

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 18, 2021

Auditor Information

Name: Robert Manville	Email: robertmanville9@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Milledgeville, Ga. 31061
Telephone: 912-486-0004	Date of Facility Visit: July 29 through July 30, 2021

Agency Information

Name of Agency: Geo Group			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.geogroup.com/PREA			

Agency Chief Executive Officer

Name: Jose Gordo

Email: jgordo@geogroup.com

Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya

Email: tmasodemoya@geogroup.com

Telephone: 561-999-8116

PREA Coordinator Reports to:

Daniel Ragsdale, Executive Vice President,
Contract Compliance

**Number of Compliance Managers who report to
the PREA Coordinator:** 102

Facility Information

Name of Facility: Arapahoe County Residential Center (ACRC)

Physical Address: 2135 W. Chenango Ave.

Littleton, CO 80120

Mailing Address (if different from above): Click or
tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.geogroup.com/PREA (Social Responsibility Section)

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

The Center received internal audits by GEO annual PREA Assessment in 2020.

Facility Director

Name: Angie Riffel

Email: ariffel@geogroup.com

Telephone: (303) 795-6975 X 207

Facility PREA Compliance Manager

Name: Kim Owens

Email: kowens@geogroup.com

Telephone: (303) 795-6975 X 216

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

206

Current Population of Facility:

64

Average daily population for the past 12 months:

74

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	Adults (21-70)
Average length of stay or time under supervision	8 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	150
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	148
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	134
Does the audited facility hold residents for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe

<input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	16
Number of staff hired by the facility during the past 12 months who may have contact with residents:	36
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	31

Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	31

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity

<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
Administrative Investigations	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	1
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe

Audit Narrative

Audit Narrative (including Audit Methodology)

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

GEO contracted with Robert Manville to conduct the PREA audit for Arapahoe County Residential Center. The primary sole auditor is Robert Manville, and no conflict of interest exists between the two parties. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases.

GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, correctional, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to our care.

Arapahoe County Residential Center provides reentry programming and work release for female residents from Colorado Department of Corrections and local sheriff's department. The facility has a housing capacity of 206 residents and averages 85 residents. At the time of the audit there were 64 residents housed at the facility. Based on the time interviewing residents and staff the auditor feels confident that the agency has implemented a program that provides resident the opportunity to make positive changes in their lives.

Pre-Audit Phase:

GEO Group were asked to complete the Pre-Audit Questionnaire (PAQ) and supportive documentation which was received by the auditor on July 15, 2021. Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures, facility policies and procedures, forms, and organizational charts. Agency policy content was structured in accordance with corresponding PREA standards.

On July 29, 2021, the auditor requested that additional information be available for review during the onsite audit which included staff rosters, resident rosters, including any residents characterized as being included in "targeted" categories, and any applicable investigative documentation for the audit period. These documents were provided and reviewed during the on-site audit. Prior to the on-site visit, the auditor discussed the information conveyed in the Pre-Audit Questionnaire (PAQ) with GEO staff. As part of the preaudit process, a review of the agency's PREA referenced policies, applicable local supplemental instructions, as well as submittals of supporting documentation was conducted. The GEO Group provided GEO and Arapahoe County Reentry Program Policies and procedures. A tentative schedule for interviews were formulated and submitted to the audited facility.

On-Site Audit Phase:

The auditor held an opening meeting at Arapahoe County Residential Center on the morning of July 29. The audit schedule and process were discussed during the entrance meeting. The auditor was provided a conference room to work and conduct private confidential interviews. All requested files and rosters, both staff and residents, were made available during the on-site audit.

Site Review:

Immediately following the opening meeting, a tour of facility was conducted. The auditor was escorted by the facility's PREA compliance manager and facility director. The auditor toured all resident living, work, and program areas. The auditor was given unimpeded access to all areas of the facility.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards, and pertinent log entries made by staff who visit work and program areas. The auditor assessed camera surveillance, potential blind spots, and physical supervision requirements as applied to a community correctional confinement requirement. Additional areas of focus during the facility tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the restroom facilities without exposing themselves to employees of the opposite gender). External advocacy and "internal hotline" information was assessed while touring the facilities. The tour revealed adequate camera coverage, and physical supervision. A review of logbooks and records revealed documentation of security and PREA rounds.

The on-site audit tour did not reveal any resident privacy concerns. Toilet and shower areas throughout the facilities were in a manner to limit the possibility of non-incident cross gender viewing.

Resident Interviews:

Resident interviewed were selected from a housing roster July 26,2021. The rosters categorized residents by housing, programming, and gender. Additional information was provided for PREA targeted categories such as disabled, limited English proficient (LEP), etc. Staff were able to identify residents in targeted categories, or the lack of residents in targeted groups. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the offender's knowledge of PREA and the reporting mechanisms available to them. Using the interview guides, 19 residents that are not of the PREA targeted group were interviewed. These interviews included resident from each living unit, each program areas, each sentencing agency, and each gender. There were 5 targeted residents were also interviewed. One resident that indicated she was lesbian, and one ESL resident and three residents that claim sexual victimization were interviewed. There were no other residents that are considered in the targeted population as described by the PREA Handbook for auditors.

Staff Interviews:

A total of 14 random staff from all shifts were interviewed regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Additional two non-direct care staff were interviewed for first responder roles.

The Agency Director, Agency PREA Coordinator and Agency Contract Administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the Facility Director, PCM, Investigator, Human Resource staff, Retaliation Monitor, Program counselors, Intake Staff, and Security Supervisor from each shift.

Telephone interviews were conducted with Littleton Adventist Hospital for forensic exams. The facility has an MOU with the hospital. The SANE Coordinator was contacted prior to the onsite visit to confirm and review the MOU. The MOU provides residents of the Arapahoe County Residential Center emergency health services related to sexual abuse. The facility emergency room nurse stated that victims of sexual abuse would be transported to the hospital and triaged in the emergency room. Once medically cleared, an on-call SANE nurse would be called and would respond to the emergency room within one hour. If requested by the victim, the Blue Bench would be contacted for a victim advocate to accompany the victim through the SANE exam. Pregnancy prophylactics and prophylactics for sexually transmitted diseases are administered. The SANE exam, medications and all related services are offered at no cost to the victim

Staff File Review

Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager.

Twelve (12) background clearance files including five (4) new hired staff, five (4) staff that had been promoted and five (4) years employees that had been over five years tenure at the facility.

Twelve (12) resident's records were reviewed. These records included the following information.

- Identification Number
- Identification Number Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening

- Date of Initial PREA notification
- Date of PREA orientation

Volunteer file was reviewed for training, and background investigations. The volunteer program has started to remobilize, and one volunteer is providing services at the facility at this time.

Supervisor and management monthly PREA rounds logbooks entries were reviewed. Six duty officer rounds documentation for weekdays, weekends, and nights were reviewed.

Investigations

During the applicable audit period, there were no allegation of PREA allegations reported. There is one trained Sexual Abuse investigator assigned to the facility.

Post-Onsite Phase

During this period of document review, clarifications were sought regarding PAQ entries, and discussions with the facility PREA Compliance Manager and cooperate staff as required. PAQ entries were verified.

Facility Characteristics

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

Arapahoe County Residential Center is a residential and non-residential correctional program for adult females that are received from the Arapahoe County Corrections Board, which includes placements from the Colorado Department of Corrections, direct sentences from the local courts and out of county jurisdictions. The facility's rated capacity is 206 residents. The primary building houses all operations, programs, and service areas under one roof. The facility employed 16 staff at the time of the audit. Sixty four residents were assigned to the program during the Audit Review.

While the PAQ indicates there are 31 units, there are two hallways with 31 resident rooms with double bunks that are located on the north and part of the south perimeter of the building. Room capacity includes seventeen rooms with the capacity to house four residents, nine rooms that can house eight residents, two rooms that can house sixteen residents, one room that can house eighteen residents, one room that can house 14 residents and one room that

can house two residents. During the audit there were several vacant rooms. All rooms have sinks inside of the rooms and all, but two rooms have restrooms accessed from two adjacent rooms. Restrooms have individual toilet stalls with solid doors and individual shower stalls with shower curtains for privacy; the number of each depends on the capacity of the room.

The kitchen has cameras, and mirrors that have been installed since the last audit at the recommendation of the auditors. There were no blind spots located in the food service areas. There were Zero Posters placed throughout the kitchen and dining room.

There are three 3 rooms that are utilized for groups, education programming and one as an exercise room located on each of the two hallways. There are cameras located in each of these multiple purpose rooms.

There is a laundry room with three washers and dryers located at the end of one hallway. There is a camera in this area.

There are restrooms located in each hallway. The restrooms partitions allow residents and staff to use the restroom without being seen naked.

Resident Reporting Options posters in both English and Spanish were posted throughout the facility in communal areas and in all resident rooms and Third Party Reporting posters were posted throughout the facility in areas visible to staff and visitors. The Resident Reporting Options poster directs residents to inform a staff member or the PREA Compliance Manager immediately. It also gives residents the phone numbers and mailing addresses to the Rape Crisis Center, the Division of Criminal Justice, the DOC PREA Administrator, the Blue Bench, and the RAINN National Advocacy Hotline. On the first day of the audit, calls were made on a resident telephone located in visitation room that is adjacent to the Security Office to ensure the numbers were accessible to residents.

Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posters in each living unit, day room, work area, visitation room and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group.

Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded Number of Standards Exceeded: four (4)

List of Standards Exceeded:

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment;
PREA coordinator
Standard 115.231: Employee training:
Standard 115.251: Resident reporting:
Standard 115.265; Coordinated Response:

Standards Met **Number of Standards Met:** thirty-seven (37)

Standards Not Met 0

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.211 (a)

- ✦ Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- ✦ Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- ✦ Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

- ✦ Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No

- ✦ 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 facilities?

Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard and Documents Reviewed

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult and Community Confinement Facilities
Arapahoe County Residential Center (ACRC) {Policy 2019-1 PREA Staffing & Facility Requirements
Corporate PREA Organizational Chart
ACRC Organizational Chart

Facility requirements and company and facility organizational charts meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts his position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO ensures that all its facilities have a PREA

Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The center's organizational chart illustrates the PREA Compliance Manager's position within the facility at Arapahoe County Reentry Center reports to the Facility Director. At Arapahoe County, the PREA compliance manager is also the facility training director. She utilizes this role to accent PREA discussions in all elements of training. This was confirmed by interviews with several of the random monitors. The GEO Group PREA Coordinator and facility's Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA compliance manager (PCM) was enthusiastic about PREA. The center's team meets on a continuous basis to review and update PREA concerns.

The GEO Group has implemented a PREA tracking system that includes tracking of PREA incidents, investigations, retaliation monitoring, resident notifications, after action forms to include all areas that must be reviewed by the incident review team, screening dates, rescreening dates, and mental health referrals from screening. All these components of the system are protected to only allow approved staff access. The system is available for the PREA coordinator and GEO PREA team to ensure compliance with standards.

The agency and center policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the resident's manual, and postings distributed throughout the center (observed during the tour).

All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceed the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero-tolerance. Exceed compliance was determined by review of agency organization chart, agency, and center policies, both staff and resident training orientation power point presentations, posters, resident manual, and agency data base. Compliance also included interviews with staff, and residents to further provide exceed compliance with this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- ✦ 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 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.) Yes
 No NA

115.212 (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.) Yes No NA

115.212 (c)

- ✦ If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- ✦ In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-1 PREA Staffing & Facility Requirements
Client Contract

The facility does not contract with other entities to house residents. Colorado Department of Corrections contract stipulates that the Contractor shall comply with community confinement standards of the Prison Rape Elimination Act (United States Department of Justice - DOJ 28 CFR Part 115). Compliance was determined by review of facility contract agreement and interviews with the GEO Group PREA coordinator and Agency Administrator.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

- ✦ In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- ✦ In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- ✦ 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 No
- ✦ In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- ✦ 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 No
- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Staffing Plan.
ACRC Policy 2019-1 PREA Staffing & Facility Requirements
PREA Unannounced Round Log
Annual PREA Facility Assessment
Video Monitoring Review
Staff Schedules
Facility Floor Plan with Camera Locations

The GEO Group 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.

In circumstances where the staffing plan is not complied with, the Facility Director would document and justify all deviations from the plan. The Facility Director monitors the staffing plan by reviewing staff rosters and daily briefings. Monthly employee rosters are forwarded to Colorado Department of Corrections (CDC) for their review. In interview with the Facility Director, in this audit period there were no times that there were deviations mandatory staff that must be on duty during based on the approved staffing plan. Staff vacancies are filled using staff overtime to ensure the correct plan.

The Annual PREA Assessment plan includes a staffing plan which is reviewed annually by the Facility Director, PREA Compliance Manager, the Deputy Director of Security Manager. and documented on the PREA Annual Facility Assessment form. This form is then forwarded to the Regional Director, the Director of 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. In the 2019 PREA Annual Facility Assessments, no recommendations were made for

changes to the established staffing plan. The PREA Assessment plan was submitted on October 19, 2019. The staffing plan requires 91 full time equivalent staff (FTE). There was a modification in the staffing plan to 87 full time equivalent staff (FTE) due to a discontinued contracted program.

The facility undergoes a PREA Assessment on an annual basis. The assessment includes:

1. The physical layout of each facility
2. The composition of the resident population
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Any other relevant factors.

The facility PREA annual assessment was completed on October 2019 and was provided to the auditor prior to the PREA audit. Based on the assessment there were no time when the facility did not meet the mandatory staffing as approved by the client and GEO cooperate office. The agency provided a staffing schedule for 2019 and 2020. The staffing schedule provided evidence that the facility staffing plan provided appropriate staff. Daily, weekly and monthly staffing reports provided staffing level to meet the standard requiring 1 to 8 during waking hours and 1 to 16 during sleeping hours. Further compliance was determined by touring the facility and interviewing residents in a common area that provide direct contact with staff and resident. During the interview there was always a ratio of 1 to 6 residents during the interviews.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. There are four counts per shift, which are documented on the Housing Count Roster. Management staff are required to complete, at a minimum, unannounced PREA rounds once a shift each month. These rounds are documented on the Unannounced PREA Rounds Log. Based on general conversations with staff including monitors and residents the facility director, and program supervisors visit the living and work areas throughout the day, nights, and weekends.

An examination of policy and supporting documentation and all interviews confirms compliance with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- ✦ Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.215 (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 residents.)
 Yes No NA
- ✦ Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- ✦ Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- ✦ Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- ✦ Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- ✦ Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical 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 No
- ✦ 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 No

115.215 (e)

- ✦ 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 No

- ✦ If a 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 No

115.215 (f)

- ✦ 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 No

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-4 Resident Searches, Viewing and Contraband Process Indicators
2017-2018 PREA Staff Training Curriculum
2017-2020 PREA Staff Training Acknowledgment Waivers
PREA Staff Training Curriculum

Offender/Resident “Pat” Searches Should staff believe that a resident is attempting to introduce contraband to the facility a “pat” search may be conducted. These searches will also be conducted for those persons returning to the facility from work, job search, or other locations outside the facility. Searches shall be conducted in a professional manner that maintains the respect and dignity of the resident. A staff member of the same gender will conduct the “pat” search and document it on the pat search log. Offender/Resident “Strip” Searches, “Body Cavity” Searches Resident “Strip” searches and body cavity searches are prohibited and not conducted at Arapahoe County Residential Center. The Facility Director will request authorization to remove the offender from the program and place in close custody only when there is a reasonable suspicion that the resident is in possession of contraband and/or prohibited property and the resident is refusing to voluntarily surrender the item(s). Security monitors receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency’s Guidance in Cross Gender and Transgender Pat Searches curriculum was provided for review. Staff sign a Cross Gender Pat Searches & Searches of Transgender & Intersex acknowledgement form upon completion of this training and sign a Training Record Sign in Log. Receipt of this training was verified through interviews with staff and review of staff training records.

Cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. Cross-gender pat-down searches of male and/or female residents are prohibited. Female residents will not be denied access to regularly available programming or other outside opportunities to comply with this provision. All residents shall be required to change their clothes in the resident bathroom area. Facility staff is required to loudly announce their entrance into a dorm housing resident of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed. Residents have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same gender staff are not available to render first aid). 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 work shift.

Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Staff shall seek to identify individuals who are Transgender or Intersex upon delivery to Arapahoe County Residential Center at the time a referral is received by the contracting agency and/or during intake processing, based on available information from the referring agency, the individual (including the individual's stated gender identity, if any), and as developed by staff. When staff identifies an individual as Transgender or Intersex during intake processing, staff shall place the individual in a holding cell or area to provide for the individual's safety and to provide the individual with a measure of privacy pending further review. All staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex Individuals at Arapahoe County Residential Center in a professional and respectful manner.

Unless the referring agency written mandates dictate otherwise, Searches of Transgender, and Intersex individuals shall be performed either by female staff only or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. The preferred option will be documented on the "Statement of Search Preference" form. Using two staff, one male searching the bottom half and one female searching the top half of the Transgender individual is strictly prohibited. If staff has not determined that an individual presents as Transgender or Intersex, and security staff discover during the conduct of the search that the individual is Transgender or Intersex, security staff will cease the search and one of the two options will be followed.

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 showers had either doors, partitions, or curtains. All toilets had partitions or doors. There was no area that was visited by the auditor that had any showers, toilets or dressing area that would allow staff to view naked residents. Residents shared that they feel they have privacy to shower, toilet, and change clothing when staff of the staff are in their housing unit. A review of all cameras did not show any area that residents would be using the restrooms and showering.

GEO policy 5.1.2-A and facility policy 2019-4 prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents complete a Statement of Search form indicating the gender of the staff they prefer to conduct pat searches. Transgender and intersex residents shall be given the

opportunity to shower separately from other residents. At the time of the audit, there was no transgender resident housed at the facility. Arapahoe County Reentry Center has not received any transgender or intersex residents nor have any residents self-identified as either during this review period. Compliance was determined by review of policies, touring all area of the facility, interviews with residents and staff.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

- ✦ Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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: Are blind or have low vision? Yes No

115.216 (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 No
- ✦ Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- ✦ 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.
ACRC - Policy 2019-2 PREA Intake and Orientation
GEO Annual Data Reports
PREA Education Manual for Residents (English/Spanish)
Large Print PREA Education Manual for Residents (English/Spanish)
PREA Facility Posters (English/Spanish)
Resident Reporting Options Posters (English/Spanish)
GEO PREA In-Service Training (Use of Interpreters)
Language Line Services, Inc.
TTY Device
Statement of Fact

GEO Reentry Services – Arapahoe County Residential Center shall ensure that offenders with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. The facility shall provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Offenders shall not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the

performance of first-responder's duties in an emergency, or the investigation of the individual's allegations. The director provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for this purpose. Interviews with first responders, medical, therapeutic counselors and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions. Interviews with staff and residents and an examination of policy/supporting documentation also confirm compliance with this standard. The center employs staff that are bi-lingual in languages other than English. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. Compliance of this standard was confirmed by review of Agency Policy, contracting services for language interpretation services and interviews with staff that conduct screening, medical staff and PCM.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- ✦ 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 center (as defined in 42 U.S.C. 1997)? Yes No
- ✦ 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 No
- ✦ 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 question immediately above? Yes No
- ✦ Does the agency prohibit the enlistment of 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 center (as defined in 42 U.S.C. 1997)? Yes No

- ✦ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- ✦ Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (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 No
- ✦ Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- ✦ Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- ✦ 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 center employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- ✦ Does the agency perform a criminal background record check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- ✦ 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 No

115.217 (f)

- ✦ Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- ✦ 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 No
- ✦ Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- ✦ Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- ✦ Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC - Policy 2019-1 PREA Staffing and Facility Requirements
Employment Application Questionnaire
Career Builder Background Check
NCIC Background Check
Promotion Disclosure Waiver
Annual Performance Evaluation & Disclosure
Employee Annual Disclosure Form

All employees, contractors and volunteers have had criminal background checks completed prior to being employed by Arapahoe County Reentry Center. The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer that may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with residents. The facility utilizes a private vendor, Career Builders to conduct background check on all applicants, promotions, and every five years.

Employees have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Five fresh staff member, three promoted staff, and five staff that have been employed at Arapahoe County Reentry Center for more than five years personnel files were reviewed and found to have received background checks completed prior to employment, promotion and or working longer than five years at

Arapahoe County Reentry Center. Interviews with human resources manager and a review of documentation (PREA Questionnaire), Background checks for random staff, staff that have five years plus tenure and staff that were promoted confirm compliance with this standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- ✦ If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.218 (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 agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-1 PREA Staffing and Facility Requirements
PREA audit 2018
Annual Facility Assessment
Statement of Fact

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates the company will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from sexual abuse. Arapahoe County Reentry Center Policy 2019-1 PREA Staffing and Facility Requirements state that the facility will consider the effect of new or upgraded 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 agency head designee at an earlier date stated that the agency uses technology to assist the facilities in keeping residents safe from sexual abuse. There have been some additional modifications to the cameras at Arapahoe County Reentry Center during the last audit period.

If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the project development team to ensure the safety of residents. The GEO Group complete an annual facility assessment. Based on the 2020 PREA assessment the facility added two cameras were in storage areas. Compliance was determined by review of facility upgrades to camera, and mirror coverage though out the facility. Further compliance was determined by interviews with Agency Head Designee, GEO Group PREA Coordinator, Facility Director, and review of annual PREA facility assessment.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- ✦ 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 No NA

115.221 (b)

- ✦ Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- ✦ Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- ✦ Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- ✦ Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- ✦ 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 No
- ✦ Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- ✦ Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- ✦ 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? (N/A if agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- ✦ Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- ✦ 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 No
- ✦ As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- ✦ 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 No NA

115.221 (g)

- ✦ Auditor is not required to audit this provision.

115.221 (h)

- ✦ 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 *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
Littleton Hospital MOU
The Blue Bench MOU
Littleton Police Department MOU Attempt
Statement of Fact
SAFE/SANE Provider Information
Statement of Fact

GEO policy 5.1.2-E outlines the agency's requirements as it applies to this standard. The facility has trained facility investigators. Arapahoe County Reentry Center houses several populations.

The Arapahoe County Residential Center has one trained facility investigators responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The facility has an agreement with the Littleton Police Department to conduct all 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.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. The facility has an MOU with the PorterCare Adventist Health System doing business with Littleton Adventist Hospital where resident victims of sexual abuse are transferred for forensic exams at no cost to the resident. In the past 12 months, there have been no residents who have required SANE exams. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

The facility has an MOU with the Blue Bench to provide victim advocacy and other victim support services. The Blue Bench services are confidential, and no information is shared with facility staff without informed consent of the victim. Residents are informed of the extent to which communication with the Blue Bench will be monitored and to the extent of confidentiality in accordance with mandatory report laws. Residents are made aware of the confidential emotional support services available to them in the PREA Education Manual for Residents, and PREA posters displayed throughout the facility. When interviewed, residents were aware of the confidential emotional support services available to them and how to access them. Compliance was determined by review of policies, MOU, and documentation provided from Victim Advocacy Group and telephone conversations with the Blue Bench crisis center and the Littleton Adventist Hospital representative.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- ✦ Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- ✦ Does the agency have a policy and practice 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 No

- ✦ Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- ✦ Does the agency document all such referrals? Yes No

115.222 (c)

- ✦ 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 No NA

115.222 (d)

- ✦ Auditor is not required to audit this provision.

115.222 (e)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Group Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
Incident Tracking Logs
GEO Website (PREA Investigations)
DOC Written Mandate on Referrals
Statement of Fact

GEO policy 5.1.2-E and Arapahoe County Reentry Center Policy 1200.06-4 outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. GEO policy mandates that each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.

ACRC Policy 2019-1 PREA Staffing and Facility Requirements mandates that the facility shall report all allegations of Sexual Abuse and Sexual Harassment and make referral for investigations. Upon learning of an allegation of sexual abuse the facility will implement a coordinated response plan and begin the securing of the crime scene and contacting the Facility Director, Regional Director for GEO, GEO PREA Coordinator, and Colorado Department of Corrections for CDOC residents. If it is determined that the action is criminal DOC may request assistance from local law enforcement and the Colorado State Police. For local municipalities, the center would notify the local law enforcement for allegation that are criminal in nature. Noncriminal investigation may be conducted by local trained PREA investigator.

The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are tracked on the PREA Monthly Incident Outcome Tracking Log.

In the past 12 months, there were no allegation of sexual abuse, or sexual harassment .

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website <http://www.geogroup.com/PREA> (Documents and Resources Section) Compliance was determined by review of policies, investigative reports, websites, and interviews with facility investigator.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- ✦ Does the agency train all employees who may have contact with residents on: Its zero tolerance policy for sexual abuse and sexual harassment? Yes No
- ✦ 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 No
- ✦ 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 No?
- ✦ Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- ✦ Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- ✦ Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- ✦ 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 No
- ✦ Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- ✦ 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 No

- ✦ 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 No

115.231 (b)

- ✦ Is such training tailored to the gender of the residents at the employee's facility? Yes No
- ✦ 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 No

115.231 (c)

- ✦ Have all current employees who may have contact with residents received such training? Yes No
- ✦ 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 No
- ✦ In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- ✦ Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Pre-Service Training Curriculum
GEO In-Service Training Curriculum PI3 - Pre-Service Training Records
In-Service Training Records GEO Staff Training Curriculum
Pre-Service Training Rosters
In-Service Training Record

All staff are provided an Employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment. Residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse
- Cross Gender Pat Searches & Searches of Transgender and Intersex

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention program mandates that the facility will be required to modify training to meet needs of the gender population being served at the facility.

A sampling of staff annual training files (15) were reviewed and contained documentation supporting compliance with this standard. In the past 12 months, all Arapahoe County Reentry Center staff have received PREA training as verified by review of employee training files. 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. The facility meets 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.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- ✦ 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 No

115.232 (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 No

115.232 (c)

- ✦ Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program
Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training
PREA Orientation and Training
Volunteer Training Acknowledgment
Volunteer Orientation Roster

GEO Group Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program mandates each facility shall ensure that all Contractors or volunteers who have contact with Individuals in a GEO Facility or Programs are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures. Contracted Medical and Mental Healthcare Practitioners shall receive specialized training, in addition to general training for Contractors and Volunteers (if their duties include evaluating and providing patient care to residents). All volunteer staff are required to receive PREA training annually. A review of volunteer training curriculum included all aspects of this standard. Arapahoe County Reentry Center did not have any contracts with outside vendors during the review period. There has been no additional training nor volunteer programs due to restrictions concerning Covid-19. One volunteer is currently accessing the facility to provide service. This volunteer received training using Zoom. Compliance was determined by review of the training curriculum and interviews with PCM, volunteer, review of policy and training curriculum.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- ✦ During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- ✦ During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- ✦ During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- ✦ During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- ✦ During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- ✦ Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No

- ✦ Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- ✦ Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
ACRC Policy 2019-2 PREA Intake and Orientation
PREA Education Manual for Residents

Resident Handbook
Language Line Contract
Acknowledgment of Receipt of PREA Education Manual
PREA Education Posters
Acknowledgment of Receipt of PREA Education Manual
PREA Video Acknowledgment

Residents receive a PREA education manual during the initial intake screening. The manual is printed in both English and Spanish. There are PREA posters throughout the center and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient residents. A review of Resident Handbook and PREA Brochure verified that residents received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All residents are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all residents within 30 days of their arrival at the facility. If a resident is transferred to another facility, policy requires that this training process be repeated at the new center, as confirmed through interviews with newly arrived resident. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. The class is presented by watching a video, group discussions and question and answer session. It is presented in language Resident understand. The center will utilize available community resources for resident with ADA obstacles in receiving and understanding the training.

In the past 12 months, 150 residents admitted to the facility and two residents who transferred from another community confinement facility received written PREA educational material upon arrival to the facility. Upon arrival to the facility, Resident Managers provide residents with a PREA Education Manual for Residents and residents view the PREA: What You Need to Know video. Residents sign an Acknowledgement of Receipt of PREA Educational Manual form and sign that they have received training on the Zero-Tolerance Policy, the Right to Report and Free Medical and Mental Health. Ongoing PREA information is provided on posters, both in English and Spanish, prominently displayed in all resident rooms and in numerous other locations throughout the facility. Resident Managers interviewed confirmed they are providing residents PREA information and facilitating the PREA video upon their arrival to the facility.

The auditor reviewed a random sampling of fifteen (15) A&O Checklists/Signature Sheets to verify that resident received the PREA education including relevant written materials. All residents are required to acknowledge completion of PREA education. During the interview process, randomly selected residents indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right

not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Residents were aware of available services outside of the facility for dealing with sexual abuse. Compliance was determined by review of resident documented training, training curriculum, and interviews with program staff and residents.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- ✦ In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

Yes No NA

115.234 (b)

- ✦ Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- ✦ Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- ✦ Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- ✦ Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- ✦ 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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Training Curriculum
Specialized Investigator Certificate
Statement of Fact

GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There is one trained facility investigator employed at Arapahoe County Reentry Center.

In review of the training curriculum, 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. At the Arapahoe County Residential Center, the PREA Compliance Manager is the trained facility investigator and completed Specialized Investigation Training facilitated by GEO's PREA Coordinator on 10/20/17. She has received annual PREA training and refresher training during her tenure as the facility's Sexual abuse investigator. The facility maintains documentation that this specialized training as well as general education provided to all employees was completed, which was confirmed by documentation provided for review. Upon interview with the facility investigator, she was knowledgeable of her responsibilities in conducting sexual abuse investigations. Compliance was determined by review of sexual abuse investigations, investigator's training records, review of policy and interview with sexual abuse investigator, GEO Group coordinator and facility director.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- ✦ 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 No NA

- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or parttime medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- ✦ Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom

to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (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 No NA

115.235 (c)

✦ 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 No NA

115.235 (d)

✦ Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)

Yes No NA

✦ Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO PREA Specialized Medical and Mental Health Curriculum
PREA Specialized Medical Training Certificate
PREA Basic Training Acknowledgment
Statement of Fact

Arapahoe County Reentry Center does not provide medical or mental health services at the facility. Residents are transported to local emergency room. The Victim Advocate also provides mental health services if requested by the resident or if the residents has history of victimization or perpetrator of victimization. In those cases the resident is offered an opportunity to be seen by mental health staff within 24 hours of arriving at the facility. Compliance was determined by the review of the training curriculum and interviews with screening staff and victim advocate staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- ✦ 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 No

- ✦ 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 No

115.241 (b)

- ✦ Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- ✦ Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.241 (d)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- ✦ 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 No
- ✦ 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
 No

- ✦ 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 No
- ✦ 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 No

115.241 (e)

- ✦ 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 No
- ✦ 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 No
- ✦ In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior violence or sexual abuse?
 Yes No

115.241 (f)

- ✦ 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 No

115.241 (g)

- ✦ Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No

- ✦ Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- ✦ Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- ✦ 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 No

115.241 (h)

- ✦ 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 No

115.241 (i)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
Arapahoe County Reentry Center Policy 2019-3 PREA Screening/ Admission
PREA Risk Assessments
PREA Vulnerability Reassessment Questionnaires
Initial Assessments and Reassessment

All offenders placed at the Arapahoe County Residential Center shall be assessed during intake (and/or upon transfer) for their risk of being sexually abused by another offender residing at Arapahoe County Residential Center or being sexually abusive towards another offender residing at the Arapahoe County Residential Center.

a. This screening shall take place within 24 hours of arrival utilizing the approved GEO PREA Risk Assessment Tool. In addition to the screening instrument, screen staff persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment.

b. During intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field, and medical files) for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly. The Screening for Risk of Victimization and Abusiveness include the following:

- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident.
- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the residents' criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization and
- The resident's own perception of vulnerability.

c. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the facility, in assessing the risk of being sexually abusive.

d. Within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the offender's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

e. Disciplining offenders for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

f. The facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other offenders.

g. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility.

h. At any point after the initial intake screening, an offender may be reassessed for risk of victimization or abusiveness.

i. Residents who have experienced prior sexual victimization or have previously perpetrated sexual abuse, whether in an institutional setting or the community, shall be offered a follow up meeting with a community based medical or mental health practitioner. The offer shall be documented using the GEO approved "Resident Referral Verification" form for referral to onsite or offsite mental health services to document the offer made to the resident and the acceptance or refusal of service.

The screening instrument is uploaded into the GEO data based on is password protected and only available to staff on a need to know basis. At ACRC the PCM, case manager supervisor and director are the only staff with access to this document.

Three residents that had history of victimization were interviewed and each indicated they were offered an opportunity to talk to mental health staff. Compliance was determined by review of the screening instrument, review of resident records with screening and rescreening instrument, review of company resident data to manage screening instruments copy of referrals to mental health staff and interviews with resident victims. Compliance was further determined by interviews with staff assigned with the task of completing the Screening, PREA compliance manager, and residents.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

115.242 (b)

- ✦ Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- ✦ 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 No
- ✦ 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 No

115.242 (d)

- ✦ 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 No

115.242 (e)

- ✦ Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- ✦ Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- ✦ 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 No NA

- ✦ 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ARCA Policy 2019-3 PREA Screening/ Admission Third Party Reporting Options Poster
 PREA Assessment, PREA Assessment Referral, PREA 30 Day Re-Assessment
 PREA Risk Assessment & Referral
 Statement of Fact

In random review of resident files, those that screened at risk for victimization or abusiveness were offered referrals and were found to be tracked on the At Risk Logs. Residents screened to be at risk for victimization are housed in rooms away from those that screen at risk for abusiveness. Residents who score at risk of victimization or abusiveness are referred for

further evaluation by mental health staff. Residents have an option of refusing these services. Those identified to be at risk are tracked on an At-Risk Log. Residents tracked on the At-Risk Log are housed in in housing units that separate potential victims from potential predators.

In interview with case manager and PCM they were able to identify residents that were considered vulnerable and discussed their housing plan. The PCM interviewed indicated while the resident decline mental health services, she continues to monitor them to determine if they feel safe at the facility. Also during the rescreening the residents are offered another chance to talk to mental health staff of with the victim advocacy program. Prior to the pandemic the advocacy program routinely visited with residents at the facility.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. Housing and programming assignments for transgender and intersex residents shall be reassessed every 6 months using the PREA Vulnerability Reassessment form.

Transgender and intersex residents are given the opportunity to shower alone. At the time of the on-site visit, there was no transgender female housed at the facility.

Compliance was determined by interviews with program counselor, PREA compliance manager, the victim advocate, and residents.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- ✦ Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- ✦ 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 No
- ✦ 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 No

115.251 (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 No
- ✦ Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- ✦ Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- ✦ Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- ✦ Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- ✦ Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ARCA Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
Resident Reporting Options Poster
PREA Education Manual for Residents
Third Party Reporting Options Poster
Employee Handbook (Sexual Harassment)
GEO Website (Staff Reporting Info)

The agency/facility provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting. Residents can verbally report any staff member, report in writing, by telephone, submit a grievance or by a third-party report.

Reporting avenues includes:

- Inform a Staff Member Immediately
- Contact the PREA Compliance
- Littleton Police Department (Anonymous 24/7)
- Department of Corrections PREA Admin (DOC Placements only) 1250 Academy Park Loop, Colorado Springs, CO 80910
- RAINN National Sexual Assault Hotline (Victim Advocacy) (800) 656-4673 (24 hours/7 days a week)
- The Blue Bench (Victim Advocacy and Counseling) PO Box 18951 Denver, CO 80218 (303) 322-7273 (24 hours/7 days a week)
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Report in Writing
- Submit a Grievance
- Report to the Cooperate PREA office
- Report to GEO Regional Office

The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and promptly document verbal reports. Information concerning the identity of resident victim's report of sexual abuse or sexual harassment is limited to those who need to know only. Residents are made aware of methods of reporting available to them

through the PREA Education Manual for Residents provided to them upon intake and on the Resident Reporting Options posters posted in all resident rooms and in communal areas throughout the facility. Resident are allowed personal telephone. In interviews with resident most indicated they would use their personal telephone to call the Littleton Police Department. Exceed compliance as determined by contacting local police hotline, RAIN hotline, Blue Bench advocacy services and interviews with staff and residents.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- ✦ 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 No

115.252 (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 No NA
- ✦ Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- ✦ 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 No NA
- ✦ 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 No NA

115.252 (d)

- ✦ 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 No NA
- ✦ 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 of time to respond 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 No NA
- ✦ 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 No NA

115.252 (e)

- ✦ 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 No NA
- ✦ Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- ✦ 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 No NA

115.252 (f)

- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA
- ✦ 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 No NA

115.252 (g)

- ✦ If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Statement of Fact

ACRC Policy 2019-5 Grievance Process

PREA Education Manual for Residents

Resident Handbook

In review of GEO policy 5.1.2-A there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for how to file grievances. This information is provided as part of the official orientation and provided in the PREA Education Manual for Residents. By contract, GEO is authorized to allow Arapahoe County Reentry center to utilize ACRC Policy 2019-5 Grievance Process to file grievance at ACRC . Residents are not required to use an informal grievance process and procedures also allow a resident to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Policy 2019-5 Grievance Process have procedures in place for residents to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Residents are informed of the grievance process through the Resident Handbook. 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. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse. The facility director or his designee will take

immediate corrective action to protect the alleged victim upon receiving an emergency grievance of this nature. An initial response will be issued to the resident filing an emergency grievance within 48 hours and final decision will be provided within five calendar days. A final decision will be issued on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing date. The facility may claim an extension of time to respond, up to 70 days, and shall notify the resident of the extension in writing. The agency may discipline a resident for filing a grievance related to alleged sexual abuse if the agency determines that the resident filed the grievance with malicious intent.

This information is posted on each living unit bulletin board and is included in the resident handbook. Disciplinary action would generally be taken if a grievance were filed in bad faith. In the past 12 months, the facility has received no grievance alleging sexual abuse and there were no emergency grievances received. Compliance was determined by review of policies, grievance, and grievance log, as well as interview with the PCM.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- ✦ 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 No
- ✦ Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (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 No

115.253 (c)

- ✦ 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 No

- ✦ Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)
PREA Education Manual for Residents
The Blue Bench MOU
Resident Reporting Options

Arapahoe County Reentry Center has a MOU with Self Help Center Inc to provide confidential emotional services to residents 24 hours a day, seven days a week. This information is provided to residents in the PREA Education Manual for Residents and on the Resident Reporting Options posters displayed throughout the facility. Resident can contact the Blue Bench and are informed of the extent to which communications will be monitored and the extent to which reports of abuse on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. While the center will provide advocacy services to accompany a resident in cases of sexual assault, separately the center provides emotional support services in cases of sexual assaults or past domestic violence support. The center also provides emotional support within the community for domestic violence, stalking and elder abuse. This program is managed by highly trained advocates. The

executive director of the Center indicated that advocates that provides for counseling or confidential support go through a specialized training prior to be certified to provide this service. When interviewed, residents were aware of the outside confidential support services available to them and how to access them. Compliance was determined by review of the MOU and interviews with staff of the Blue Bench victim advocate services.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- ✦ Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- ✦ Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult

Prison and Jail and Adult Community Confinement Facilities
PREA Third Party Reporting Poster
GEO Website (Reporting Sexual Abuse/Sexual Harassment)

PREA Reporting Posters and GEO website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room, lobby and is found in the resident handbook. GEO provides reporting system on GEO Website <https://www.geogroup.com/prea> provides information on ways for third party reporting including anonymous reporting. Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Reports can be made over the phone, in person, in writing or anonymously if desired. Persons can also contact the Corporate PREA Office directly.

Compliance was confirmed by reviewing policies, posters, and GEO Website and by interviews with residents, PCM and Warden.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- ✦ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- ✦ 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 No
- ✦ 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 No

115.261 (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 No

115.261 (c)

- ✦ 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 No
- ✦ 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 No

115.261 (d)

- ✦ If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

Colorado Vulnerable Persons Statute

Statement of Fact

The GEO Group require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Further, all staff must immediately report any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. The reporting is ordinarily made to the security supervisor on site or PCM but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. GEO policy mandates that Medical and Mental Health 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. GEO has developed several methods for staff to make anonymous reports. The staff were also aware of the several ways they may report this information to the GEO Group. The GEO website has specific instruction for employees to report directly to GEO PREA coordinator or outside resource for anonymous reporting. Staff were also aware of the many ways to receive reports from residents, families, friends or other third parties. A review of established policy, websites and interviews with staff members support the finding that the facility compliance with this standard. Arapahoe County Reentry Center had no incidents involving vulnerable persons, which required mandatory reporting to the State entity during the review period.

Colorado Vulnerable Persons Statute mandates criminal penalties for abuse to vulnerable persons and mandates these abuses be reported to law enforcement. Compliance was determined by the review of Policies, GEO website and interviews with PCM, staff, and residents.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Statement of Fact

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. In interview with the Facility Director and PREA Compliance Manager and documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action regarding 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. All staff interviewed staff stated that regardless of credibility of the incident, all notification of imminent sexual abuse they would remain with the resident, notify the program monitor supervisor, PCM and Director. The Facility Director indicated that the facility would maintain direct supervision of the resident and would arrange for the resident to be moved to another dormitory if possible. If there are no inhouse alternatives, the center would coordinate with the DOC Private facilities supervisor for transfer of the aggressive resident(s) to another program within Colorado. The clinical supervisor interview discussed the therapeutic community need to make certain that all residents, especially victims or persons at risk of imminent sexual abuse feel safe within the community. Compliance was determined by review of policy and interview with staff, PCM and Facility Director.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- ✦ 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 No

115.263 (b)

- ✦ Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- ✦ Does the agency document that it has provided such notification? Yes No

115.263 (d)

- ✦ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA) Statement of Fact

GEO policy 5.1.2-A, mandates that 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 will be forwarded to the PREA Coordinator and the Facility Director. In interview with the Facility Director and statement of fact in the past 12 months, two residents of Arapahoe County Reentry Center alleged that sexual abuse had occurred while they were confined to another facility. The director email both sending facilities and corporate PREA coordinator. Both incidents had been investigated previously by the sending facility. There were no allegation from receiving facilities that they received any allegations from ARCA for sexual abuse or sexual harassment.

Compliance was determined by a review of a chain of emails to determine if the allegations were the one that had been investigated and the outcome of the investigations to determine need for follow up with mental health provider and rescreening of residents.

Compliance was further determined by review of GEO policy, chain of emails from sending facilities, interviews with intake staff, PCM and Facility Director.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- ✦ 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 No
- ✦ 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 No
- ✦ Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- ✦ 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 No

115.264 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA) Statement of Fact
First Responder Cards

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program outline the procedures 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. 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 Sexual Abuse First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties. Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and physical evidence. In the past 12 months, there was no allegation of sexual abuse reported that required implementing first responder duties by a

security staff member. Compliance was determined by review of the policy and interviews with non-correctional staff.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- ✦ Has the facility developed a written center 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
PREA Coordinated Response Plan
After Action Check List
Coordinated Response telephone numbers

GEO policy and Arapahoe County Reentry Center's PREA Coordinated Response Plan establishes a plan to coordinate actions 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. The plan includes prevention, intervention, responses to sexual assault, aftercare components, after action reporting. The plan is thorough and includes all aspects of the PREA standards and includes appropriate staff to manage each area of the responsive plan.

A PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. Staff have PREA cards that serves as guide of responsibilities in cases of sexual abuse or sexual harassment. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse. Interviews with the Victim Advocate provided the Arapahoe County Sexual Abuse Response Plan that involves medical, mental health, victim advocate, law enforcement, prosecutor, and the local center that houses residents including ACRC. Determination of exceed the standard was based on the coordinated response plan and interviews with staff, PCM, victim advocate, local hospital, and Facility Director.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- ✦ Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering 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 No

115.266 (b)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
Statement of Fact

GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities states that if the alleged suspect of a sexual assault is a staff member, the staff member shall be placed on no contact status with the alleged victim. This no contact will be provided in an email to supervisor and staff and will forwarded to the investigative staff. To accomplish the mandate, staff can be reassigned to a post with no resident contact or placed on administrative leave pending the outcome of an investigation. In all cases, the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Arapahoe County Reentry program does not have a collective bargaining unit. Compliance was determined by review of the policies and review of investigative report where staff member was placed on administrative leave pending an investigation and statement of fact that the center does not have a collective bargaining unit.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- ✦ 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 No
- ✦ Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (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 No

115.267 (c)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No



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 No

✦ 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 housing changes? Yes No

✦ 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 No

✦ 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 No

✦ 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 reassignments of staff? Yes No

✦ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

✦ In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

✦ 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 No

115.267 (f)

✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)
Protection from Retaliation Log

GEO policy 5.1.2-A and facility policy Arapahoe County Reentry Center Policy 2019-6 establishes compliance to this standard. Residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other residents and staff. The PREA Compliance Manager is responsible for monitoring for retaliation. Weekly monitoring is to begin the week following the incident for a minimum of 90 days or longer if warranted. Monitoring will terminate if the allegation is determined to be unfounded. Monitoring for retaliation is documented on the Protection from Retaliation Log. In the past 12 months, there were no incidents of retaliation monitoring that occurred. A statement of fact indicated that ACRC had three allegations in 2019, two allegations in 2020, and zero allegations thus far in 2021. Compliance was determined by interview with the PREA Compliance Manager, review of a retaliation monitoring log from previous years and statement of fact provided the auditor.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

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 No NA

- ✦ Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.271 (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 No

115.271 (c)

- ✦ Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- ✦ Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- ✦ Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- ✦ 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
 No

+

115.271 (e)

- + 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 No

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 No

115.271 (f)

- ✦ Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- ✦ 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 No

115.271 (g)

- ✦ 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 No

115.271 (h)

- ✦ Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- ✦ 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 No

115.271 (j)

- ✦ Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- ✦ Auditor is not required to audit this provision.

115.271 (I)

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 administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation Reports
Incident Tracking Logs
Client Mandate on Handling Investigations

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Arapahoe County Reentry Center including third party and anonymous reports. The facility has one trained facility investigators.

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 respective client and the PREA Division Coordinator. If the allegation involves a staff member, notification is made to GEO's OPR. 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.

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. The facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. In the past 12 months, there was no PREA allegation reported that was investigated by the Littleton Police Department. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports. 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. When interviewed, the facility investigator knew her responsibilities in the conduct of administrative investigations of sexual abuse and sexual harassment and referral to the Littleton Police Department if the allegation appears to support criminal prosecution.

All allegations of sexual abuse and sexual harassment are documented on the Monthly PREA Incident Tracking Log.

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. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. 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.

Compliance was determined by review of previous investigative reports, review of the monthly PREA incident logs and interviews with PREA compliance manager, investigator, and facility director.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.272 (a)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
PREA Investigation Reports

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated by policy, training, and review of investigative report. Investigators training programs provide

in-depth clarification of this standard. Compliance was determined by review of policy, previous investigations, investigator training curriculum and interviews with investigator.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- ✦ 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 No

115.273 (b)

- ✦ If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No
 NA

115.273 (c)

- ✦ 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 No
- ✦ 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 No
- ✦ 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 No

- ✦ 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 No

115.273 (d)

- ✦ 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 No
- ✦ Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- ✦ Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- ✦ Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
Notifications of Outcome of Allegation

The policies indicate 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 Facility Director is responsible to present to the resident the Notification of Outcome of Allegation form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency to inform the resident. 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. 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. There were no allegations of sexual abuse or sexual harassment in the last 12 months. ACRC had three allegations in 2019, two allegations in 2020, and zero allegations thus far in 2021. Two notifications of outcome were issued during the review period. In all the other cases, the alleged victims released from the facility prior to the conclusion of the investigation. In each of these cases there were no criminal indictment or conviction. Notification were provided to all residents that were still in custody. There were no notification provided to the residents during the rating period.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- ✦ Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- ✦ Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- ✦ 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 No

115.276 (d)

- ✦ 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 No
- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and Intervention Program
Employee Handbook (Sexual Abuse and Sexual Harassment)
Statement of Fact

Staff members are subject to disciplinary sanctions for violating Agency sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions. Compliance with this standard was determined by a review of policy, statement of fact, interviews with Director and Agency PREA coordinator.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- ✦ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- ✦ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA) Statement of Fact

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at Arapahoe County Reentry Center. Compliance with this standard was determined by a review of policy, volunteer/contractor training files and volunteer supervisor interviews.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- ✦ 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 No

115.278 (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 No

115.278 (c)

- ✦ 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 No

115.278 (d)

- ✦ If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- ✦ 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 No

115.278 (f)

- ✦ 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 No

115.278 (g)

- ✦ If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)

Resident Handbook

Statement of Fact

If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the client who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of sexual misconduct they will be disciplined for and the sanctions that will be imposed in the Resident Handbook. 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. GEO or the client

will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. Disciplining a resident 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. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

In the past 12 months, there was no disciplinary sanction imposed related to resident sexual misconduct. Compliance with this standard was determined by a review of policy, Resident PREA Handbook and interviews with PCM and Facility Director.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- ✦ 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 No

115.282 (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 No
- ✦ Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- ✦ Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)

PREA Coordinated Response Plan

Statement of Fact

Arapahoe County Reentry Center's PREA Coordinated Response Plan mandates that first responders notify the program supervisor and transport the victim to Littleton Hospital. Upon arrival residents will be provided emergency treatment and SANE exams at no cost to the resident. The hospital or facility will notify The Blue Bench crisis center for advocacy services including escorting resident through the SANE forensic examination if resident consents to such services. Counseling services would be provided by referral to the Blue Bench. The nature and scope of the medical and mental health services are determined by medical and

mental health practitioners according to their professional judgement. The medical center staff interviewed stated that the medical center provides for a forensic team that includes on site or on call mental health professionals during the forensic examination and treatment.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months, there have been no referrals for emergency medical or mental health services required. Compliance with this standard was determined by a review of policy, and interviews with PCM and local hospital and Blue Bench Advocates.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- ✦ 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 No

115.283 (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 No

115.283 (c)

- ✦ Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- ✦ 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 No NA

115.283 (e)

- ✦ If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- ✦ Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- ✦ 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 No

115.283 (h)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)

PREA Coordinated Response Plan

Statement of Fact

The facility will offer ongoing medical and mental health care to all the residents of the Arapahoe County Reentry Center who have been victimized by sexual abuse. The evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will also be offered tests for sexually transmitted infections. Female victims of sexually abusive vaginal penetration shall be offered pregnancy tests. If pregnancy results shall receive timely and comprehensive information about access to all lawful pregnancy-related medical services. 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. By policy, the facility would attempt 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. The center does not house known sexual abusers and if a resident were to be determined to be or have history of sexual abuse the resident would be transferred to an appropriate facility. Mental health services would be provided by referral to the Blue Bench. The nature and scope of the services are determined by medical and mental health practitioners according to their professional judgement. Compliance with this standard was determined by a review of policy, and interviews with PCM and Blue Bench Crisis Center.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- ✦ 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 No

115.286 (b)

- ✦ Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- ✦ Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- ✦ 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 No

- ✦ 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 No
- ✦ 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 No
- ✦ Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- ✦ Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- ✦ 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 No

115.286 (e)

- ✦ Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)
After Action Review Reports
Statement of Fact

The Facility Director, PREA Compliance Manager, Operations Coordinator, Administrative Coordinator, and the Case Manager Coordinator make up the facility's Incident Review Team, with the PREA Coordinator may attend via telephone or in person. The 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.

Incident reviews are documented on a PREA after Action Review Report and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement or document its reasons for not doing so. The Facility Director/PREA Compliance Manager maintains copies of all completed PREA after Action Review Reports and a copy is retained in the corresponding investigative file. In the past 12 months, there were no reviews completed. When interviewed, the PREA Compliance Manager and administrative coordinator knew their responsibilities as they relate to the review of sexual abuse incidents. Compliance with this standard was determined by a review of policy, After Actions Reports and interviews with PCM, administrative coordinator and Facility Director.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- ✦ 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 No

115.287 (b)

- ✦ Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- ✦ Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- ✦ 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 No

115.287 (e)

- ✦ 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.) Yes No NA

115.287 (f)

- ✦ 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations

must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

ACRC Policy 2019-6 Sexual Abusive Behavior Prevention and intervention Program (PREA)
GEO Annual Data Reports

A review of documentation supports the finding that the GEO and has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. The facility provides the same information to Colorado Department of Corrections. Compliance with this standard was also determined by a review of policy/documentation and an interview with the PCM and GEO Group PREA coordinator. The computerized data collections system allows the GEO Group with access of continuous and instant uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- ✦ 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
 No

✦ 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 No

✦ 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 No

115.288 (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 No

115.288 (c)

✦ 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 No

115.288 (d)

✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.

GEO Annual Data Reports

GEO Log of incident in 2020

The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. A review of Arapahoe County Reentry Center report revealed the facility had one allegations of staff on resident sexual abuse that was determined to be unsubstantiated and one case of resident on resident for sexual harassment that was unsubstantiated.

The PREA Coordinator prepares an annual report that provides the PREA Audit Report and corrective actions for each facility and the agency as a whole. The 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 Annual PREA Report 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. The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care for his signature and approval. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. Compliance with this standard was determined by a review of the annual report and interviews with PREA compliance manager and the GEO Group PREA coordinators.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- ✦ Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (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
 No

115.289 (c)

- ✦ Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- ✦ 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives and documentation was reviewed in formulating compliance with this standard:

Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities.
GEO Annual Data Reports

All PREA files and related data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com/PREA>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are retained in a file. Compliance with this standard was determined by a review of policy/documentation and interviews with PCM and Agency Director Designee.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- ✦ 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 No

115.401 (b)

- ✦ Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- ✦ If this is the third year of the current audit cycle, did the agency ensure that at least two thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- ✦ Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- ✦ Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- ✦ Was the auditor permitted to conduct private interviews with residents? Yes
 No

115.401 (n)

- ✦ Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes
 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the third audit for this facility. The last PREA audit was conducted April 2018. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both residents and staff. The auditor was provided supporting documentation before and during the audit. The original notification of the audit was posted starting in May 2021 and was posted several times. The latest updated posting by the previous auditor was July 15, 2021. The facility has left the posting in place until the final report is completed in order of resident or staff to contact the PREA auditor. Notifications of the audit were posted throughout the facility to allow residents to send confidential letters to the auditor. There were no correspondences from resident or staff during this audit period received by the prior auditor or this auditor.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- ✦ The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals 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 that there has never been a Final Audit Report issued.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The center has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and residents and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques.

Allegations of sexual abuse or sexual harassment are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, outcome notifications and incident review team.

PREA training for staff and residents is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the residents are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. The Arapahoe County Reentry Center currently meets or exceeds all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert L. Manville
Auditor Signature

August 18, 2021
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d774fd6a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

