consult with prosecutors before conducting compelled interviews.

115.271 (e): The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years.

115.271 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility will request a copy of the completed investigative report from the Littleton Police Department. Upon receipt, the report will be forwarded to the corporate PREA Manager.

115.271 (h): Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Littleton Police Department who conduct criminal investigations pursuant to the requirements of this standard. Since the initial PREA audit, there were no substantiated allegations of sexual abuse reported.

115.271 (i): GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged

	<p>abuser is incarcerated or staff member is employed by the agency, plus five years, but the files shall be retained for no less than ten years.</p> <p>115.271 (j): 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. Facility Investigators interviewed confirmed in both cases, the investigation would continue.</p> <p>115.271 (k): Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. This provision is not applicable to this agency/facility.</p> <p>115.271 (l): The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview of the agency's PREA Coordinator he stated, "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, and sexual abuse incident reviews. Generally, the facility directors have developed great working relationships with these entities so there is regular dialogue about the status of open investigations." In interview the Facility Director she stated she would work with the detective assigned to the case and check on the status of the investigation. The facility Investigators interviewed stated they would provide any information and assistance they could to outside investigators.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.272 (a): Based on GEO policy 5.1.2, -E, pages 4 & 5, section B-2-d, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the standard requirement and agency policy.

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.273 (a): GEO policy 5.1.2-E, page 9, section K was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Assistant Facility Director/PCM is responsible to present to the resident the <i>Notification of Outcome of Allegation</i> form, which the resident signs. The resident is given the original form, and a copy of the form is retained in the investigative file of the corresponding PREA incident. In review of the investigative files reviewed, in each case the <i>Notification of Outcome of Allegation</i> forms were found filed in the respective investigative file. They were prepared and noted on the form they were not presented due to the alleged victim no longer assigned to the facility at the conclusion of the investigation.</p> <p>115.273 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.273 (c): The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded.</p> <p>115.273 (d): Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody. A <i>Notification of Outcome of Allegation</i> form just still be completed and retained in the investigative file.</p> <p>115.273 (e): All notifications or attempted notifications are documented and retained in the corresponding investigative file. Based on interview with the Assistant Facility Director/PCM and in review of investigative files, the process of providing notification to resident victims at the conclusion of an investigation is in place and being followed.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276 (a): Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, pages 9 &amp;10, section L-1. The <i>GEO Employee Handbook</i> is provided to all staff. Page 27 of the <i>GEO Employee Handbook</i> explains the zero-tolerance policy for employees and the sanctions that would be imposed for violations of the policy.</p>

	<p>115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): According to GEO policy 5.1.2-E, page 10, section L-1-c, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in 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>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no staff disciplined or terminated for violating the agency's sexual abuse or sexual harassment policies.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.277 (a): Based on review of GEO policy 5.1.2- A, page 12, section H-4 and policy 5.1.2-E, page 10, section L-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.</p> <p>115.277 (b): The facility shall take appropriate remedial measures and shall consider 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. Arapahoe County Residential Center has 25 volunteers and no contractors. According to information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no volunteers who violated the zero-tolerance policies. If a volunteer violated the zero-tolerance policies, the Facility Director stated she would not allow entry into the facility pending the outcome of the investigation.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.278 (a): According to facility GEO policy 5.1.2-E, page 10, section L-2, if a resident is found guilty of engaging in sexual abuse involving other individuals in a GEO facility shall be subject to formal disciplinary sanctions. Residents are made aware of prohibited acts they will be disciplined for, and the sanctions imposed in the <i>Resident Handbook</i>, page 15, sections X.1-X.4, addresses prohibited acts of sexual misconduct.</p> <p>115.278 (b): According to policy, sanctions will 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. In interview with the Facility Director, she stated residents could not be in the program if they were not competent and did not know right from wrong.</p> <p>115.278 (c): Based on GEO policy 5.1.2-E, page 11, section 2-c, 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.</p> <p>115.278 (d): The facility 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.</p> <p>115.278 (e): Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents.</p> <p>115.278 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278 (g): Facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced.</p> <p>On information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there were no disciplinary sanctions imposed related to resident sexual misconduct.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.282 (a): Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 20, section M-7 and facility policy 2019-6, page 11, section C-7.

	<p>Resident victims are referred to the University of Colorado Hospital for SANE exams at no cost to the resident. Counseling services would be provided by referral to the Blue Bench, Balanced Mental Wellness or CPA.</p> <p>115.282 (b): The Arapahoe County Residential Center does not employ medical or mental health practitioners. According to GEO policy, 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. Staff take preliminary steps to protect the victim. Following a reported PREA allegation, a <i>Resident Referral Verification</i> form is used to document the offer that offsite mental health services were offered to the resident victim. The resident victim has an option of accepting or declining these services.</p> <p>115.282 (c): Resident victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. In conversation with the Forensic Program Manager of the University of Colorado Hospital SANE Program, she stated victims are offered emergency contraception and sexually transmitted infections prophylaxis.</p> <p>115.282 (d): All services provided are at no cost to the alleged victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In conversation with the Forensic Program Manager of the University of Colorado Hospital SANE Program, she stated all services provided are at no cost to the alleged victim.</p> <p>On information provided on the Pre-Audit Questionnaire and in interview of the Assistant Facility Director/PCM, in the past 12 months, it was not necessary for any residents to be referred for emergency medical or crisis intervention services.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283 (a): According to GEO policy 5.1.2-A, page 16, section N-1, Arapahoe County Residential Center will offer ongoing medical and mental health care to all the residents who have been victimized by sexual abuse.</p> <p>115.283 (b): The evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.</p> <p>115.283 (c): Medical and mental health services are provided by referral to community providers. Resident victims are offered ongoing medical treatment at the University of Colorado Hospital and mental health services by referral to the</p>



	<p>Blue Bench, Balanced Mental Wellness or CPA. The <i>Resident Referral Verification</i> form is used to document the offer for mental health services. The resident victim has an option of accepting or declining these services.</p> <p>115.283 (d): Female victims of sexually abusive vaginal penetration are offered pregnancy tests.</p> <p>115.283 (e): If pregnancy results shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services and given a prescription for contraception prophylaxis.</p> <p>115.283 (f): All resident victims are given a prescription for STD prophylaxis.</p> <p>115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Mental health services are provided offsite.</p> <p>In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.286 (a): GEO policy 5.1.2-A, page 23, section N-3 and facility policy 2019-6, pages 13 &amp; 14, section 9-3, state the facility is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. According to information reported on the Pre-Audit Questionnaire and in interview of the facility Investigators, in the past 12 months there were no allegations of sexual abuse reported.</p> <p>115.286 (b): The review is to be conducted within 30 days of the conclusion of the investigation.</p> <p>115.286 (c): The Incident Review Team consists of the Facility Director, Assistant Facility Director/PCM, and Security Manager, with the PREA Coordinator sometimes consulted as part of the review. In the past 12 months, there were no allegations of sexual abuse reported. In review of the investigative file of a substantiated allegation of staff-on-inmate sexual abuse reported and investigated outside of the 12-month period, the incident review was conducted but was conducted 41 days after the conclusion of the investigation. This finding was discussed with the</p>

Assistant Facility Director/PCM and the Facility Director during the onsite-audit visit. During the Post-Audit Phase through an e-mail request, the *PREA After Action Review Reports* for three additional sexual abuse allegations reported outside of the 12-month period were reviewed. They were all found to be conducted within 30 days of the conclusion of the investigations. It was noted during the review of those reports that the previous PREA Compliance Manager was the only person indicated to be part of those reviews. This finding was shared with the Facility Director, Assistant Facility Director/PCM and GEO's Manager, Contract Compliance. It was stressed in the future the entire Incident Review Team must be part of the review of sexual abuse allegations determined to be substantiated or unsubstantiated. It was further discussed with the Assistant Facility Director/PCM to review this finding with the entire Incident Review Team and ensure compliance to this practice moving forward.

115.286 (d): The review team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. In interview with Incident Review Team members, they were knowledgeable of their responsibilities in review of sexual abuse allegations determined to be substantiated or unsubstantiated.

Incident reviews are documented on a *PREA After Action Review Report* (attachment J to policy 5.1.2-A) with any recommendations for improvement and forwarded to the PREA Coordinator no later than 10 working days after the review. The Assistant Facility Director/PCM maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file.

In interview with the agency's PREA Coordinator he stated, "Each facility is required to complete the GEO PREA After Action Review Report within 30 days of case closure. Each review includes an examination of the five questions outlined in the standard and capture any recommendations made or corrective actions taken.

Furthermore, the report includes an analysis of the actions taken by staff and whether those actions complied with the corporate, facility and contracting agency's PREA policies. The PREA Compliance Managers at each facility are required to upload PREA After Action Review Reports to the agency's secure 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. The corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. I review the recommended improvements and submit my recommendations to the divisional authority for reentry for review and approval."

115.286 (e): The facility will implement the recommendations for improvement or document the reasons for not doing so.

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1484 539">115.287 (a) &amp; (c): Information on data collection is found on page 23, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the <i>Survey of Sexual Violence</i> conducted by the Department of Justice.</p> <p data-bbox="280 577 1474 864">115.287 (b): The Assistant Facility Director/PCM ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the <i>Monthly PREA Incident Tracking Log</i> (attachment K of policy 5.1.2-A). In addition to submitting the <i>Monthly PREA Incident Tracking Log</i>, the Assistant Facility Director/PCM is to 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. At least annually, the PREA Coordinator aggregates this data.</p> <p data-bbox="280 902 1474 1016">115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="280 1055 1417 1133">115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.</p> <p data-bbox="280 1171 1474 1285">115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. On information reported on the Pre-Audit Questionnaire, DOJ requested this information for the previous year.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="280 1572 564 1606"><b>Auditor Discussion</b></p> <p data-bbox="280 1646 1481 2058">115.288 (a): Based on GEO policy 5.1.2-A, pages 23 &amp; 24, section O-2, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. In interview the PREA Coordinator he stated, "All of GEO's clients with the exception of the USMS, include GEO PREA data in their annual PREA reports. Each facility is required to complete the GEO PREA After Action Report after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions need are documented and captured</p>

	<p>in the facility's <i>Annual PREA Facility Assessment</i>."</p> <p>115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The <i>Annual PREA Report</i> provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. <i>Annual PREA Reports</i> from 2017-2023 were found posted on the GEO website.</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of the agency's <i>Annual PREA Report</i>.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289 (a): Based on GEO policy 5.1.2-A, page 29, section O-3, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11). In interview with the PREA Coordinator he stated, "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."</p> <p>115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. In review of the agency website, <i>Annual PREA Reports</i> for 2017-2023 were found posted on the agency's website.</p> <p>115.289 (c): Before making aggregated sexual abuse data public, all personal identifiers are redacted, as stated on the last page of GEO's <i>Annual PREA Reports</i>.</p> <p>115.289 (d): GEO maintains sexual abuse data collected pursuant to standard 115.287 for at least 10 years after the date of the initial collection.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.401 (a): Based on GEO policy 5.1.2-A, page 24, section P, GEO ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. GEO's Contract Compliance Department ensures each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice.

115.401 (b): During the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was conducted in 2021.

115.401 (f): I received and reviewed all relevant agency-wide policies for Arapahoe County Residential Center.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all areas of the facility.

115.401 (i): I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a representative sample of residents, staff and volunteers.

115.401 (l): I reviewed camera monitors and electronically stored data.

115.401 (m): I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.

115.401 (n): Residents and staff were notified of the dates of the upcoming PREA audit on 4/10/24 through posted facility notices in both English and Spanish. They were informed they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from any resident or staff of Arapahoe County Residential Center.

115.401 (o): GEO/Arapahoe County Residential Center has an MOU with the Blue Bench. The MOU renewed in March 2024, provides for emotional support services for resident victims of sexual abuse. The Blue Bench provides a reporting hotline for sexual abuse victims of the Arapahoe County Residential Center. Callers are informed of the Blue Bench's mandatory reporting rules. The Co-Director of Client Services reported that calls made to the Blue Bench are confidential and

	<p>anonymous. The Blue Bench has full-time, part-time and volunteer advocates who are called upon to provide accompaniment to victims through the forensic process. Following the SANE exam, advocates offer victims follow-up services for emotional support and community referrals if needed. The Blue Bench offers Case Management services, which include assistance with reporting allegations of sexual abuse up to and including legal accompaniment for court cases related to the abuse.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.403 (a): In compliance with the National PREA Standards, I certify by my signature in the Auditor’s Certification Section of this report that no conflict of interest exists with my ability to conduct this audit.</p> <p>115.403 (b): In thorough review of GEO’s policies, as well as facility policies and procedures, were found to comply with relevant PREA standards.</p> <p>115.403 (c): For each PREA standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards determined to not meet the standard.</p> <p>115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.</p> <p>115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.</p> <p>115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a> to be available to the public.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes



	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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



<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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



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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes



<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	



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

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

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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



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