

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

Interim Final

Date of Interim Report September 3, 2021

Date of Final Report November 2, 2021

Auditor Information

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Company Name: 2K Consulting, LLC.	
Mailing Address: PO Box 204	City, State, Zip: Malone, FL 32445
Telephone: 814-883-9766	Date of Facility Visit: July 27, 2021

Agency Information

Name of Agency: The GEO Group, Inc.	Governing Authority or Parent Agency (If Applicable):		
Physical Address: 4955 Technology Way	City, State, Zip: Boca Raton, FL 33431		
Mailing Address: 4955 Technology Way	City, State, Zip: Boca Raton, FL 33431		
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:	Number of Compliance Managers who report to the PREA Coordinator:

Daniel Ragsdale, Executive Vice President	91
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Facility Information

Name of Facility: Salt Lake City Reentry Center (SLCC)

Physical Address: 1585 West 2100 South City, State, Zip: Salt Lake City, UT 84119

Mailing Address (if different from above): City, State, Zip:

The Facility 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

Facility Website with PREA Information: www.geogroup.com/PREA

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):
- N/A

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

The facility has received internal monitoring audits.

Facility Director

Name: Leslie Flowers

Email: lflowers@geogroup.com Telephone: 801-973-3800

Facility PREA Compliance Manager

Name: Becky Griffiths

Email: bgriffiths@geogroup.com Telephone: 801-973-3800

Facility Health Service Administrator N/A

Name:

Email: Telephone:

Facility Characteristics

Designated Facility Capacity:	80
Current Population of Facility:	53
Average daily population for the past 12 months:	52
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 type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	25-70
Average length of stay or time under supervision	6 Months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	263
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	263
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	254
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
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):	<input checked="" 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 type="checkbox"/> State or Territorial correctional agency <input 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 checked="" type="checkbox"/> Other - please name or describe: U.S. Probation <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	21
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3

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:	0
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>	2
<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>	4
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:	4
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" 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):

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
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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 checked="" type="checkbox"/> Other (please name or describe): Bureau of Prisons (BOP) <input type="checkbox"/> N/A

Administrative Investigations

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?	2
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	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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 checked="" type="checkbox"/> Other (please name or describe): Bureau of Prisons (BOP) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for Salt Lake City Reentry Center in Salt Lake City, Utah was conducted on July 27, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. SLCC is a private for profit community confinement facility under the GEO Group. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency¹ directly and has a contract with the GEO Group. The auditor is personally responsible for complying with the DOJ certification requirements and audit findings. The contract describes the specific work required according to the DOJ standards and PREA auditor handbook, to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on June 16, 2021.

The previous PREA audit was conducted by PREA Auditor Wynnie R. Testamark on February 27-28, 2018. The previous auditor found that the facility exceeded four standards and met 36.

Pre-Audit

On May 13, 2021 the auditor provided her mailing address to one of the agency's PREA Contract Compliance Managers for the audit announcements. The agency provided the PAQ, policies, procedures and supplemental documentation via a secure thumb drive on May 29, 2021. On July 6, 2021 the auditor emailed an issue log to the PREA Contract Compliance Manager. On July 15, 2021 the auditor was provided clarification by the facility PREA Compliance Manager related to the issue log. On June 13, 2021 the auditor provided the PREA Contract Compliance Manager with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. Facility staff ensured the audit announcement was placed throughout the facility prior to the audit. The auditor received thirteen photos on July 21, 2021 of the PREA audit announcement posted in housing units, the lobby, the main building message board, the female message board, the kitchen, the recreation area, the staff break room and the job board. The auditor did not receive any correspondence from staff or residents at SLCC.

The auditor contacted Wastach Forensic Nurses (formerly Salt Lake SANE) related to forensic medical examinations. The staff advised that they conduct forensic medical examinations at all Salt Lake City hospitals, including the University of Utah hospital. The staff stated that either the hospital or local law enforcement contact the organization about examinations and staff respond to the hospital with an advocate from the Rape Recovery Center. She further indicated that all of the organizations staff are Registered Nurses with special training though the state of Utah. The auditor contacted Safe Harbor, Rape Recovery Center and West Valley Victim Services related to victim advocacy services. The staff member from Safe Harbor advised that they do not have a Memorandum of Understanding (MOU) with the facility and that they do not provide services in the Salt Lake City area. The staff member from West Valley Victim Services indicated that they do not have an MOU with the facility and that their callers do not disclose their housing location so she was unsure if they had any contact with residents from SLCC. At the time of the interim report the auditor had not had a response from the Rape Recovery Center. The

¹ Agency, company and department are utilized interchangeably within this document.

auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with residents at SLCC.

The auditor conducted a web-based search related to SLCC. The auditor did not locate any information related to sexual abuse or sexual harassment. The auditor confirmed that the agency website has the PREA policy, the annual report, information on investigations and information on how to report information/an allegation. Additionally, the agency website has all prior PREA audit reports posted for each of its facilities, including SLCC.

On-Site

The auditor requested the below list of residents to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (53) the PREA auditor handbook indicated that at least sixteen residents were required to be interviewed. From the provided lists, the auditor selected a representative sample of residents for the targeted and random interviews. Residents for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. The majority of the residents were at their place of employment during extended business hours and as such the auditor was limited on residents to select for interview. Residents were selected from each of the housing units, including two female residents (total of seven female residents during the on-site portion of the audit) for interview. Residents selected for the targeted interviews were selected at random across varying factors, when possible. Due to the facility type, there were no residents available for interview from the following categories; residents with disabilities, limited English proficient residents and residents who identified as transgender or intersex. The one resident who reported sexual abuse was interviewed via phone as he worked fourteen hours a day. Additionally, there were only three lesbian, gay or bisexual residents identified and one was interviewed via phone due to his work schedule (same resident who reported sexual abuse). Because of the limited targeted residents, an additional four random residents were selected for interview. Interviews were conducted using the *Resident Interview Questionnaire* supplemented by the *Targeted Resident Questionnaire*. The table following the resident listings depicts the breakdown of resident interviews.

1. Complete resident roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Residents with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
3. Residents who are Limited English Proficient (LEP)
4. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) residents
5. Residents who reported sexual abuse

Category of Residents	Number of Interviews
Random Residents	13
Targeted Residents	4
Total Residents Interviewed	17 ²

² A total of sixteen residents were interviewed, one resident was in multiple targeted categories.

Targeted Resident Interview:	
• Residents with a Physical Disability	0
• Residents who are LEP	0
• Residents with a Cognitive Disability	0
• Residents who Identify as Lesbian, Gay or Bisexual	3
• Residents who Identify as Transgender or Intersex	0
• Residents who Reported Sexual Abuse	1

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Only ten random staff interviews were able to be conducted due to the overall low number of total staff employed at the facility and the varying work schedules throughout the week. Random staff were chosen at random and varied across gender, race, ethnicity and post assignments. Staff from all three shifts were interviewed. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Medical staff
 - Mental health staff
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with residents
 - Contractors who have contact with residents
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	10
Specialized Staff	8
Total Staff Interviews	18
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Medical and Mental Health Staff	0
• Human Resource Staff	1
• Volunteers and Contractors	0
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Jonathon Dressler (Agency Head Designee)
- Ms. Leslie Flowers (Facility Director “Director”)
- Ms. Trina Maso de Moya (PREA Coordinator “PC”)
- Ms. Becky Griffiths (Facility PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on July 27, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on July 27, 2021. The tour included all areas associated with SLCC, including housing units, administration, laundry, employment, intake, food service, dayrooms and restrooms. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing units/restrooms and other factors as indicated in the below standard findings. Interviews of all three shifts were conducted on July 27, 2021. All interviews were conducted in a private setting.

During the audit the auditor requested personnel and training files for staff, resident files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is below.

Personnel and Training Files. The facility has 21 staff. The auditor reviewed a random sample of fifteen personnel and/or training records that included three individuals hired within the past twelve months and three individuals with five year criminal background record checks. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, training files for four volunteers (active prior to COVID-19) were reviewed. Most staff files reviewed were of those selected for interview.

Resident Files. A total of fifteen resident files were reviewed during the on-site portion of the audit. All fifteen residents files were of those that arrived within the previous twelve months and most files were of those residents selected for interview.

Medical and Mental Health Records. During the past year, there were two residents that reported sexual abuse or sexual harassment at the facility. Both residents were offered community services, but declined. Additionally, medical and mental health records are maintained at the community organization that provides the services.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The PCM stated they do not keep a log of their grievances due to the low number and she just handles them as they come up.

Hotline Calls. The facility received one hotline call in 2020 and zero in 2021. The auditor tested the resident phone while on-site.

Incident Reports. The auditor reviewed the incident reports for the two reported allegations.

Investigation Files. During the previous twelve months, there were two allegations reported at the facility. The auditor reviewed the investigative reports to ensure all required components were included.

	Sexual Abuse		Sexual Harassment	
	Resident on Resident	Staff on Resident	Resident on Resident	Staff on Resident
Substantiated	0	0	0	0
Unsubstantiated	0	1	0	1
Unfounded	0	0	0	0
Ongoing	0	0	0	0
Total Allegations	0	1	0	1

During the on-site portion of the audit, the auditor tested the free resident phone. The residents are able to call any local phone number from the phone, including the reporting numbers and the advocacy numbers. Additionally, all residents are authorized to possess a personal cell phone and can make calls on their own. The audit announcement was observed to be posted throughout the facility as well as posters with reporting information.

Post-Audit

After a review of documentation and communication with Safe Harbor, the auditor determined that the facility had not attempted to enter into an MOU with a local rape crisis center. Safe Harbor does not serve Salt Lake City, Utah and would not provide services to residents at SLCC. While the Rape Recovery Center and West Valley Victim Services serve the Salt Lake City area and both phone numbers were included in distributed PREA information, there was not documentation indicating an attempt to enter into an MOU. Additionally, the information provided to the residents did not include mailing addresses for any of the victim advocacy centers and did not provide information related to the level the communication would be monitored and confidentiality.

On August 30, 2021 and September 2, 2021 the auditor forwarded information related to 115.253, including the information from Safe Harbor related to not providing services in Salt Lake City and the requirements for the MOU, to the PREA Contract Compliance Manager.

On September 16, 2021 the auditor was provided clarification that indicated that the MOU attempt with Safe Harbor was done at the recommendation of the District Attorney's Office and as such this was the confusion with the service area. The facility contacted the Rape Recovery Center on September 15, 2021 related to establishing an MOU. The auditor was provided a copy of the communication confirming an attempt to enter into an MOU.

On November 2, 2021 the auditor was provided documentation related to correspondence between the facility and the Rape Recovery Center. The facility initiated contact on September 15, 2021 related to the MOU. The facility made numerous attempts to get the MOU established. A draft MOU was provided to the Rape Recovery Center on October 1, 2021. On October 15, 2021 and October 21, 2021 the facility inquired with the Rape Recovery Center about the status of the draft MOU. The facility received a response indicating they have been busy and would let them know the following week. The facility reached out again on November 1, 2021 with no new information. While the facility has not been able to establish an MOU with the Rape Recovery Center, it is well documented the numerous attempts. Thus, based on the information provided to the residents (phone number and mailing address to the Rape Recovery Center) as well as the numerous attempts to enter in a MOU, the facility has done their due diligence related to the standard.

Facility Characteristics

Salt Lake City Reentry Center is a privately operated community confinement facility under the authority of the GEO Group, located at 1585 West 2100 South in Salt Lake City, Utah. The GEO Group's vision is to aspire to be the world's leading provider of evidence-based rehabilitation across a diversified spectrum of correctional and community reentry services. The mission of the GEO Group 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.

SLCC is a minimum custody facility that houses adult male and female residents. SLCC is located in Salt Lake County, approximately six miles south of Salt Lake City International Airport. The facility has a capacity of 80 residents and the average daily population over the previous twelve months was 52. The facility is responsible for both in-house residents as well as residents on home confinement. On the first day of the on-site portion of the audit the population at the facility was 53. The age range of the facility's population is 20 to 70 years of age. The average length of stay for residents at the facility is approximately six months. The facility houses residents for the Bureau of Prisons and US Probation.

The facility employs 21 staff. Security staff mainly make up three shifts, first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm and third shift works from 10:00pm-6:00am. A review of the facility staffing plan indicates that each shift has at least one male and one female staff member assigned. Additionally, leadership staff, case managers, employment specialists and office support staff have varying hours Monday through Friday from 8:00am to 9:00pm. The facility does not employ any contractors or medical and mental health care staff. During the on-site portion of the audit the facility did not have any active volunteers, however prior to COVID-19 the facility had 20 active volunteers.

Facility Description

The facility comprises two building. The facility contains reflective mirrors and video monitoring to alleviate blind spots and assist with monitoring. PREA posters, including reporting information and advocacy information was observed throughout the facility. The below describes the basics of the facility.

Administration – This area contains numerous offices, including case managers and the Director's office. There is also a conference room and an office where the risk screening is conducted.

Dayrooms – Each building has a dayroom area (one for male residents and one for female residents) and a third dayroom is in the common area that is accessible to male and female residents at varying hours. The male dayroom and common dayroom have couches, televisions, telephones and books. The female dayroom has a couch, television, microwave and small laundry area.

Education – Includes a classroom with tables and chairs.

Employment – Contains a computer lab for employment searches.

Food Services – The kitchen has coolers, a sink and tables. Residents do not prepare meals. All meals are catered and picked up by staff members. The dining area contains tables, benches, vending machines and a coffee machine.

Intake – Includes a desk and a table. The facility is not authorized to conduct strip searches and as such there was not an area for searches.

Laundry – There are two spaces, one with washers and sinks and the other with dryers.

Recreation – The outdoor recreation area consists of a pavement area with a small weight space and benches as well as a grassy area with a garden. The indoor recreation is a room with cardio machines.

Religious Services – Is a room with chairs. The area has not been utilized since COVID-19.

Storage – Two areas with storage and cleaning supplies.

The male housing units (A, B & C) have similar set-ups with varying capacities. All are open bay cubicle wall style with either one, four or six bunks. The cubicles contain a locker (or lockers for the multiple cubicles) and a night stand (or night stands for the multiple cubicles). The housing unit entrance doors are solid for privacy. The male housing units share two restrooms. Both restrooms have sinks, fully enclosed toilets with doors and showers with curtains. Each restroom has a solid entrance door for additional privacy.

The female unit (D) is open bay style with bunk beds and lockers. The restroom has a solid entrance door, fully enclosed toilets and showers with curtains.

Unit	Capacity	Style	Resident Population
A	36	Open Bay	General Population
B	18	Open Bay	General Population
C	18	Open Bay	General Population
D	18	Open Bay	General Population – Females

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded:	1
List of Standards Exceeded:	115.231

Standards Met

Number of Standards Met:	40
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Standards Not Met

Number of Standards Not Met:	0
List of Standards Not Met:	NA

PREVENTION PLANNING

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Salt Lake City Reentry Center Policy Manual 2021-1 – PREA Staffing and Facility Requirements (PM 2021-1)
4. The GEO Group Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The agency has a policy outlining their approach to sexual abuse and sexual harassment, 5.1.2-A. Additionally, the facility has a supplemental policy PM 2021-1 as well as additional Policy Manuals as referenced throughout this document. 5.1.2-A, page 5 states that each facility is required to have a current policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. PM 2021-1, page 1 states that Salt Lake Reentry Center mandates zero tolerance towards all forms of sexual abuse and sexual harassment. Both the agency policy and facility policy outline the strategies on preventing, detecting and responding to sexual abuse and sexual harassment and includes definitions of prohibited behavior. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and residents, incident reviews and data collection. The policies and supporting documentation are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211 (b): 5.1.2-A, page 6 states that GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the company's efforts to comply with PREA standards in all of its required facilities. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and reports to the Vice President of Contract Compliance. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated the corporate PREA team consists of five PREA Compliance Managers and a PREA data specialist. She stated there are also three regional PREA Coordinators for the Secure Services Division and two PREA Coordinators that assist with the Reentry Services Division. The PC stated that each PREA Compliance Manager on her team is responsible for approximately 25 facilities and investigative oversight. She indicated that they conduct audits on an annual basis to identify any compliance issues and that they rely on the PREA Resource Center for the most up to date guidance regarding the standards.

Based on a review of the PAQ, 5.1.2-A, PM 2021-1, the agency's organization chart and information from the interview with the PC, this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.212 (a): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

115.212 (b): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

115.212 (c): The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's residents and does not contract with other entities for the confinement of residents in their care. The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its residents. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its residents and as such an interview was not conducted.

Based on the review of the PAQ this standard appears to be not applicable and as such compliant.

Standard 115.213: Supervision and monitoring

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. The Staffing Plan
4. Annual PREA Facility Assessment – Reentry

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Devices

Findings (By Provision):

115.213 (a): 5.1.2-A, page 7 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents in the facility against sexual abuse.. The PAQ indicated that the current staffing is based off of 80 residents. The facility employs 21 staff. Security staff mainly make up three shifts, first shift works from 6:00am-2:00pm, second shift works from 2:00pm-10:00pm and third shift works from 10:00pm-6:00am. A review of the facility staffing plan indicates that each shift has at least one male and one female staff member assigned. Additionally, leadership staff, case managers, employment specialists and office support staff have varying hours Monday through Friday from 8:00am to 9:00pm. During the tour the auditor observed monitoring technology installed throughout the common areas of the facility. The placement was appropriate to alleviate blind spots, but still allow for adequate privacy. Additionally, the auditor observed that staff were present within each of the buildings. The majority of residents are at work during the day and are not at the facility. Staffing levels appeared to be adequate to supervisor and protect the resident population. The interview with the Director confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. She stated that there is a

male and female staff member on each shift and that key staff are on-site until 9:00pm. She stated that video monitoring is part of the staffing plan and that the buildings have over 40 cameras. She indicated that the staffing plan is documented in the operations manual, American Correctional Association files, PREA files and Bureau of Prison files. The Director stated that they review the plan annually and they review how many residents are on-site, the male/female ratio and the physical layout. The Director confirmed that they had recently moved the female residents from the front building to the back building. She further stated that she reviews staffing every day and Human Resources also tracks staffing. The PC stated that each year the annual facility assessment is conducted and any necessary adjustments are documented and forwarded for approval. She indicated that the facility PCM and administrative staff conduct regular tours of the facility and identify any blind spots or physical plant issues, they consider any changes to the resident population during the annual assessment, they compare sexual abuse data during the annual assessment and they always review any other relevant factors.

115.213 (b): The PAQ indicated that the facility never deviates from the staffing plan and that this provision is not applicable. 5.1.2-A page 7 states that in any circumstance where the staffing plan is not complied with, facilities shall document and justify all deviations from the plan. The interview with the Director confirmed that any deviations from the staffing plan would be documented and they are required to notify BOP related to any deviations. She stated they do not deviate from the plan and that they always fill the posts. She stated the only type of deviations may include if they had to have two male staff on a rare occasion rather than a male and female staff member.

115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 5.1.2-A, page 7 states that facilities shall assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring systems and other monitoring technology and that community confinement facilities shall also assess, determine and document prevailing staffing patterns and the resources the facility has available to commit to ensure adherence to the staffing plan. The staffing plan was most recently reviewed on August 31, 2020 by the Assistant Director, the Social Services Coordinator, the Chief of Security, the PC and the Vice President. The review was completed via the annual PREA facility assessment – reentry form. The plan was reviewed to ensure all required components under provision (a) were incorporated (physical layout, composition of the resident population, prevalence of substantiated and unsubstantiated incident of sexual abuse and any other relevant factors) as well as whether there were any deviations from the staffing plan, whether any adjustments were needed to the staffing plan, whether additional deployment of video monitoring technologies and/or resources were needed or available to commit to ensuring adherence to the staffing plan and any prevailing staffing plans. A previous review of the staffing plan was completed on August 27, 2019. The PC stated that each year the annual facility assessment is conducted and any necessary adjustments are documented and forwarded for approval.

Based on a review of the PAQ, 5.1.2-A, the staffing plan, the annual PREA facility assessments, observations made during the tour and interviews with the Director and PC, indicate that this standard appears to be compliant.

Standard 115.215: Limits to cross-gender viewing and searches

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Salt Lake City Reentry Center Local Policy Manual 2021-4 – Resident Searches, Viewing, and Contraband (PM 2021-4)
4. Memorandum from the PREA Compliance Manager
5. PREA Resource Center Guidance in Cross-Gender and Transgender Pat Searches Curriculum
6. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Staff Training Records)

Interviews:

1. Interview with Random Staff
2. Interview with Random Residents
3. Interview with Transgender Residents

Site Review Observations:

1. Observations of Privacy in Housing Units and Restrooms
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. 5.1.2-A, page 17 states that cross-gender strip searches are prohibited except in exigent circumstances. It further states that cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. The memo from the PCM states that SLCC does not conduct cross gender pat searches, strip searches or visual body cavity searches.

115.215 (b): The PAQ indicated that the facility does not permit cross gender pat searches of female residents, absent exigent circumstances. It further stated that the facility does not restrict female access to regularly available programming and other out-of-cell activities to comply with this provision. 5.1.2-A, page 17 states that facilities shall not permit cross gender pat down searches of female individuals in a GEO facility or program, absent exigent circumstances. Policy also states that facilities shall not restrict female individuals in a GEO facility or program access to regularly available programming or other outside opportunities in order to comply with this provision. The facility does not conduct pat-down searches of residents and as such no documentation was available for review.

115.215 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female residents are required to be documented as well. 5.1.2-A, page 17 states that facilities shall document and justify for all cross gender pat down searches of female individuals in a GEO facility or program. The policy further states that facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program. The memo from the PCM states that SLCC does not conduct cross gender pat searches, strip searches or visual body cavity searches.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 5.1.2-A, page 17 states that each facility shall implement policies and procedures which allow individuals in a GEO facility or program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. The policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any other areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions or changing clothes. PM 2021-4, page 3 states that 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 residents 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. During the tour, the auditor heard the opposite gender announcement being made upon entry of the housing units (both male and female units) and upon entry into the restroom areas. The auditor observed that all housing units afforded residents privacy through solid doors while all restrooms provided privacy through fully enclosed toilets, shower curtains and solid doors. Interviews with sixteen residents indicated that none of the sixteen had ever been naked in front of a opposite gender staff member and as such have privacy when showering, using the restroom and changing their clothes. All ten of the staff interviewed confirmed that residents have privacy when showering, using the restroom and changing their clothes. Additionally, all ten staff indicated that an announcement is made when an opposite gender staff member enters a housing unit or restroom area. All sixteen residents interviewed confirmed that an announcement is made when opposite gender staff enter housing areas and restrooms.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 17 states that facilities shall not search or physically examine a transgender or intersex individual

in a GEO facility or program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examinations conducted in private by a medical practitioner. Interviews with sixteen staff indicated that fifteen were aware of a policy prohibiting searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. The facility did not house any transgender or intersex residents at the time of the on-site portion of the audit and as such no interviews were conducted.

115.215 (f): 5.1.2-A, page 17 states that security staff shall be trained to conduct cross gender pat down searches and searches transgender and intersex individuals in a GEO facility or program in a professional and respectful manner. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex residents. A review of the PRC's guidance in cross gender and transgender pat searches curriculum confirms that staff are trained on how to conduct searches through the trauma informed searches. The training covers professionalism, definitions, prohibited actions, body position, non-verbal cues and other consideration. This training is included during the annual staff PREA training. A review of twelve staff training records indicated that all twelve had received the search training the same time they received the annual PREA training. All ten of the staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender residents.

Based on a review of the PAQ, 5.1.2-A, PM 2021-4, the memo related to searches, The PRC training curriculum, staff training records, observations made during the tour to include solid doors, fully enclosed toilets and shower curtains, the opposite gender announcement as well as information from interviews with random staff and random residents indicates this standard appears to be compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Education Manual for Residents
4. LanguageLine Solutions Quick Reference Guide
5. Resident Reporting Options Poster
6. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with the Agency Head Designee
2. Interview with LEP and Disabled Residents
3. Interview with Random Staff

Site Review Observations:

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures to provide disabled residents 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. 5.1.2-A, page 12 states that facilities shall ensure that individuals in a GEO facility or program 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 policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with residents with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in large font, bright colors and in Spanish. The interview with the Agency Head Designee indicated that all GEO facilities have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the program. He stated that they have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure they

can effectively communicate procedures and available services to the individuals they house. During the tour the auditor observed that PREA information was posted in adequate size print, available in large print and bright colors.

115.216 (b): The PAQ stated that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in in large font, bright colors and in Spanish. A review of documentation also indicates that the facility utilizes LanguageLine Solutions to assist with over the phone translation service, when needed. Additionally, the memo from the PCM indicated the facility has a staff member available to translate in Spanish, when necessary. During the tour the auditor confirmed that PREA information was posted in both English and Spanish. There were no disabled or LEP residents identified during the on-site portion of the audit and as such no interviews were completed.

115.216 (c): The PAQ stated that agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. 5.1.2-A, page 12 indicates that individuals in a GEO facility or program 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 duties or the investigation of the individual's allegations. Any use of these interpreters under these circumstances shall be justified and fully documented in the written investigative report. The PAQ and the memo from the PCM expressed that there were zero instances where a resident was utilized to interpret, read or provide other type of assistance. Interviews with ten staff indicated that eight were aware of a policy that prohibits the use of resident interpreters, translator, readers or other types of resident assistants for sexual abuse allegations. There were no disabled or LEP residents identified during the on-site portion of the audit and as such no interviews were completed.

Based on a review of the PAQ, 5.1.2-A, PREA education manual for residents, the LanguageLine Solutions quick reference guide, the resident reporting options poster, the memo from the PCM, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee and random staff indicates that this standard appears to be compliant.

Standard 115.217: Hiring and promotion decisions

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 institution (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 institution (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 institutional 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 records 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 institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Employment Form PREA
4. Disclosure and Authorization Form PREA 101
5. Disclosure and Authorization Form PREA 102
6. Staff Background Files
7. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2-A, page 8 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with residents in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 16 states that GEO facilities are prohibited from contacting with anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the Employment PREA form, the PREA 101 form and PREA 102 form confirm that employees are asked to answer yes or no to the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, detainee, resident, etc.)?”, “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated of engaging in 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?”. A review of personnel files for three staff who were hired in the previous twelve months indicated that all three had a criminal background records check completed prior to hire. The facility does not have contractors and as such no criminal background record checks were completed.

115.217 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. 5.1.2-A, page 8 states the facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone hire or promote anyone who may have contact with individuals in a GEO facility or program. Page 16 states that facilities shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with individuals in a GEO facility or program. Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.217 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, page 8 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. The PAQ indicated that three staff were hired in the previous twelve months that had a criminal background record check. A review of three personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and two had appropriate prior institutional employers contacted. Human Resource staff

indicated that a criminal background check is completed for all newly hired employees and for any contractor that may have contact with residents.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PAQ indicated that there were three contracts for service where criminal background record checks were conducted. Further communication with the PCM indicated that the facility does not hire contractors and that there were zero contracts for service (the three was in reference to the hired staff). 5.1.2-A, page 16 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. The facility does not have contractors and as such no criminal background record checks were completed. Human Resource staff confirmed that any contractors would have a criminal background check completed prior to enlisting their services.

115.217 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, page 8 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. Additionally, 5.1.2-A, page 16 states that each facility shall conduct criminal background checks, and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of three staff that were hired prior to 2017 indicated that all three had a five year criminal background check completed. Human Resource staff indicated that upon hire GEO conducts a criminal background through Accurint and BOP also conducts their own criminal background. She stated that every five years they run a subsequent background through Accurint. She confirmed Accurint conducts a criminal records query during the background check.

115.217 (f): 5.1.2-A, page 8 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility or program directly about previous sexual abuse misconduct as part of its hiring and promotional process, and during annual performance reviews for current employees. The facility shall impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of the Employment PREA form, the PREA 101 form and PREA 102 form confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the resident, detainee, resident, etc.)?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". The interview with the Human Resource staff confirmed that the questions are asked on the application and that employees have a continuing affirmative duty to disclose any such misconduct.

115.217 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.217 (h): 5.1.2-A, page 8 states that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Human Resource staff indicated that they refer the inquiries to corporate Human Resources who would provide the information.

Based on a review of the PAQ, 5.1.2-A, the employment form PREA, the PREA 101 and 102 forms, a review of personnel files for staff and information obtained from the Human Resource staff interview indicates this standard appears to be compliant.

Standard 115.218: Upgrades to facilities and technologies

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*)

Documents:

1. Pre-Audit Questionnaire

2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Annual PREA Facility Assessment - Reentry

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 5.1.2-A, page 8 states that facilities shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assess the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the residents and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect residents from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Director confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2-A, page 8 states that facilities shall consider the effects of any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse. During the tour, the auditor observed video monitoring technology strategically placed in common areas, hallways and outdoor space. A review of the 2020 annual facility assessment indicated that the facility had installed four additional cameras in 2020 to cover the lobby areas. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and residents within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for

more efficient and effective ways to bolster security and safety within our facilities. The Director further confirmed that when the facility installs or updates video monitoring technology that they consider how the technology will protect residents from sexual abuse. She stated they have installed video monitoring in all blind spots areas of the facility to enhance safety and protection of the residents.

Based on a review of the PAQ, 5.1.2-A, the PREA annual facility assessments, observations made during the tour and information from interviews with the Agency Head Designee and Director indicate that this standard appears to be compliant.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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 *always* 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 *always* 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E – Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Salt Lake SANE Website Information
4. Correspondence with Safe Harbor
5. Correspondence with the Salt Lake City Police Department (SLCPD)

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Coordinator
3. Interview with Residents who Reported Sexual Abuse
4. Interview with SAFE/SANE Staff

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative investigations while West Valley Police Department and the Bureau of Prisons are responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 5.1.2-E, page 7 states that facilities that are responsible for investigating allegations of sexual abuse is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Interviews with ten random staff indicate that all ten were aware of and understood the agency's protocol on obtaining usable physical evidence. Nine of the ten stated that the Director, PREA staff member or an outside law enforcement agency would be responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful residents. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c): The PAQ indicated that the facility offers residents who experience sexual abuse access to forensic medical examination at an outside facility. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 5.1.2-E, page 7 states that the facilities shall offer all individuals in a GEO facility or program who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the individual and regardless

of whether the victim names the abuser or cooperates with any investigation arising out of the incident. It further states that the facility medical staff shall not participate in sexual assault forensic examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if SANE or SAFE is not available. A review of documentation expressed that Salt Lake SANE is a nonprofit organization that provides adolescent and adult victims of sexual violence with professional and compassionate health care, following sexual assault or rape. The website confirms that forensic examinations provided at no cost to the victim and that services are provided at twelve Utah hospitals. The memorandum from the PCM stated that residents would be transported to the University of Utah hospital for forensic examinations. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. The auditor contacted Wastach Forensic Nurses (formerly Salt Lake SANE) related to forensic medical examinations. The staff advised that they conduct forensic medical examinations at all Salt Lake City hospitals, including the University of Utah hospital. She stated that either the hospital or local law enforcement contact them about examinations and they respond to the hospital with an advocate from Rape Recovery Center. She indicated that all the staff are Registered Nurses with special training through the state of Utah.

115.221 (d): The PAQ indicated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. The PAQ further indicated that if and when a rape crisis center is not available to provide victim advocate services, the facility does not provide a qualified staff member from a community-based organization or a qualified agency staff member. 5.1.2-E, page 7 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation indicated that the facility has attempted to enter into an MOU with Safe Harbor, however nothing was ever executed. Information from Wastach Forensic Nurses (formerly Salt Lake SANE) indicated that they conduct forensic medical examinations at all Salt Lake City hospitals, and when they are contacted about examinations they respond to the hospital with an advocate from Rape Recovery Center. The resident who reported sexual abuse indicated that he reported sexual harassment and retracted his allegation and as such did not require an advocate.

115.221 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 5.1.2-E, page 7 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation indicated that the facility has contacted Safe Harbor, in 2020 and 2021 related to services, however nothing was ever executed. Information from Wastach Forensic Nurses (formerly Salt Lake SANE) indicated that they conduct forensic medical examinations at all Salt Lake City hospitals, and when they are contacted about examinations they respond to the hospital with an advocate from Rape Recovery Center. The resident who reported sexual abuse indicated that he reported sexual harassment and retracted his allegation and as such did not require an advocate.

The resident who reported sexual abuse indicated that he reported sexual harassment and retracted his allegation and as such did not require an advocate.

115.221 (f): The PAQ indicated that if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of this standard. A review of correspondence with Salt Lake City Police Department indicated that the facility sent an MOU to SLCPD requesting that they enter into the agreement in order to be in compliance with PREA. The MOU included elements required under standards 115.221, 115.234 and 115.271. The SLCPD never returned the MOU to the facility.

115.221 (g): The auditor is not required to audit this provision.

115.221 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, the Salt Lake City SANE information, correspondence with Safe Harbor, correspondence SLCPD and information from interviews with random staff, the PREA Coordinator, the resident who reported sexual abuse and the SANE/SAFE indicates that this standard appears to be compliant.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Salt Lake City Reentry Center Local Policy Manual 2021-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2021-6)
4. Correspondence with the Salt Lake City Police Department (SLCPD)
5. Monthly PREA Incident Tracking Logs
6. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.222 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 5.1.2-E, page 4 states each facility shall have a policy in place to ensure that all allegations of sexual abuse 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. The policy states that the facility shall document all referrals. PM 2021-6, page 6 states that the facility shall report all allegations of sexual abuse and sexual harassment to the Federal Bureau of Prisons, Residential Reentry Manager and/or local law enforcement for investigation. The PAQ indicated that there was one allegation of sexual abuse and/or sexual harassment reported within the previous twelve months, and that there were two allegations resulting in an administrative investigation. Further communication indicated that there were two allegations reported, although one involved the resident victim retracting the allegation. The PCM stated an investigation was completed for both allegations. A review of documentation indicated there were two allegations reported during the previous twelve months and both were investigated at the facility level. The interview with the Agency Head Designee indicated that it is a requirement by corporate and

by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

115.222 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-E, page 4 states each facility shall have a policy in place to ensure that all allegations of sexual abuse 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. The policy states that the facility shall document all referrals. PM 2021-6, page 6 states that the facility shall report all allegations of sexual abuse and sexual harassment to the Federal Bureau of Prisons, Residential Reentry Manager and/or local law enforcement for investigation. A review of correspondence with Salt Lake City Police Department indicated that the facility sent an MOU to SLCPD requesting that they enter into the agreement in order to be in compliance with PREA. The MOU included elements required under standards 115.221, 115.234 and 115.271. The SLCPD never returned the MOU to the facility. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. A review of documentation indicated there were two allegations reported during the previous twelve months and both were investigated at the facility level. The interview with the facility investigator confirmed that agency has a policy that requires all allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigation. She stated that they would contact BOP and they would determine if they will investigate or if it should be investigated by the facility. If it is referred back, she stated she would complete an administrative investigation. She further stated that Salt Lake City Police Department would conduct any criminal investigations.

115.222 (c): A review of correspondence with Salt Lake City Police Department indicated that the facility sent an MOU to SLCPD requesting that they enter into the agreement in order to be in compliance with PREA. The MOU included elements required under standards 115.221, 115.234 and 115.271. The SLCPD never returned the MOU to the facility. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.222 (d): The auditor is not required to audit this provision.

115.222 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, PM 2021-6, correspondence with SLCPD, the monthly PREA tracking logs, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Prison Rape Elimination Act (PREA) Training Curriculum
4. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Staff Training Records)

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.231 (a): The PAQ stated that the agency trains all employees who may have contact with residents on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the residents' right to be free from sexual abuse and sexual harassment, the right of the resident to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the 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 relationship with residents, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 13 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. It further states that each facility shall train all employees who may have contact with individuals in a GEO facility or program on: its zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detention, reporting and response policies and procedures, individuals in a GEO facility or program right to be free from sexual abuse and sexual harassment, the right of the individuals in a GEO facility or program and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the 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 relationship with individuals in a GEO facility or program, how to communicate effectively and professionally with individuals in a GEO facility or program including LGBTI and gender non-conforming individuals and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirmed that the staff training includes information on: the agency's zero tolerance policy (slides 2-3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 10-89), the residents' right to be free from sexual abuse and sexual harassment (slide 1 & 43), the right of the resident and employee to be free from retaliation for reporting sexual abuse or sexual harassment (slide 1 & 43), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 11-40), the common reactions of sexual abuse and sexual harassment victims (slides 74-77), how to detect and respond to signs of threatened and actual sexual abuse (slides 57-72), how to avoid inappropriate relationship with residents (page 45-58), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex residents (slides 80-89) and how to comply with relevant laws related to mandatory reporting (slides 55-56). A review of twelve staff training records indicated that 100% of those reviewed received PREA training. Interviews with ten random staff confirmed that all ten have received PREA training. Staff stated they receive training on PREA annually in May and that is covers procedures to take if someone reports sexual abuse, how to report, zero-tolerance, pat searches and LGBTI concerns. All ten staff confirmed all required topics under this provision were discussed during the training.

115.231 (b): The PAQ indicated that training is tailored to the gender of the resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 5.1.2-A, page 13, states that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility and employees shall receive additional training if transferred between facilities that house individuals of different genders. The facility houses both male and female residents, however the majority are male residents. A review of the PREA training indicated that slides cover differences among male and female victims/potential victims and how to respond to individuals based on their gender.

115.231 (c): The PAQ indicated that 21 staff have been trained or retrained in PREA requirements, which is equivalent to 100% of the current staff. The PAQ stated that staff are trained annually and that in between trainings staff are provided information during staff meetings, department head meetings and postings. 5.1.2-A, page 13 states that PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated that all twelve staff reviewed had PREA training the previous two years.

115.231 (d): The PAQ stated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 14 states that unless client mandates require electronic verification, employees shall document through signature on the PREA basic training acknowledgment form that they understand the training they have received. Policy states that this form shall be used to document pre-service and annual in-service training. A review of a sample of twelve staff training records indicated that all twelve signed the PREA basic training acknowledgment.

Based on a review of the PAQ, 5.1.2-A, the PREA training curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with residents, the dynamics of sexual abuse and how to communicate with LGBTI residents. Staff are trained annually and PREA is also discussed during meetings throughout the year.

Standard 115.232: Volunteer and contractor training

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training
4. Prison Rape Elimination Act (PREA) Basic Training Acknowledgments (Volunteer Training Files)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Residents

Findings (By Provision):

115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 14 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 15 states that each facility shall ensure that all volunteers who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It states that volunteers who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. Additionally, page 15 states that each facility shall ensure that all contractors who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. A review of the Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation and Training confirmed that it included background information on PREA, the zero tolerance policy, definition and examples of sexual abuse and sexual harassment, responsibilities for understanding and preventing sexual abuse, reporting information and tips for communicating with residents who are LGBTI. The PAQ indicated that zero volunteers and contractors had received PREA training (there were 20 active volunteers prior to COVID-19). The facility does not currently have active volunteers due to COVID-19. A review of a sample of four volunteer training records indicated that all four had received PREA training. There facility does not employ contractors and due to COVID-19 the facility did not have any active volunteers and as such no interviews were conducted.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ indicates that all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to

report such incidents. 5.1.2-A, page 14 states that all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 15 states that each facility shall ensure that all volunteers who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It states that volunteers who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. Additionally, page 15 states that each facility shall ensure that all contractors who have contact with individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, response and reporting policies and procedures. It further states that contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. A review of a sample of four volunteer training records indicated that all four had received PREA training. There facility does not employ contractors and due to COVID-19 the facility did not have any active volunteers and as such no interviews were conducted.

115.232 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 5.1.2-A, pages 15 and 16 state that unless client mandates require electronic verification, volunteers (or contractors page 16) shall document through signature on the PREA basic training acknowledgment form that they understand the training they have received. A review of a sample of four volunteer training documents indicated that 100% of those reviewed had signed the PREA basic training acknowledgement indicating they received PREA training.

Based on a review of the PAQ, 5.1.2-A, the sexually abusive behavior prevention and intervention program (PREA) orientation and training and a review of a sample of volunteer training records indicates that this standard appears to be compliant.

Standard 115.233: Resident education

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Salt Lake City Reentry Center Policy Manual 2021-2 – PREA Intake and Orientation (PM 2021-2)

4. PREA What You Need to Know Video
5. PREA Education Manual for Residents
6. Resident Reporting Options Poster
7. Sexual Assault Awareness Program Brochure
8. Salt Lake City Residential Reentry Center Acknowledgment of Receipt of PREA Educational Manual
9. Acknowledgment of Required Training in the Following Area: PREA

Interviews:

1. Interview with Intake Staff
2. Interview with Random Residents

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Posters

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 5.1.2-A, page 12 indicates that within 24 hours of arrival, community confinement facilities shall provide each individual in a GEO facility or program with written information (i.e. handbooks, pamphlets, etc.) on the company's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicion of sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents. PM 2021-2, page 2 states that all admission documents will be completed, signed and dated by the interviewing staff member and the residents. During the signature process the interviewing staff member will explain in detail the contents and reason for each document in clear understandable terms to the residents. Should the resident not understand English, the interviewing staff member will obtain a staff interpreter or use external interpreter services to explain the document to the resident prior to requesting the residents signature. A review of the PREA education manual for residents, the resident reporting options poster and the sexual assault awareness program brochure confirmed that they include information on the zero tolerance policy, how to report, definitions, prevention, investigations, sexual abuse grievances and what to expect after a report. Additionally, a review of acknowledgment of receipt of PREA education manual confirms that it also contains information on the zero-tolerance policy and the residents rights under PREA. The PAQ indicated that 263 residents received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of residents that arrived in the previous twelve months. A review of fifteen resident files of those received within the previous twelve months indicated that all fifteen were documented with receiving PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Residents are shown the PREA What You Need to Know video and receive a copy of the PREA education manual for residents. The interview with the intake staff confirmed that residents receive information within she first meets with them and she provides them booklets and pamphlets. The staff member further stated that the residents are asked if they are aware of PREA, they ask them if they know how to report and they go over the video with them and ask them if they have any questions. Fifteen of the sixteen residents interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies while all sixteen stated that they were provided information about the zero-tolerance,

how to report sexual abuse or sexual harassment and their right to be free from sexual abuse and sexual harassment and retaliation from reporting such incidents.

115.233 (b): The PAQ indicated that the agency shall provide refresher information whenever a resident is transferred to a different facility. The PAQ further indicated there were zero residents who transferred from a different community confinement facility over the previous twelve months. Further communication with the PCM indicated that all residents do not come from other community confinement facilities, rather from the Bureau of Prisons. 5.1.2-A, page 12 states that community confinement facilities shall provide refresher information whenever an individual in a GEO facility or program is transferred to a different facility. A review of the PREA education manual for residents, the resident reporting options poster and the sexual assault awareness program brochure confirmed that they include information on the zero tolerance policy, how to report, definitions, prevention, investigation, sexual abuse grievances and what to expect after a report. Additionally, a review of acknowledgment of receipt of PREA education manual confirms that it also contains information on the zero-tolerance policy and the residents rights under PREA. A review of fifteen resident files of those received in the previous twelve months indicated that all fifteen had received PREA education. The interview with the intake staff indicated that staff ask the residents if they know about PREA, if they know how to report and then they show them the video and answer any questions. The staff stated the information is typically completed within 24 hours (usually the day after they arrive). All sixteen residents interviewed indicated that they arrived in the previous twelve months, but not were transferred from another community confinement facility, rather they call came from a BOP facility.

115.233 (c): 5.1.2-A, page 12 states that facilities shall ensure that individuals in a GEO facility or program 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 policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with residents with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. PM 2021-2, page 2 states that all admission documents will be completed, signed and dated by the interviewing staff member and the residents. During the signature process the interviewing staff member will explain in detail the contents and reason for each document in clear understandable terms to the residents. Should the resident not understand English, the interviewing staff member will obtain a staff interpreter or use external interpreter services to explain the document to the resident prior to requesting the residents signature. A review of the PREA education manual for residents and the resident reporting options poster confirmed that PREA information is available in in large font, bright colors and in Spanish. Additionally, documentation also indicates that the facility utilizes LanguageLine Solutions to assist with over the phone translation service, when needed. Additionally, the memo from the PCM indicated the facility has a staff member available to translate in Spanish, when necessary.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 5.1.2-A, page 13 states that in all facilities, individuals in a GEO facility or program shall sign a receipt of written materials and participation in comprehensive education sessions, which shall be retained in their individual files. A review of fifteen resident files of those that arrived in the previous twelve months indicate that all fifteen signed an acknowledgement form indicating that they had received PREA education.

115.233 (e): The PAQ as well as 5.1.2-A, page 13 indicate that key information shall be provided to residents on a continuous basis through readily available handbooks, brochures, or other written materials. A review of documentation indicates that the facility had PREA information via the PREA education manual for residents, the resident reporting options poster and the sexual assault awareness program brochure. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, 5.1.2-A, PM 2021-2, the PREA What You Need to Know video, PREA education manual for residents, the resident reporting option poster, the sexual assault awareness program brochure, resident files, observations made during the tour to include the availability of posted PREA information as well information obtained during interviews with intake staff and random residents indicate that this standard appears to be compliant.

Standard 115.234: Specialized training: Investigations

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings Curriculum
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 14 states that investigators shall be trained in conducting investigations on sexual abuse in confinement settings. The specialized training is conducted utilizing the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of documentation indicated that two facility staff were documented with the specialized training. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting. She stated the training includes a video and PowerPoint. She stated the training covered interview techniques, boundaries, inappropriate interview questions, possible bias and a review of prior incidents of the individuals involved.

115.234 (b): 5.1.2-A, page 14 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of the training indicates that it encompasses the eight PREA Resource Center training modules. Modules two and six go over information related to interview techniques, modules three and four discuss evidence collection, module five discusses legal liability including Miranda and Garrity and module eight discusses the standard of evidence to substantiate an investigation. The PAQ indicated there are two facility staff that conduct

investigations. A review of documentation indicated that two facility staff are documented with the specialized training. The interview with the facility investigator confirmed that the required topics were covered in the training. She stated a lot of the topics covered would be handled by Salt Lake City Police Department.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that two facility investigators have completed the required training. 5.1.2-A, page 14 states that facilities shall maintain documentation of this specialized training. A review of documentation indicated that two facility staff are documented with the specialized training via a training certificate.

115.234 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, PREA specialized training investigating sexual abuse in adult/juvenile correctional settings curriculum, investigator training records as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

Standard 115.235: Specialized training: Medical and mental health care

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 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 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.235 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, page 14 states that each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in its facilities on certain topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual

harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The PAQ indicated that the facility does not have medical and mental health staff and as such there were no staff that received the specialized training. The memo from the PCM confirmed that Salt Lake City Center does not have medical/mental health professionals onsite and that all residents are referred to community based providers.

115.235 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 14 states that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. The memo from the PCM confirmed that Salt Lake City Center does not have medical/mental health professionals onsite and that all residents are referred to community based providers.

115.235 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 14 states that facilities shall maintain documentation of this specialized training. The memo from the PCM confirmed that Salt Lake City Center does not have medical/mental health professionals onsite and that all residents are referred to community based providers.

115.235 (d): 5.1.2-A, page 14 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees in section F(1) or contractors in section H(1) depending upon their status at the facility. The memo from the PCM confirmed that Salt Lake City Center does not have medical/mental health professionals onsite and that all residents are referred to community based providers.

Based on a review of the PAQ, 5.1.2-A and the memo from the PCM indicates that this standard appears compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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 institutional 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. GEO PREA Risk Assessment Tool
4. PREA Vulnerability Reassessment Questionnaire
5. Resident Assessment and Reassessment Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Residents
3. Interview with the PREA Coordinator

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Resident Files are Located

Findings (By Provision):

115.241 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. 5.1.2-A, page 8 states that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive toward another individual in a GEO facility or program. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. Interviews with sixteen residents that arrived within the previous twelve months confirmed that fourteen were asked the risk screening questions at on the first day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness upon admission to the facility. During the tour, the auditor observed the intake area. The risk screening is conducted in a private office setting. Resident records are located behind locked doors with limited access.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities, utilizing an objective screening instrument. Policy further states that unless mandated by client contract, facilities shall use the GEO PREA risk assessment tool to conduct the initial risk screening assessment. The PAQ stated that 263 residents, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other residents. A review of fifteen resident files of those that arrived within the previous twelve months confirmed that all fifteen were screened within 72 hours of their arrival. Interviews with sixteen residents that arrived within the previous twelve months confirmed that fourteen were asked the risk screening questions the day they arrived. The interview with the staff responsible for the risk screening indicated that residents are screened for their risk of victimization and abusiveness within 72 hours.

115.241 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities, utilizing an objective screening instrument. Policy further states that unless mandated by client contract, facilities shall use the GEO PREA risk assessment tool to conduct the initial risk screening assessment. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. A review of the GEO risk assessment tool confirmed that the assessment includes eleven questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the resident is at risk of victimization or abusiveness.

115.241 (d): 5.1.2-A, page 9 states that the intake screening shall consider at minimum, the following criteria to assess individuals in a GEO facility or program risk for sexual victimization: mental, physical or developmental disability, age, physical build, previous incarcerations, if criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or gender nonconforming; if previously experienced sexual victimization and his/her own perception of vulnerability. A review of the PREA risk assessment tool confirmed that it contains eleven questions related to the requirements under this provision. The staff responsible for the risk screening stated that the initial risk screening includes yes and no questions, including; age, prior incarcerations, prior sex offenses, disabilities, prior victimization, prior assaults and any domestic violence.

115.241 (e): 5.1.2-A, page 9 states 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. A review of the PREA risk assessment tool confirmed that it contains six questions related to the requirements under this provision. The staff responsible for the risk screening stated that the initial risk screening includes yes and no questions, including; age, prior incarcerations, prior sex offenses, disabilities, prior victimization, prior assaults and any domestic violence.

115.241 (f): The PAQ indicated that policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 9 states that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness, based upon any additional, relevant information received by the facility since the intake screening. The policy further stated that unless mandate by client contract, facilities shall use the GEO PREA vulnerability reassessment questionnaire. A review of the GEO PREA vulnerability reassessment questionnaire confirmed that it includes questions related to LGBTI identification, fear of continued placement in general population, forced or threatened sexual activity and threats or actual physical violence. The PAQ indicated that 254, or 100% of residents entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The interview with the staff responsible for the risk screening confirmed that residents are reassessed within 30 days of their arrival. A review of fifteen resident files of those arrived within the previous twelve months indicated that twelve residents were reassessed within the 30 day timeframe. Two residents that were not documented with a reassessment had arrived within the previous 30 days and the reassessment was not yet due and one was released from the facility prior to the 30 days. Interviews with sixteen residents that arrived within the previous twelve months indicated that six were asked the risk screening questions on more than one occasion. Most of the six residents stated they were asked these questions a few days after they were asked the first time. A few of the residents stated that they had just arrived a week or two ago and had not been asked a second time yet. It should be noted that the reassessment is not the same questionnaire as the initial and this may be attributed to the interview responses.

115.241 (g): The PAQ indicated that policy requires that an resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. 5.1.2-A, page 9 states that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness, based upon any additional, relevant information received by the facility since the intake screening. The policy further stated that unless mandate by client contract, facilities shall use the GEO PREA vulnerability reassessment questionnaire. Policy further states that at any point after the initial intake screening, an individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. There were zero substantiated sexual abuse allegations and as such there were no resident reassessment required related to a sexual abuse allegation. The staff responsible for the risk screening confirmed that residents are reassessed when warranted due to request, referral or receipt of additional information. A review of fifteen resident files of those arrived within the previous twelve months indicated that twelve residents were reassessed within the 30 day timeframe. Two residents that were not documented with a reassessment had arrived within the previous 30 days and the reassessment was not yet due and one was released from the facility prior to the 30 days. Interviews with sixteen residents that arrived within the previous twelve months indicated that six were asked the risk screening questions on more than one occasion. Most of the six residents stated they were asked these questions a few days after they were asked the first time. A few of the residents stated that they had just arrived a week or two ago and had not been asked a second time yet.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer whether or not the resident has mental, physical or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. 5.1.2-A, page 9 states that disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The interview with the staff who conduct the risk screening confirmed that residents are not disciplined for refusing to answer risk screening questions.

115.241 (i): 5.1.2-AUR, page 9 states that facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other individuals in a GEO facility or program. Policy further states that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. The PREA Coordinator stated that corporate PREA policy 5.1.2-A indicates confidential information related to PREA must only be shared on a "need to know" basis. The staff who conduct the risk screening confirmed that the agency implements appropriate controls on the dissemination of information to ensure that sensitive information is not exploited to the resident detriment by staff or other residents. She stated that the information is only accessible to those with a need to know.

Based on a review of the PAQ, 5.1.2-A, GEO PREA risk assessment tool, PREA vulnerability reassessment questionnaire, a review of resident files and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicate that this standard appears to be compliant.

Standard 115.242: Use of screening information

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Sample of Housing Determination Documents
4. At Risk List
5. LGBTI Resident Housing

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with Gay, Lesbian and Bisexual Residents
4. Interview with Transgender Residents

Site Review Observations:

1. Location of Resident Records
2. Housing Assignments of LGBTI Residents
3. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 10 indicates that screening information from Section D(1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the PREA Coordinator indicated that each facility is required to conduct an initial risk screening of each resident during intake, per 115.241 and corporate and local policy. Information from the assessment must be used when considering housing, work and program assignments. The interview with the staff responsible for the risk screening indicated that they separate people that score as abusers from those that score as victims. She stated they are placed in different dorm areas. A review of resident files and of resident housing assignments confirmed that residents at high risk of victimization and residents at high risk of being sexually abusive were not housed together.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 5.1.2-A, page 10 indicates that screening information from Section D(1) shall be used to determine housing, bed, work, education and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an “at risk log” of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The “at risk log” will be kept current and include current housing locations. The policy further states that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The interview with the staff responsible for the risk screening indicated that they separate people that score as abusers from those that score as victims. She stated they are placed in different dorm areas.

115.242 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case by case basis. 5.1.2-A, page 10 indicates that in making housing and programming assignments for transgender or intersex individuals in a GEO facility or program, the facility shall consider on a case by case basis whether the placement would present management or security problems. The policy further describes guidelines related to housing assignments of transgender and intersex residents, including the Transgender Care Committee (TCC) decision. The interview with the PC indicated that the facility conducts and documents a TCC to determine the housing and program assignments for the resident. She stated they take into consideration the residents’ own views respect to his/her safety. She further confirmed that the agency considers whether placement would present any management or security problems and whether the placement would

ensure the residents health and safety. There were no transgender residents at the facility and as such no interviews were conducted and no documentation was available for review.

115.242 (d): 5.1.2-A, page 11 states that serious consideration shall be given to the individual's own views with respect to his/her own safety. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. The interviews with the PC and the staff responsible for risk screening confirmed that the residents' own views with respect to his/her safety would be given serious consideration. There were no transgender residents at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (e): 5.1.2-A, page 11 states that transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from the other individuals. The interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are provided the opportunity to shower separately. The PC stated that as part of the TCC meeting, the resident completes a shower/pat search/pronoun preference form. During the tour it was observed that four of the six housing units had communal showers, however there were two locations available for transgender or intersex residents to shower separately, if needed. There were no transgender residents housed at the facility during the on-site portion of the audit and as such no interviews were conducted.

115.242 (f): 5.1.2-A, page 11 states that LGBTI individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. A review of housing assignments for the three residents who identified as LGBTI indicated that residents were assigned to different housing units and as such were not in only one housing unit. The interview with the PC confirmed that GEO does not have a consent decree. The PC stated that placing LGBTI residents in a housing unit solely on their gender identify/sexual preference is a prohibited practice and that the facility considers each individual's own views about their safety as part of the initial PREA risk screening assessment. The interviews with the three LGBTI residents confirmed none of the three felt that LGBTI residents were placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 5.1.2-A, a sample of housing determinations, the at risk list, LGBTI resident housing documents and information from interviews with the PC, staff responsible for the risk screenings and LGBTI residents indicates that this standard appears to be compliant.

REPORTING

Standard 115.251: Resident reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Salt Lake City Reentry Center Local Policy Manual 2021-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2021-6)
4. PREA Education Manual for Residents
5. PREA Information Flyer
6. Resident Reporting Options Poster

Documents Received During the Interim Report Period:

1. Updated PREA Education Manual for Residents
2. Updated Resident Reporting Options Poster
3. Photos of the Updated Resident Reporting Options Posters in the Facility

Interviews:

1. Interview with the PREA Coordinator
2. Interview with Random Staff
3. Interview with Random Residents

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.251 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for residents to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 19 states that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment and staff neglect or violations of responsibilities that may have contributed to such incidents. A review of additional documentation to include the PREA education manual for residents, the PREA information flyer and the resident reporting options poster indicates that there are multiple ways for residents to report. These methods include: to any staff member (to include the PCM and Director), verbally or in writing, through a third party such as a family member or friend, through the Salt Lake City Police Department, to the BOP or to the U.S. Probation Office. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in each of the housing units. All residents have cell phones and are able to contact the numbers. Additionally, a phone is available for any resident that does not have a cell phone. Interviews with sixteen residents indicated that all sixteen knew at least one method to report an allegation of sexual abuse or sexual harassment. Most residents indicated that they would tell a staff member or call the number that is posted. Interviews with ten staff confirm that residents have multiple methods to report including to verbally or in writing to any staff member, through the hotline and through a third party.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report abuse or harassment to a public entity or office that is not part of the agency. 5.1.2-A, page 9 indicates that the facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. A review of the resident reporting option poster and the PREA education manual for residents indicates that residents are able to report to the Salt Lake City Police Department and that they can remain anonymous when reporting. During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, including to the Salt Lake City Police Department (external reporting). The interview with the PC indicated that each facility must enter into an agreement with an outside entity to ensure a reporting method to someone other than the client or GEO is available to the resident. She stated that as each facility is faced with site specific challenges and unique solutions they must find an outside reporting entity that satisfies this need. The PC stated in most cases, residents have cellular telephones and can contact outside law enforcement agencies with jurisdiction over that facility on their own. Additionally, she stated that each

facility has its own specific procedures outlined in the PREA intake information and comprehensive PREA education materials related to the procedures related to receipt and immediate transmission of the residents' report of sexual abuse or sexual harassment to the agency officials that allow the resident to remain anonymous upon request. Interviews with sixteen residents indicated that none were specifically aware of the outside reporting mechanism, but most knew there were phone numbers. All sixteen residents stated they knew they could report anonymously. During the interim report period the facility updated their documentation to make it clearer that SLCPD was the outside reporting mechanism and that residents could remain anonymous upon request.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 19 states that employees shall accept reports made verbally, in writing, anonymously and from their parties and shall promptly document any verbal reports. A review of additional documentation to include the PREA education manual for residents, the PREA information flyer and the resident reporting options poster indicates that there are multiple ways for residents to report. These methods include: to any staff member (to include the PCM and Director), verbally or in writing, through a third party such as a family member or friend, through the Salt Lake City Police Department, to the BOP or to the U.S. Probation Office. Interviews with sixteen residents confirmed that fifteen knew they could report verbally or in writing and fifteen were aware that they could report through a third party. Interviews with ten staff indicated that residents can report verbally, in writing, anonymously and through a third party. All ten staff stated that if they received a verbal report they would document it as soon as possible, but either before the end of shift or within 24 hours. A review of investigative reports indicated that one was reported verbally to a staff member and the other was reported through a third party via the GEO hotline.

115.251 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff can report through the hotline and through the web-based reporting mechanism. PM 2021-6, page 6 states that employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or other facility management privately, if requested. The PREA information flyer states that GEO employees can report sexual abuse or sexual harassment to the Chief of Security or facility management, through the employee hotline, on the internet or through the toll free phone number (866-568-5425). Interviews with ten staff indicate that all ten were aware that they can privately report sexual abuse and sexual harassment of residents through the corporate number, the hotline and written or verbal to their supervisor.

Based on a review of the PAQ, 5.1.2-A, PM 2021-6, PREA education manual for residents, PREA information flyer, resident reporting options poster, observations from the facility tour related to PREA posted information and interviews with the PC, random residents and random staff, this standard appears to have been corrected during the interim report period.

Standard 115.252: Exhaustion of administrative remedies

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Delaney Hall RRC Local Policy Manual 2019-5 – Grievance Process (PM 2019-5)
4. PREA Education Manual for Residents

Interviews

1. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.252 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 and PM 2019-5, pages 4-5 describe the requirements for sexual abuse grievances. Additionally, the PREA education manual for residents, page 7 directs residents on how to file sexual abuse grievances.

115.252 (b): The PAQ indicated that the agency has a policy that allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve without submitting it to the staff member who is the subject of the complaint. 5.1.2-A, page 19 states that no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse. Additionally, page 20 states that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.

115.252 (c): 5.1.2-A, page 19 states that individuals in a GEO facility or program have the right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.

115.252 (d): 5.1.2-A, page 20 states that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The policy further states that facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. The facility does not track grievances and as such the auditor was unable to review a grievance log. The resident who reported sexual abuse (reported sexual harassment not abuse) indicated that he was verbally advised of the outcome of the allegation the same day he reported the incident and that it did not involve a grievance so he did not have any grievance notifications/responses.

115.252 (e): 5.1.2-A, page 19 states that third parties may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such request on behalf of individuals in a GEO facility or program. The policy further states that the alleged victim must agree to have the request filed on his or her behalf, however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. The PAQ indicated that there have not been any third-party grievances filed in the previous twelve months. The facility does not track grievances and as such the auditor was unable to review a grievance log.

115.252 (f): 5.1.2-A, page 20 states that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. The policy further states that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. The facility does not track grievances and as such the auditor was unable to review a grievance log.

115.252 (g): 5.1.2-A, page 20 states that individuals in a GEO facility or program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The PAQ indicated that no residents have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 5.1.2-A, PM 2019-5, the PREA education manual for residents and the interview with the resident who reported sexual abuse, this standard appears to be compliant.

Standard 115.253: Resident access to outside confidential support services

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Education Manual for Residents
4. Resident Reporting Options Poster
5. Correspondence with Safe Harbor

Interviews:

1. Interview with Random Residents
2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.253 (a): The PAQ indicated the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by; giving residents mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving residents mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between residents and these organizations in as confidential a manner as possible. 5.1.2-A, pages 25-26 states that facilities shall provide individuals in a GEO facility or program who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations (this may be done by providing mailing addresses, telephone numbers, toll free hotline numbers, etc.). A review of the PREA education manual for residents and the resident reporting options poster indicated that residents are provided phone numbers to two local rape crisis centers, West Valley City Victim Services and the Rape Recovery Center. During the tour the auditor observed advocacy information posted in each housing unit on the resident reporting options poster. All residents have cell phones and are able to contact the numbers. Additionally, a phone is available for any resident that does not have a cell phone. Interviews with sixteen residents indicated that thirteen were provided a mailing address and telephone number to a local, state or national rape crisis center (four of the residents stated they thought it was in the documentation they received but they were not certain). Most of the residents indicated they believed that they could contact the victim advocate anytime and that any contact with these services would be free and confidential. The resident

who reported sexual abuse stated that he was not provided information on victim advocacy but he believed it was because he was frustrated and got off the phone with the PCM when she was speaking to him about the allegation and next steps.

115.253 (b): The PAQ stated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs residents about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law. 5.1.2-A, page 26 states that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the PREA education manual for residents and the resident reporting options poster indicated that residents are provided phone numbers to two local rape crisis centers, West Valley City Victim Services and the Rape Recovery Center. During the tour the auditor observed advocacy information posted in each housing unit on the resident reporting options poster. All residents have cell phones and are able to contact the numbers. All phone calls made from the residents personal cell phones are confidential and unmonitored. Additionally, a phone is available for any resident that does not have a cell phone and is an unrecorded outside line. Interviews with sixteen residents indicated that thirteen were provided a mailing address and telephone number to a local, state or national rape crisis center (four of the residents stated they thought it was in the documentation they received but they were not certain). Most of the residents indicated they believed that they could contact the victim advocate anytime and that any contact with these services would be free and confidential. The resident who reported sexual abuse stated that he was not provided information on victim advocacy but he believed it was because he was frustrated and got off the phone with the PCM when she was speaking to him about the allegation and next steps.

115.253 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional services related to sexual abuse. It further indicated that the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services and that the facility maintains documentation of attempts to enter into such agreements. 5.1.2-A, page 26 states that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or program with confidential emotional support services related to the sexual abuse while in custody. It further states that the facility shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. A review of documentation indicated that the facility had sent correspondence to Safe Harbor in June 2020 and again in February 2021. The documentation confirmed that an MOU was sent via email to Safe Harbor, however it was never executed. The auditor contacted Safe Harbor related to advocacy and the MOU. The staff member from Safe Harbor advised that they did not have a Memorandum of Understanding (MOU) with the facility and that they do not provide services in the Salt Lake City area. She further indicated she was not aware of SLCC. The auditor forwarded this information to the PCM for further clarification as the information from Safe Harbor was not consistent with the documentation provided. As such, the auditor requires additional information related to this provision to determine compliance.

Based on a review of the PAQ, 5.1.2-A, the PREA education manual for residents, the resident reporting options poster, communication with Safe Harbor, observations from the facility tour related to posted advocacy information as well as information from interviews with random residents, the resident who reported sexual abuse and the staff member from Safe Harbor indicates that the standard requires

corrective action. The victim advocacy organization that the auditor was provided correspondence with, as well as the unexecuted MOU was not one of the two victim advocacy organizations that is provided to the residents. The auditor contacted Safe Harbor related to advocacy and the MOU. The staff member from Safe Harbor advised that they did not have a MOU with the facility and that they do not provide services in the Salt Lake City area. She further indicated she was not aware of SLCC. The auditor forwarded this information to the PCM for further clarification as the information from Safe Harbor was not consistent with the documentation provided.

Corrective Action:

The facility will need to communicate with one of the three victim advocacy organization to attempt to establish an MOU. The auditor suggests the facility not utilize Safe Harbor as the staff member stated that they do not serve the Salt Lake City area. If the facility is able to agree on terms and an MOU is established the facility will need to send a signed executed copy of the MOU to the auditor. If terms are not able to be reached, the facility will need to provide the auditor with documentation of why terms could not be reach and the efforts that were made to try to establish the MOU. Additionally, the facility will need to update resident information related to the level in which the communication with the victim advocacy organizations would be monitored as well as the level of confidentiality. Once the documents are updated the facility will need to provide the auditor with copies as well as documentation confirming all current residents were educated and how all future resident will be provided the information.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Correspondence with the Rape Recovery Center

On September 16, 2021 the auditor was provided clarification that indicated that the MOU attempt with Safe Harbor was done at the recommendation of the District Attorney's Office and as such this was the confusion with the service area. The facility contacted the Rape Recovery Center on September 15, 2021 related to establishing an MOU. The auditor was provided a copy of the communication confirming an attempt to enter into an MOU. On November 2, 2021 the auditor was provided documentation related to correspondence between the facility and the Rape Recovery Center. The facility initiated contact on September 15, 2021 related to the MOU. The facility made numerous attempts to get the MOU established. A draft MOU was provided to the Rape Recovery Center on October 1, 2021. On October 15, 2021 and October 21, 2021 the facility inquired with the Rape Recovery Center about the status of the draft MOU. The facility received a response indicating they have been busy and would let them know the following week. The facility reached out again on November 1, 2021 with no new information. While the facility has not been able to establish an MOU with the Rape Recovery Center, it is well documented the numerous attempts. Thus, based on the information provided to the residents (phone number and mailing address to the Rape Recovery Center) as well as the numerous attempts to enter in a MOU, the facility has done their due diligence related to the standard.

Standard 115.254: Third-party reporting

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Information Flyer

Findings (By Provision):

115.254 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an resident. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 20 states that GEO shall post publicly, third party reporting procedures on its public website to show its methods of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. It further states that in all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation and staff break areas within the facility. The PREA information flyer states that individuals can report on behalf of an individual who is or was housed in a GEO facility or program by contacting the Facility Administrator’s Office or by reporting over the phone, in person, in writing or anonymously if desired. It further states that an individual can contact the corporate PREA office directly at 561-999-5827. Contact information and reporting direction are found at <https://www.geogroup.com/prea>.

Based on a review of the PAQ, 5.1.2-A, the PREA information flyer and the agency’s website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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 persons 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Director
4. Interview with the PREA Coordinator

Findings (By Provision):

115.261 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, pages 20-21 states that employees are required to immediately report any of the following; knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility, retaliation against individuals in a GEO facility or program or employees who reported such an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with ten staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Chief of Security.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 21 states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone. Interviews with ten staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the information to the Chief of Security.

115.261 (c): 5.1.2-A, page 21 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The policy further states that practitioners shall inform individuals in a GEO facility or program of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): 5.1.2-A, page 21 states that unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The interview with the PC indicated that unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Director stated the facility does not house anyone under eighteen or vulnerable adults but if they did they would contact local law enforcement.

115.261 (e): 5.1.2-A, page 21 states that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these types of incidents. The interview with the Director confirmed that all allegations of sexual abuse or sexual harassment are reported to the designated facility investigator. A review of investigative reports indicated that one was reported verbally to a staff member and the other was reported through a third party via the GEO hotline. Both allegations were investigated at the facility level.

Based on a review of the PAQ, 5.1.2-A, investigative reports and interviews with random staff, the PREA Coordinator and the Director indicate that this standard appears to be compliant.

Standard 115.262: Agency protection duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Random Staff

Findings (By Provision):

115.262 (a): The PAQ indicated that when the agency or facility learns that an resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 5.1.2-A, page 21 states that when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. The policy further states that all allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. The PAQ stated that there have been zero residents who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refers him/her for necessary services (medical, mental health, etc.). The Director stated that if a resident was at substantial risk of imminent sexual abuse they would interview the resident and determine their level of comfort. She stated BOP would then be contacted and typically they would determine if the resident should be sent back to one of their facilities. She stated at the facility level they can speak to the resident and change their current housing assignment. Interviews with ten random staff confirmed that all ten would contact their supervisor immediately and/or remove the inmate from the area.

Based on a review of the PAQ, 5.1.2-A and interviews with the Agency Head Designee, Director and random staff indicate that this standard appears to be compliant.

Standard 115.263: Reporting to other confinement facilities

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director

Findings (By Provision):

115.263 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, page 24 states that in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The PAQ indicated that during the previous twelve months, the facility had zero residents report that they were sexually abused while confined at another facility. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, page 24 states that in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.

115.263 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 25 states that the facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. A review of documentation confirmed that there were no residents that reported sexual abuse that occurred at another facility.

115.263 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 25 states that any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA Standards. The PAQ indicated there have been zero allegations of sexual abuse the facility received from other facilities. A review of documentation confirmed that SLCC had not received any sexual abuse or sexual harassment allegations from other facilities/agencies. Both allegations were reported directly to the facility via staff and the hotline. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Facility Director. He further

stated that regardless of how one of the facilities receives a PREA allegation that abuse occurred in one of GEO's facilities, the allegation would be referred to designated investigators (internal or external) for investigation. The PREA Coordinator is also informed of all allegations of this type via email. The Agency Head Designee stated that according to the PREA Coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Director indicated that the allegation would be fully investigated. She confirmed that they have not had any examples of allegations reported to Salt Lake City Center from another facility.

Based on a review of the PAQ, 5.1.2-A, investigative reports and interviews with the Agency Head Designee and Director, this standard appears to be compliant.

Standard 115.264: Staff first responder duties

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. First Responder Card
4. Investigative Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff
3. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 21-22 state that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediate notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking and eating. A review of the first responder card confirms that first responder duties are outlined for staff reference. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser, the preservation of the crime scene or evidence and requested/ensure actions were not taken to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. There was one reported sexual abuse (voyeurism) allegation but the resident was gone from the facility at the time the allegation was received. As such, no first responder duties were required to be taken. Interviews with first responders indicated that security staff would separate the individuals, contain the area, not let the victim shower or get rid of any evidence and get them to where they need to go to have a medical examination. The non-security first responder stated she would contact security and not let the resident(s) destroy evidence through washing, showering or disposing of any clothing. The resident who reported sexual abuse stated that he was speaking to a staff member about the information and she advised she was required to the report the information. He stated that there was no need for separation (the allegation was all verbal) and that the staff member was spoken to and everything has been great since then.

115.264 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 22 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, remain with the alleged victim and notify security staff. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. There was one reported sexual abuse (voyeurism) allegation but the resident was gone from the facility at the time the allegation was received. As such, no first responder duties were required to be taken. Interviews with first responders indicated that security staff would separate the individuals, contain the area, not let the victim shower or get rid of any evidence and get them to where they need to go to have a medical examination. The non-security first responder stated she would contact security and not let the resident(s) destroy evidence through washing, showering or disposing of any clothing. Interviews with ten random staff indicated all ten staff were aware of first responder duties. Staff stated they would separate the victim and alleged perpetrator, secure the scene and contact the supervisor. A few staff stated they would not let the resident(s) destroy any evidence through washing, showering or changing clothes.

Based on a review of the PAQ, 5.1.2-A, the first responder card, investigative reports and interviews with random staff, staff first responders and the resident who reported sexual abuse, this standard appears to be compliant.

Standard 115.265: Coordinated response

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Coordinated Response Plan

Interviews:

1. Interview with the Director

Findings (By Provision):

115.265 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the PREA coordinated response plan confirms that the plan has information outlining duties for first responders, shift supervisors, the Facility Director, the facility investigator and medical and mental health care staff. Additionally, the plan describes crime scene preservation and required notifications. The Director confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the PREA coordinated response plan and the interview with the Director, this standard appears to be compliant.

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes 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*)

Documents:

1. Pre-Audit Questionnaire
2. Collective Bargaining Agreement with the United States Security Officers of America International Union, and its Local #840 (UGSOA)

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.266 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of the Collective Bargaining Agreement with UGSOA, page 9 confirms that any rules, regulations or directives which are not in effect, or which may be later imposed upon the company by its client, or any other governmental agency having jurisdiction will apply with equal force and effect to the officers hereunder. Officers are also required to adhere to company rules and regulations. Additionally, page 19 states that except where otherwise prohibited in this agreement, where appropriate, the company will adhere to concepts of progressive discipline, which it defines as the corrective process of applying penalties short of dismissal where conduct is of a less serious nature. The nature of discipline should be appropriate to the conduct and need not begin with the least serious disciplinary action. Acceptance of the principle discipline does not limit the company's authority to immediately dismiss for serious offense that cannot be condoned. The interview with the Agency Head Designee indicated that the Reentry Services Division currently has four of its 35 facilities which have a collective bargaining agreement. He further stated none of the collective bargaining agreements preclude investigations and disciplinary action against staff, up to and including termination, for substantiated allegations of sexual abuse and sexual harassment.

115.266 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, Collective Bargaining Agreement with UGSOA and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.267: Agency protection against retaliation

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Salt Lake City Reentry Center Local Policy Manual 2021-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) (PM 2021-6)
4. Protection from Retaliation Log
5. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Director
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.267 (a): The PAQ indicated that the agency has a policy to protection all residents and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PAQ further indicated that the Facility PREA Compliance Manager is responsible for monitoring for retaliation. 5.1.2-A, page 26 states that facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The facility PREA Compliance Manager or mental health personnel shall be responsible for monitoring for retaliation of individuals in a GEO facility or program PM 2021-6, page 12 states that the facility PREA Compliance Manager or Office Support Specialist shall be responsible for monitoring retaliation of residents.

115.267 (b): 5.1.2-A, pages 26-27 state that facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of the alleged staff or abusers from contact with victims, who fear retaliation from reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy further states a mental health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Director and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an resident or staff member expressed fear of retaliation. A review of documentation indicated that one resident was gone from the facility prior to receiving the allegation and the other had a separation order placed between the resident and the staff member for two weeks. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Things like housing

changes or transfers from the facility, removal of alleged abusers (staff or resident) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor residents who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. The interview with the Director indicated that protective measures would include the resident being moved back to a BOP facility. She stated that the facility would consider home confinement for the victim and they would offer him/her counseling services via Rape Recovery. The designated staff member charged with monitoring for retaliation stated that her role is to ensure that retaliation does not occur. She stated she checks with the victim at least once a week to see how they are doing and she would monitor incident reports. The staff member stated that possible protective measures could include separation through a room change or a dorm change or through return of a resident to a BOP facility. The staff member indicated protective measure may also mean a schedule change for a staff member. She confirmed that she meets with the residents in person at least once a week and that it could be more, depending on the severity of the situation. There interview with the resident who reported sexual abuse indicated he felt protected against retaliation. He indicated that at no point did he feel uncomfortable and that the situation was handled professionally.

115.267 (c): The PAQ states that the agency/facility monitors the conduct and treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 27 indicates for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of individuals in a GEO facility or program who reported sexual abuse to see if there are changes that may suggest possible retaliation by individuals in a GEO facility or program or staff, and shall act promptly to remedy such retaliation. Items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing and program changes. Policy further states that for at least 90 days following a report of staff sexual misconduct (abuser or harassment) by another employee, the facility Human Resource staff or facility investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are any changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored for employees include negative performance reviews and employee reassignments. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of documentation indicated that the one sexual abuse allegation did not require monitoring as the resident victim had departed the facility prior to receiving the allegation. It should be noted that the one sexual harassment allegation had monitoring for retaliation initiated. At the time of the on-site portion of the audit, there were two instances where monitoring was completed and the resident was interviewed face to face. The Director indicated that if an allegation of retaliation was reported or suspected, the residents would be separated (of staff from resident), both individuals would be interviewed, BOP would be contacted and an investigation would be completed. She further stated that depending on the outcomes, the staff member or resident would be disciplined, up to and including termination for staff. The designated staff charged with monitoring for retaliation stated that she reviews incident reports, room or housing changes and any issues with their job. She indicated she would monitor for 90 days, but that it could extend until the resident or staff member is removed.

115.267 (d): 5.1.2-A, page 26 states that a mental health staff member or the PREA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. PM 2021-6, page 12 states that the PREA Compliance Manager or Office Support Specialist shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The designated staff member charged with monitoring for retaliation stated that she meets with residents in person once a week. A review of documentation indicated that the one sexual abuse allegation did not require monitoring as the resident victim had departed the facility prior to receiving the allegation. It should be noted that the one sexual harassment allegation had monitoring for retaliation initiated. At the time of the on-site portion of the audit, there were two instances where monitoring was completed and the resident was interviewed face to face.

115.267 (e): 5.1.2-A, page 27 states that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. The interview with the Agency Head Designee indicated that designated staff at each facility are assigned to monitor residents who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. The interview with the Director indicated that protective measures would include the resident being moved back to a BOP facility. She stated that the facility would consider home confinement for the victim and they would offer him/her counseling services via Rape Recovery. The Director stated that if an allegation of retaliation was reported or suspected, the residents would be separated (of staff from resident), both individuals would be interviewed, BOP would be contacted and an investigation would be completed. She further indicated that depending on the outcomes, the staff member or resident would be disciplined, up to and including termination for staff.

115.267 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, PM 2021-6, the protection from retaliation log form, investigative reports and interviews with the Agency Head Designee, Director and staff responsible for monitoring for retaliation, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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 (l)

- 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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Correspondence with the Salt Lake City Police Department (SLCPD)
4. Investigator Training Records
5. Monthly PREA Incident Tracking Logs
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with the Director
3. Interview with the PREA Coordinator
4. Residents who Reported Sexual Abuse

Findings (By Provision):

115.271 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. Page 5 further states that when the facility conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The completed preliminary investigation will be forwarded to the Corporate PREA office for review and approval no later than 60 calendar days after the allegation is reported. A review of the two investigative reports confirmed that one investigation was completed within a week and the second was completed within 60 days. Both were thorough and objective and included interviews with alleged victim, subject and/or witnesses. One allegation involved the review of video and both included a review of prior complaints related to the perpetrator. The interview with the facility investigator confirmed that an investigation is initiated as soon as possible, usually the first day. She confirmed that third party and anonymously reported allegations would not be investigated any differently than other reported allegations.

115.271 (b): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 14 states that investigators shall be trained in conducting investigations on sexual abuse in confinement settings. The specialized training is conducted utilizing the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of documentation indicated that two facility staff were documented with the specialized training. The interview with the facility investigator confirmed she received specialized training in conducting sexual abuse investigation in a confinement setting. She stated the training includes a video and PowerPoint. She stated the training covered interview techniques, boundaries, inappropriate interview questions, possible bias and a review of prior incidents of the individuals involved.

115.271 (c): 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. A review of investigative reports indicated that both had an investigative report with documented investigative efforts. Both included statements and interviews. One involved review of video monitoring technology. Both investigations documented the evidence that was collected, including statements/interviews and described actions taken during the investigation. The interview with the facility investigator indicated that upon notification of an allegation she would gather statements from those involved, contact BOP and corporate and start the interview process with residents and/or staff. The investigator stated that she would then review all evidence, follow up on any issues, review video, gather all and any additional evidence, compile and analyze the information and complete a report and send it to corporate for review. She further indicated that she would be responsible for gathering everything she could, evidence wise, including statements, interviews, video and physical evidence.

115.271 (d): 5.1.2-E, page 5 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. A review of investigative reports indicated that neither of the reported allegations were criminal in nature and did not involve compelled interviews. The interview

with the facility investigator indicated that she would contact local law enforcement and they would handle compelled interviews.

115.271 (e): 5.1.2-E, page 5 states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an individual in a GEO facility or program or staff. Policy further states that no agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that she would not require a resident victim to take a polygraph or truth telling device test. She further stated that credibility would be based on the situation and that it would be kept person vs person and would not be based on their titles (resident, staff, etc.). The interview with the resident who reported sexual abuse confirmed that he was not required to take a polygraph or truth telling device test.

115.271 (f): 5.1.2-E, page 6 states that an investigative report shall be written for all allegations of sexual abuse. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. The policy further states that administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessment and investigative facts and findings. A review of investigative reports indicated that both allegations were documented in a written report with a summary of the allegation, a description of the interviews/statements, a description of any evidence reviewed/collected and investigative facts and findings. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include the checklist, the log of actions taken, any evidence gathered, photos, statements and facts and findings. She further indicated that during the investigation she would review to determine if staff violated any policies and procedures that may have contributed to the allegation.

115.271 (g): 5.1.2-E, page 6 states that an investigative report shall be written for all allegations of sexual abuse. A review of investigative reports indicated that neither allegation was criminal in nature and such no criminal investigations were completed. The interview with the facility investigator indicated that the local police department or BOP conduct criminal investigation and they are documented in a report.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution and that there were zero substantiated allegations of conduct that were referred for prosecution since the last PREA audit. 5.1.2-E, page 6 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were no criminal investigations completed with the previous twelve months and neither of the administrative investigations had a criminal element. The interview with the facility investigator indicated that the local police would refer cases for prosecution.

115.271 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 6 states that GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, however for any circumstance, files shall be retained no less than ten years. A review of historical investigative reports indicate that information is retained by the PCM.

115.271 (j): 5.1.2-E, page 6 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The facility investigator confirmed that an investigation would be completed regardless of the departures of the staff

member or resident. She stated they would need to know about the staff member for any future employment.

115.271 (k): The auditor is not required to audit this provision.

115.271 (l): 5.1.2-E, page 5 states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. A review of correspondence with Salt Lake City Police Department indicated that the facility sent an MOU to SLCPD requesting that they enter into the agreement in order to be in compliance with PREA. The MOU included elements provisions 115.221, 115.234 and 115.271. The SLCPD never returned the MOU to the facility. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigation outcome affects monitoring for retaliation, resident notices of outcomes and after-action reviews. She stated that generally, the facility administrators have developed great working relationships with these entities so there is regular dialog about the status of outstanding investigations. The interview with the Director indicated that the outside law enforcement would keep the facility updated and that they could also call and ask for status updated, if needed. The facility investigator stated she provide outside law enforcement with anything they need, including any evidence she has gathered such as pictures, statement and documents.

Based on a review of the PAQ, 5.1.2-E, correspondence with SLCPD, investigator training records, the monthly PREA tracking logs, investigative reports and information from interviews with the Director, PREA Coordinator, facility investigator and the resident who reported sexual abuse, this standard appears to be compliant.

Standard 115.272: Evidentiary standard for administrative investigations

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*)

Documents:

1. Pre-Audit Questionnaire

2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, page 6 states that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. A review of investigative reports indicated that both were unsubstantiated and based on the evidence neither rose to the level of a preponderance of evidence. Once resident retracted his statement and the other was unable to be confirmed or denied. The interview with the facility investigator indicated that a preponderance of evidence is the standard of proof required to substantiate an allegation of sexual abuse.

Based on a review of the PAQ, 5.1.2-E, investigative reports and information from the interview with the facility investigator indicates that this standard appears to be compliant.

Standard 115.273: Reporting to residents

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Notification of Outcome of Allegation Form

4. Investigative Reports

Interviews:

1. Interview with the Director
2. Interview with Investigative Staff
3. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, page 11 states that at the conclusion of an investigations, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The PAQ indicated that were zero investigation completed within the previous twelve months and there were zero residents notified, verbally or in writing, of the results of the investigation. Further communication with the PCM indicated that there have been no sexual abuse allegations, but one staff voyeurism allegation, which was retracted by the resident and was deemed official duties. A review of investigative reports indicated there were two allegations reported during the previous twelve months, one sexual abuse and one sexual harassment. The resident who reported sexual abuse been released prior to the allegation being received and as such did not require a notification. The resident who reported sexual harassment was verbally notified of the outcome of the investigation two weeks after the closure. The interviews with the Director and investigator confirmed that residents are notified of the outcome of the investigation into their allegation. The interview with the resident who reported sexual abuse indicated he was verbally advised of the outcome of the investigation the same day that he reported and retracted the information.

115.273 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. 5.1.2-E, page 12 states that if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of documentation confirmed both reported allegations were investigated at the facility level and there were no outside agency investigations were completed.

115.273 (c): The PAQ indicated that following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident whenever: the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 11 states that if the alleged abuser was an employee, the victim shall also be informed whenever; the employee is no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicated on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. A review of the notification of outcome of allegation form confirmed that a section exists on the form for the four requirements under this provision. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an resident in the

previous twelve months. Additionally, the PAQ indicated that the agency informs residents of the required components under this provision if applicable. A review of investigative reports confirmed there was one unsubstantiated sexual abuse allegation against a staff member in the previous twelve months. The resident was released prior to the facility receiving the allegation and as such no notification were required under this provision. The resident who reported sexual abuse indicated he reported sexual harassment against a staff member and was not advised of any information related to what occurred with the staff member, other than the person was talked to by the facility administration.

115.273 (d): The PAQ indicates that following an resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 11 states that if the alleged abuser was another individual in a GEO facility or program, the victim shall be informed whenever; the facility learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative reports confirmed that there were no resident-on-resident sexual abuse allegations reported during the previous twelve months. The interview with the resident who reported sexual abuse indicated his allegation was against a staff member and as such this provision does not apply.

115.273 (e): The PAQ indicated that the agency has a policy that all notifications to residents described under this standard are documented. 5.1.2-E, page 11 states that at the conclusion of an investigations, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. The policy further states that the individual shall receive the original completed notification of outcome of the allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. The PAQ stated that there were zero notifications made pursuant to this standard. A review of documentation indicated there was one sexual abuse allegation reported, however the resident had been released prior to the facility receiving the allegation and as such no sexual abuse investigative outcome notifications were made. It should be noted that the resident victim of the sexual harassment allegation was notified verbally about the outcome of the investigation into his allegation.

115.273 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, investigative reports, the notification of outcome of allegation form and information from interviews with the Director, facility investigator and resident who reported sexual abuse, this standard appears to be compliant.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Employee Handbook
4. Investigative Reports

Findings (By Provision):

115.276 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 12 states that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and sexual harassment policies, up to and including termination for any employee found guilty for sexual abuse. Page 18 of the employee handbook states that GEO has a zero tolerance for sexual abuse or sexual harassment and that unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.

115.276 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies over the previous twelve months and zero staff who were terminated for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 12 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.276 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 5.1.2-E, page 12 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of documentation indicated there was one sexual abuse allegation and one sexual harassment allegation against a staff member, however neither were substantiated and as such discipline was not required.

115.276 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 12 states all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff members were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2-E, the employee handbook and investigative reports indicate that this standard appears to be compliant.

Standard 115.277: Corrective action for contractors and volunteers

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Incident Reports

Interviews:

1. Interview with the Director

Findings (By Provision):

115.277 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 5.1.2-A, page 15 states that any volunteer who has engaged in sexual abuse shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Page 16 states that any contractor who has engaged in sexual abuse shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent know, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The PAQ indicated that there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports indicated there were no reported sexual abuse allegations against a volunteer or contractor and as such discipline was not required.

115.277 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, page 15 states that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the volunteer, the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility or program. Page 16 states that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility

or program. The interview with the Director indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the contractor or volunteer no longer being allowed on the property and their clearance would be removed. She stated that BOP would be contacted and that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

Based on a review of the PAQ, 5.1.2-A, investigative reports and information from the interview with the Director, this standard appears to be compliant.

Standard 115.278: Interventions and disciplinary sanctions for residents

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. Resident Handbook
4. Investigative Reports

Interviews:

1. Interview with the Director
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.278 (a): The PAQ stated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. 5.1.2-E, page 12 indicates that individuals in a GEO facility or program who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. Pages 5 and 6 of the resident handbook describe sanction types of minor infractions, serious infractions and major infractions, with sexual abuse falling under major infractions. The PAQ indicated there has been zero administrative and criminal finding of guilt for resident-on-resident sexual abuse within the previous twelve months. A review of documentation indicated there were no resident-on-resident reported sexual abuse allegations and as such discipline was unnecessary.

115.278 (b): 5.1.2-E, page 12 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar history. The interview with the Director indicated that the resident would be removed from the facility, all of his/her community passes would be revoked and privileges would be suspended. She indicated that disciplinary sanctions would be consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and sanctions imposed for comparable offenses by other residents.

115.278 (c): 5.1.2-E, page 12 states that the disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Director confirmed that a residents' mental disability or mental illness would be considered in the disciplinary process.

115.278 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending resident to participate in these interventions as a condition of access to programming and other benefits. Further clarification from the PCM indicated that the facility does not directly provide these services as they do not employ medical or mental health care staff, but services would be provided through a community organization. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.278 (e): The PAQ stated that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. 5.1.2-E, page 12 indicates that disciplining an individual in a GEO facility or program for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 12 indicates that a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable believe that the alleged conduct occurred, will not constitute false reporting or lying.

115.278 (g): The PAQ indicates that the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 12 states that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced.

Based on a review of the PAQ, 5.1.2-E, the resident handbook, investigative reports and information from the interview with the Director, this standard appears to be compliant.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Resident who Reported Sexual Abuse
3. Interview with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 25 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. Reentry community confinement facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and

mental health providers are not available. PM 2021-6, page 11 states that Salt Lake Reentry Center shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is conducted in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The interview with the resident who reported sexual abuse stated that he was offered medical and mental health care but he declined any services.

115.282 (b): 5.1.2-A, page 25 states reentry community confinement facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Non-routine medical care is provided at local hospitals and any non-routine mental health care would be provided by an outside organization. PM 2021-6, page 11 states that Salt Lake Reentry Center shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Interviews with first responders indicated that security staff would separate the individuals, contain the area, not let the victim shower or get rid of any evidence and get them to where they need to go to have a medical examination. The non-security first responder stated she would contact security and not let the resident(s) destroy evidence through washing, showering or disposing of any clothing.

115.282 (c): The PAQ states that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. PM 2021-6, page 11 states that Salt Lake Reentry Center shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. 5.1.2-A, page 25 indicates that this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, when medically appropriate. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The interview with the resident who reported sexual abuse stated that he was offered medical and mental health care but he declined any services. He further stated that his allegation was verbal and as such this provision does not apply.

115.282 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 28 states that all services shall be provided without financial costs to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, 5.1.2-A, observations made during the tour and information from interviews with first responders and the resident who reported sexual abuse, the facility appears to meet this standard.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Residents who Reported Sexual Abuse

Findings (By Provision):

115.283 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 26 indicates that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community.

115.283 (b): 5.1.2-A, page 26 states that the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. During the tour the auditor confirmed that there are no medical or mental health services provided on-site. All routine and emergency medical and mental health care is provided in the community. The facility does not employ medical or mental health care staff and as such no interviews were conducted. The interview with the resident who reported sexual abuse stated that he was offered medical and mental health care but he declined any services.

115.283 (c): 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. All routine and emergency medical and mental health care are conducted in the community. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.283 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include

pregnancy test and all lawful pregnancy related medical services where applicable. There were no reported sexual abuse allegations reported by female residents.

115.283 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services 5.1.2-A, page 26 states that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were no reported sexual abuse allegations reported by female residents.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 26 states that victim shall also be offered tests for sexually transmitted infections as medically appropriate. There were zero sexual abuse allegations involving penetration reported during the audit period and as such there was not documentation available under this provision. The interview with the resident who reported sexual abuse stated that he was offered medical and mental health care but he declined any services. He further stated that his allegation was verbal and as such this provision does not apply.

115.283 (g): The PAQ stated that treatment services are provided to the resident victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 26 states that all services shall be provided without financial costs to the victim. The interview with the resident who reported sexual abuse stated that he was offered medical and mental health care but he declined any services and as such he was not charged for services.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2-A, page 26 states that the facility shall attempt to conduct a mental health evaluation on all known inmate-on-inmate or resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. There were no resident-on-resident sexual abuse allegations reported and as such there were no known resident-on-resident abusers that were required to be evaluated by mental health. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

Based on a review of the PAQ, 5.1.2-A, observations made during the tour and information from the interview with the resident who reported sexual abuse, this standard appears to be compliant.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Sexual Abuse Incident Reviews

Interviews:

1. Interview with the Director
2. Interview with the PREA Coordinator
3. Interview with Incident Review Team

Findings (By Provision):

115.286 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 28 indicates facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of documentation confirmed there was one sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed six days after the conclusion of the investigation. The review team included the Assistant Facility Director, PCM (also the investigator) and the security supervisor. It should also be noted that a sexual abuse incident review was also completed for the sexual harassment allegation less than two week from the conclusion of the investigation.

115.286 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 28 indicates that such reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of documentation confirmed there was one sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed six days after the conclusion of the investigation. The review team included the Assistant Facility Director, PCM (also the investigator) and the security supervisor.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 28 states that the review team shall consist of upper level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and medical and mental health practitioners. The Corporate PREA Coordinator may be consulted as part of the team. A review of documentation confirmed there was one sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed six days after the conclusion of the investigation. The review team included the Assistant Facility Director, PCM (also the investigator) and the security supervisor. The interview with the Director confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff.

115.286 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section an any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 28 states that unless mandated by the client contract, a PREA After Action

Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA database. A review of documentation confirmed there was one sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed six days after the conclusion of the investigation. The review team included the Assistant Facility Director, PCM (also the investigator) and the security supervisor. Interviews with the Director, PCM and incident review team member confirmed that these the facility conducts sexual abuse incident reviews and they include the required elements under this standard. The Director stated that they review the information to determine if any residents need moved, if there are any physical modification that need made, if training is needed and if there is anything else that needs changed. She stated they look at the circumstances to assist in preventing anything from happening again. The PC stated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective action is forwarded to the corporate PREA Coordinator for review. She confirmed that she reviews these reports and that any trends would be documented in the annual report. She stated that any recommendations for improvement would be reviewed with divisional and regional supervisory staff, as well as facility staff to ensure any required revisions/corrective action are made.

115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of documentation confirmed there was one sexual abuse allegation reported over the previous twelve months. A sexual abuse incident review was completed six days after the conclusion of the investigation. The review team included the Assistant Facility Director, PCM (also the investigator) and the security supervisor. The review did not included recommendations.

Based on a review of the PAQ, 5.1.2-A, sexual abuse incident reviews and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.287: Data collection

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Annual Report

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 28 states that this data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the PREA Annual Reports confirmed that each annual report includes aggregated facility and agency data.

115.287 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility will collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. Policy further states that facility PREA Compliance Managers shall be responsible for compiling data collected on sexual activity, sexual harassment and sexual abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis.

115.287 (e): The PAQ indicated this provision does not apply. The agency does not contract for the confinement of its residents. The agency is a private for profit company and houses other agency residents

115.287 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2-A and the PREA Annual Reports, this standard appears to be compliant.

Standard 115.288: Data review for corrective action

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. PREA Annual Report

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 28-29 state that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention,

detection and response policies, practices and training, including by: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that all of GEO's clients, except USMS, include GEO PREA data in their annual PREA reports as well. The PC stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to him for review. Additionally, she stated that the agency takes corrective action on an ongoing basis and that several corrective actions have been implemented since the PREA programs inception in 2012. The PC further confirmed that GEO publishes a PREA report annually and that it is available on GEO's website.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, page 29 states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 29 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services, Reentry, Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.288 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 29 states that GEO may redact specific material from the reports when publication would present a clear

and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the annual report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-A, the PREA Annual Report, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.

Standard 115.289: Data storage, publication, and destruction

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*)

Documents:

1. Pre-Audit Questionnaire
2. 5.1.2-A – PREA Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

3. PREA Annual Report

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.289 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority (Secure Services, Reentry and Youth Services) annually for review and approval.

115.289 (b): The PAQ states that the agency will 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 through other means. A review of the website: <https://www.geogroup.com/prea> confirmed that the current annual report, which includes aggregated data for all GEO facilities, is available to the public online.

115.289 (c): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.289 (d): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 5.1.2.-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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*)

Findings (By Provision):

115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year.

115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency's facilities are audited each year. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.

Standard 115.403: Audit contents and findings

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 appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

Findings (By Provision):

115.403 (f): The facility was previously audited on February 27-28, 2018. The final audit report is publicly available via the agency website.

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:

Kendra Prisk

November 2, 2021

Auditor Signature

Date