

PREA Facility Audit Report: Final

Name of Facility: Seaside Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/23/2024

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

AUDITOR INFORMATION	
Auditor name:	Firman, Patrick
Email:	patrickfirman@gmail.com
Start Date of On-Site Audit:	07/15/2024
End Date of On-Site Audit:	07/16/2024

FACILITY INFORMATION	
Facility name:	Seaside Center
Facility physical address:	108 Front Street, Nome, Alaska - 99762
Facility mailing address:	

Primary Contact

Name:	Jacob R. Whitson
Email Address:	jacobr.whitson@geogroup.com
Telephone Number:	907-443-6390

Facility Director	
Name:	Jacob R. Whitson
Email Address:	jacobr.whitson@geogroup.com
Telephone Number:	907-443-6390

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	62
Current population of facility:	38
Average daily population for the past 12 months:	37
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20-60
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	12

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

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

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

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

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

3

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.217 - Hiring and promotion decisions

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-15
2. End date of the onsite portion of the audit:	2024-07-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Bering Sea Women's Shelter Norton Sound Regional - Sexual Assault Response Team (SART) RAINN National Sexual Assault Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	62
15. Average daily population for the past 12 months:	37
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	33
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>13</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents were randomly selected from a roster provided by the facility the first day of the onsite. Residents were selected with an emphasis on gender and housing assignment. Many residents were out of the facility at various times on passes.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director stated that there were no residents currently in the facility who were identified as being blind or with low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director stated that there were no residents currently in the facility who were identified as being deaf or hard of hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director stated that there were no residents currently in the facility who identified transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director stated that there were no residents currently in the facility who had reported a sexual abuse in the facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing area.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>All available staff were interviewed.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Seaside Center is comprised of a three-story building in downtown Nome, Alaska. During the site review, I observed audit notices prominently displayed in English and Spanish throughout the facility. Signs were dated and signed off by the Facility Director as indicated in the date-stamped photos previously submitted.

Signage was observed for outside emotional support services and posted along with PREA reporting signage. Signage was not initially clear regarding which services were for reporting and which were for emotional support. Posters were updated and distributed throughout the facility prior to the final report being issued. PREA posters regarding the facility's zero-tolerance policy were posted in the resident and public visiting areas.

Male and female staff members were observed announcing their presence when entering living areas. Female residents were housed on the main level, male residents on the upper level. Program areas for female residents were on the main level and program areas for male residents were located in the basement. There were bathroom/shower areas for residents, one in each housing area. Each bathroom area had private stalls for both toilets and showers.

Cameras (47) were observed throughout the facility, along with mirrors to supplement. Areas where residents were not allowed to be in were covered by cameras to show anyone entering or leaving the area. Camera monitoring was observed in the control area at the front desk to ensure that coverage did not reveal areas where residents may be unclothed. Since the last PREA audit, cameras have not been added or upgraded.

Record storage areas were observed to be secured. PREA-related records are stored inside locked cabinets in the PREA Manager's

office. Computer access to records is based on a staff member's work assignment and the need to access documents.

Outgoing mail can either be placed at the security desk in the front of the building, or residents can walk across the street to the post office and mail items from there.

Outgoing mail is not opened or screened. Outgoing mail does not require a return address to be mailed.

A mock intake screening was observed during the second day of the on-site. PREA educational information is provided during screening and signed for by the resident.

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

A language line was observed and available for staff to use when necessary. Since there were no residents at the facility during the onsite who required interpretative services, staff were asked to demonstrate the use of the language line to confirm their understanding of the process and to ensure the system was operational.

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

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

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

Ten staff records were randomly selected and reviewed. All records reviewed contained an acknowledgment of annual PREA training, including training on searches. All files examined contained initial background clearances completed by Accurate Background. Documentation for staff transferring from other facilities (1) included attempts to communicate with the previous facility. Self-disclosure statements are renewed and signed annually as part of a performance evaluation. Two staff members had been promoted in the past 12 months, and both had completed their backgrounds before the promotion. There were no staff who had been employed at the facility for more than five years requiring additional backgrounds to be conducted.

The facility does not use contractors, and volunteers do not come into the facility, but are located outside the facility and residents are given passes to participate in activities.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations made.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>During the previous 12 months, there was one allegation of sexual abuse/sexual harassment made by a resident at Seaside Center. The investigative file was examined and found to contain all of the elements required by PREA standards. The allegation was determined to be unfounded at the conclusion of the investigation. The standard of proof outlined in completed cases was based on a preponderance of evidence.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.211</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (effective 4/1/2019) • PREA GEO Organizational Chart • Seaside Center Organizational Chart • Interview responses from the PREA Coordinator • Interview responses from PREA Manager <p>Reasoning and analysis (by provision):</p>

115.211(a)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency has a written policy mandating zero tolerance.
 2. Reported that the agency has a written policy outlining the agency's approach to preventing, detecting, and responding to such conduct.
 3. Reported that the policy includes definitions of prohibited behaviors.
 4. Reported that the policy includes sanctions for those found to have participated in prohibited behaviors.
 5. Reported that the policy includes a description of the agency's strategies and responses to reduce and prevent SA and SH of residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 1-2):
 1. Requires that each facility have a current policy mandating zero tolerance towards all forms of SA and SH and outlining GEO's approach to preventing, detecting, and responding to such conduct.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (pp. 1-2):
 1. Outlines the facility's zero tolerance towards SA and SH.
 2. Outlines the facility's approach to preventing, detecting, and responding to such behaviors.
 3. Outlines that disciplinary action, including possible criminal prosecution, may be taken.
 4. Describes the facility's strategies and responses to reduce and prevent SA and SH.

115.211(b)**What was read as part of a systematic review of evidence:**

1. The facility PAQ:
 1. Reported that the agency employs an upper-level, agency-wide PREA Coordinator.
 2. Reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2):
 1. Outlines the designation and responsibilities of an agency-wide PREA Coordinator.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (pp. 2-3):
 1. Outlines the designation and responsibilities of an agency-wide PREA

	<p>Coordinator.</p> <ol style="list-style-type: none"> 2. Outlines the designation and responsibilities of a facility-level PREA Manager. <ol style="list-style-type: none"> 4. GEO Corporate Organizational Chart: <ol style="list-style-type: none"> 1. Outlines the PREA Coordinator and PREA Manager positions within the organization. 5. GEO Seaside Center Organizational Chart: <ol style="list-style-type: none"> 1. Outlines the position of PREA Compliance Manager as the Security Manager reporting to the Corporate PREA Coordinator. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator: <ol style="list-style-type: none"> 1. PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all community confinement facilities. 2. Interview with PREA Manager: <ol style="list-style-type: none"> 1. The PREA Manager reported that he feels like he has sufficient time and resources to oversee the facilities efforts to comply with PREA Standards. He stated that he also has other facility staff that are able to assist him when necessary. <p>Based on this analysis, and the agency’s committment to zero-tolerance, the facility substantially exceeds with this provision, and corrective action is not required.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Interview with the Agency Contract Administrator, confirmed that the agency has not entered into or renewed a contract for the confinement of its residents since the last PREA audit. <p>Based on this analysis, the facility substantially complies with this provision, and corrective action is not required.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.213</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (effective 4/1/2019) • Seaside Center Approved Staffing Plan • Seaside Center security staff schedule • Seaside Center facility floor plans with camera locations • Annual PREA Facility Assessment reports • Interview with Facility Director • Interview with PREA Coordinator • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.213(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility develops and documents a staffing plan that provides for adequate levels of staffing. 2. Reported that the average daily number of residents since the last PREA audit was 37. 3. Reported that since the last PREA audit, the staffing plan was developed based on 37 residents. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 3-4): <ol style="list-style-type: none"> 1. Outlines that each facility must develop and document a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring to protect individuals against SA. 3. Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (p. 3): <ol style="list-style-type: none"> 1. Outlines that Seaside Reentry Center shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. 2. In any circumstance where the staffing plan is not complied with, the

Facility Director shall document and justify all deviations from the plan.

3. Seaside Reentry Center facility management staff shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:
 1. The staffing plan.
 2. The facility's deployment of video monitoring systems and other monitoring technologies; and
 3. The resources the facility has available to commit to ensure adherence to the staffing plan.
 4. The management staff review shall assess, determines, and document prevailing staffing patterns.
4. The staffing plan, to include all deviations and the PREA Annual Facility Assessment, shall be completed and submitted to the Corporate PREA Coordinator as directed.
5. GEO's Reentry Services Divisions, in consultation with the Corporate PREA Coordinator, shall review all facility assessments and take appropriate actions necessary to protect residents from sexual abuse at its facilities. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator.
4. Approved facility staffing plan was reviewed and compared with actual staffing observed during the onsite visit.
5. Annual reviews of facility staffing plan for the past three years were reviewed and found to contain all of the requirements of this provision.
6. Facility layout diagram with camera locations was reviewed and compared to actual locations during the onsite visit.

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

1. Interview with PREA Coordinator:
 1. PREA Coordinator reported that a staffing plan has been developed for the facility that provides adequate staffing levels and video monitoring. The plan is reviewed each year.
2. Interview with Facility Director:
 1. Confirmed that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number of residents, as well as the availability of cameras and mirrors throughout the facility.
 2. Stated that he also looks at previous incidents of sexual abuse and sexual harassment to determine if changes in staffing and/or monitoring are needed.

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

1. Site review:
 1. Observation of staffing over several shifts revealed that there appeared to be adequate staff available to cover the facility.

2. Observation of camera and mirror placement to cover all blind spots and entrance/exits to areas where residents were not allowed.
3. Informal conversations with staff regarding staffing levels revealed that there are minimum levels of staff that must be at the facility at all times. Vacancies are filled with overtime.

115.213(b)

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

1. The facility PAQ:
 1. Reported that there have been no instances where the staffing plan has not been complied with.
 2. Reported that if the staffing plan were deviated from, it would be documented, and reasons justified.
2. Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (p. 3):
 1. Requires the Facility Director document and justify any deviations from the staffing plan.

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

1. Interview with Facility Director:
 1. Reported that he is required to document and report any deviations from the staffing plan.
 2. Reported that there have been no deviations from the approved staffing plan. Overtime is utilized to cover any openings from staff absences.
 3. Reported that it is part of their contract with ADOC to provide minimum staff each day.

115.213(c)

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

1. The facility PAQ:
 1. Reported that the staffing plan is reviewed yearly.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 3-4):
 1. Requires that each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing and Facility Requirements (p. 3):
 1. Requires that Seaside Center facility management staff shall assess, determine and document no less frequently than once each year,

	<p>whether adjustments are needed to:</p> <ol style="list-style-type: none"> 1. The staffing plan. 2. The facility’s deployment of video monitoring systems and other monitoring technologies. 3. The resources the facility has available to commit to ensure adherence to the staffing plan. 4. The management staff review shall assess, determines, and document prevailing staffing patterns. <p>4. Review of annual staffing plans for past three years:</p> <ol style="list-style-type: none"> 1. Revealed that consideration was given to adequate level of staffing. 2. Revealed that consideration was given to any need for additional cameras or mirrors. 3. Revealed that consideration was given to previous reports of sexual abuse/sexual harassment. <p>What was heard, as a part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator: <ol style="list-style-type: none"> 1. Reported that each facility is required to conduct an “Annual PREA Facility Assessment,” which requires them to review their staffing plan and all components of the physical plant. Completed assessments are forwarded to me which include recommendations for equipment, cameras, additional staffing, etc. I review and consult with the appropriate divisional leadership (i.e., secure services and reentry services) and we assess the request. It is either approved or denied, signed, and returned to the facility. <p>Based on this analysis, and the detailed documentation provided on a consistent basis in reviewing the staff plan, the facility substantially exceeds the requirements of this standard and corrective action is not required.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually

Abusive Behavior and Intervention Procedure (effective 1/4/2024)

- **Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (effective 4/1/2019)**
- **PREA Staff Training Curriculum (DOJ 2019 In-Service)**
- **PREA Staff Training Acknowledgements**
- **Interview responses from random staff**
- **Interview responses from random residents**
- **Site review observations**

Reasoning and analysis (by provision):

115.215(a)

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

1. The facility PAQ:
 1. Reported that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
 2. Reported that there has been zero cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 12-13):
 1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances.
 2. Outlines that cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by offsite Medical Practitioners.
3. Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (pp. 2-4):
 1. Outlines that cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited.
 2. Outlines that cross-gender pat-down searches of male and/or female residents are prohibited.

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

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

115.215(b)

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

1. The facility PAQ:
 1. Reported that the facility does not permit cross-gender pat-down searches of female residents.
 2. Reported that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
 3. Reported that zero pat-down searches of female residents have taken place.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Outlines that facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances.
 2. Outlines that facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities to comply with this provision.
3. Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (p. 2):
 1. Outlines that searches shall be conducted in a professional manner that maintains the respect and dignity of the client. A staff member of the same gender will conduct the "pat" search and document it on the pat search log.
 2. Outlines that cross-gender pat-down searches of male and/or female residents are prohibited.
 3. Female residents will not be denied access to regularly available programming or other outside opportunities in order to comply with this provision.

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

1. Interviews with random staff:
 1. Staff interviewed all confirmed that cross-gender pat-down searches are not conducted at the facility.
 2. Staff stated that they always have female staff available to conduct pat downs if necessary.
2. Interviews with female residents
 1. Female residents interviewed stated that they have not been patted down by male staff and that they have not had to wait for a female staff member to pat them down.

115.215(c)

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

1. The facility PAQ:
 1. Reported that the facility does not conduct cross-gender strip

searches and cross-gender visual body cavity searches.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Outlines that cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners.
3. Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (p. 3):
 1. Outlines that cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. Cross-gender pat-down searches of male and/or female residents are prohibited.

115.215(d)

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

1. The facility PAQ:
 1. Reported that the facility has implemented policy and procedures that enable residents to shower, perform bodily functions and change clothing without non- medical staff of the opposite gender viewing their breasts, buttocks or genitalia except in exigent circumstances or when viewing is incidental to routine cell checks.
 2. Reported that policy and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothes.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Requires that each facility implement policies and procedures which allow individuals in a GEO facility 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.
3. Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (p. 3):
 1. 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. Residents have the right to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same-gender staff are not available to render first

aid).

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

1. Interviews with random residents:
 1. All of the residents interviewed stated that staff of the opposite gender consistently announce their presence when entering an area where they may be showering, using the toilet, or changing their clothes.
 2. All of the residents interviewed stated that there has not been an instance where staff of the opposite gender has seen a resident in an unclothed state.
2. Interviews with random staff:
 1. Staff interviewed stated that they always announce themselves when entering an area where residents of the opposite gender are living.
 2. Staff interviewed stated that residents are able to dress, shower and toilet without being viewed by staff of the opposite gender.

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

1. Site review:
 1. Both male and female restrooms provide privacy for residents through toilet stalls with doors, shower stalls with curtains.
 2. Mirrors and camera placement do not provide views into areas where residents shower, toilet or change clothes. There are no cameras inside the living areas.
 3. A review of camera monitoring areas confirmed that cameras do not show areas where residents may be toileting, showering or changing clothes.
 4. Informal conversations with residents and staff indicated that staff consistently announce their presence to include loud verbal announcements and knocking on doors before entering living areas of residents of the opposite gender.
 5. Observations made during the onsite revealed that female staff consistently knock and announce themselves when entering the male living areas.

115.215(e)

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

1. Facility PAQ:
 1. Reported that there is a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status.

2. Reported that zero searches as described above have occurred in the past 12- months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 13):
 1. Outlines that facilities shall not search or physically examine a transgender or intersex individual in a GEO facility 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, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
3. Seaside Center Local Policy Manual 2019-4 Resident Searches, Viewing, and Contraband (p. 3):
 1. Outlines that staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

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

115.215(f)

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

1. Facility PAQ:
 1. Reported that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
2. A review was conducted of staff PREA training curriculum on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.
3. A review of training files revealed that all staff had received and acknowledged training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.

	<p>4. A random sampling of staff training acknowledgement revealed that staff are required to acknowledge that they understood the training they received.</p> <p>What was heard as a part of a systematic review of evidence:</p> <p>1. Interviews with random staff:</p> <ol style="list-style-type: none"> 1. All staff interviewed stated that they had received training in conducting cross-gender pat-down searches as well as searching transgender and intersex residents in a professional and respectful manner. 2. Staff interviewed stated that they do not perform any cross-gender pat-down searches. <p>Based on this analysis the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024) • Seaside Center Local Policy Manual 2019-2 PREA Intake & Orientation (effective 4/22/19) • PREA Education Manual for Residents (dated 2023) (English/Spanish) • PREA Education Manual for Residents (dated 2023) - Large Print (English/Spanish) • Seaside Center resident reporting options posters (English/Spanish) • Language line contract • Interview with agency head • Interviews with random staff • Site review observations <p>Reasoning and analysis (by provision):</p>

115.216(a)

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

1. The facility PAQ:
 1. Reported that the agency has established procedure to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to SA and SH.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):
 1. Requires that facilities ensure that individuals with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
 2. Requires that facilities provide written materials to every resident in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.
3. Seaside Center Local Policy Manual 2019-2 PREA Intake & Orientation (p. 1):
 1. Outlines that Seaside Center shall ensure that offenders with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 2. Outlines that the facility shall provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

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

1. Interview with Agency Head:
 1. Stated that in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local

- colleges or organizations) that might be willing to assist us.
2. Per the Facility Director, the Seaside Center has not had any hearing-impaired residents who required assistance during the review period.

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

1. Site review observations:
 1. Telecommunication Device for the Deaf (TDD) was available for staff to use in the event a resident was housed at the facility who was deaf.
 2. Handbooks with PREA educational materials are available in large print in both English and Spanish.

115.216(b)

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

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

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

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

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

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

115.216(c)

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

1. The facility PAQ:

1. Reported that the agency prohibits the use of resident interpreters except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations.
 2. Reported that any use of resident interpreters is documented.
 3. Reported that in the past 12 months there were zero instances where residents were used to interpret.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):
 1. Outlines that individuals detained in a GEO facility shall not be relied on as readers, interpreters, 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-response duties in Section M (2), or the investigation of the individual's allegations. The use of individuals in a GEO program as interpreters shall be justified and fully documented in the written investigative report under these types of circumstances.
 3. Seaside Center Local Policy Manual 2019-2 PREA Intake & Orientation (p. 1):
 1. Outlines that offenders may not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first-responder's duties in an emergency, or the investigation of the individual's allegations.

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

1. Interviews with random staff:
 1. Staff interviewed stated that it was against policy to use other residents to interpret, and they would not do it.
 2. Staff interviewed stated that there was a large number of staff employed who were bi-lingual in either Spanish or Yupik.
 3. Staff interviewed stated that they were all aware of the language line that was available to use for interpretive services.
2. There were no LEP residents housed at the facility during the onsite visit.

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

1. Site review observations:
 1. Confirmed the presence of educational material in various languages.
 2. Informal conversations with staff confirmed that many were bi-lingual in Yupik.
 3. Access to the language line was tested and found to be operational.

Based on this analysis the facility is substantially compliant with this

provision, and corrective action is not required.

115.217 Hiring and promotion decisions

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.217

Evidence relied upon in making the compliance determination:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (effective 4/1/19)**
- **Review of staff personnel files**
- **Interview with administrative staff**

Reasoning and analysis (by provision):

115.217(a)

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

1. The facility PAQ:
 1. Reported that the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:
 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
 3. Has been civilly or administratively adjudicated to have engaged in the activity described above.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility

Requirements (p. 4):

1. Outlines that Seaside Center is prohibited from hiring or promoting anyone (who may have contact with individuals housed in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.
4. Review of random employee files:
 1. Revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted.
 2. Revealed that all new hires are required to affirmatively disclose in writing any activity described in 115.217(a)-1.
 3. Revealed that staff who were promoted had a new criminal background conducted and were also required to affirmatively disclose in writing any activity described in 115.217(a)-1.

115.217(b)

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

1. The facility PAQ:
 1. Reported that the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO facility or program.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that Seaside Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with individuals in a GEO Facility or Program.

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

1. Interview with administrative staff:
2. Confirmed that background checks are completed through a service called Accurate.
3. Confirmed that background clearances must also be obtained from the Alaska Department of Corrections for every employee prior to starting with the agency.
4. Confirmed that incidents of sexual harassment are considered when determining to hire or promote anyone.

115.217(c)

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

1. The facility PAQ:
 1. Reported that the agency policy requires that before it hires any new employee who may have contact with residents, it conducts a criminal background record check, and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 2. Reported that in the past 12 months there were nine persons hired who may have contact with residents who have had criminal background record checks.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that criminal background checks will be conducted for all potential employees and best efforts will be taken to contact prior institutional employers (to obtain information on substantiated allegations of sexual abuse and/or any resignation pending investigation of an allegation of sexual abuse) prior to hiring new employees.
4. Review of random employee files:
 1. Revealed that applicants are asked about employment at other institutions.
 2. Revealed that employees who indicated prior employment at correctional institutions, that information is requested from the other institutions as part of the background investigation.

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

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

115.217(d)

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

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background check be completed before enlisting the services of any contractor who may have contact with residents.
 2. Reported that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 11-12):
 1. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (p. 4):
 1. Seaside Center is prohibited from contracting with anyone (who may have contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community.
 2. Seaside Center shall consider any incidents of sexual harassment in determining whether to enlist the services of any Contractor who may have contact with residents.
 3. Seaside Center shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.

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

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a contracted agency.

115.217(e)

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

1. The facility PAQ:
 1. Reported that the agency policy requires that a criminal background

check be conducted at least every five years for current employees and contractors who may have contact with residents.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 4 & 12):
 1. Background checks shall be repeated for all Employees at least every five years.
 2. Background checks shall be repeated for all Contractors at least every five years.

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

1. Interview with administrative staff:
 1. Confirmed that background checks are completed through a contracted agency.
 2. Confirmed that background checks are completed at least every five years, or when an employee is promoted.
2. Interview with Facility Director:
 1. Confirmed that there were no employees at the facility who were due for a five-year criminal background check renewal.

115.217(f/g)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct.
 2. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
2. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (p. 4):
 1. Outlines that employees are required to provide a continuing affirmative duty to disclose any such conduct and/or allegations to the Facility Administrator.
 2. Outlines that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
3. Review of random employee files:
 1. Revealed that staff are required to sign an affirmative disclosure statement yearly as part of their evaluation.

2. This disclosure includes all activity described in 115.217(a)-1.

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

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

115.217(h)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 8, 16):
 1. Outlines 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 such employee has applied to work.

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

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

Based on this analysis, the extensive background investigations completed and detailed documentation maintained, the facility substantially exceeds the requirements with this standard and corrective action is not required.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.218(a/b)
	Evidence relied upon in making the compliance determination:
	<ul style="list-style-type: none">• Seaside Center PAQ

- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/2024)**
- **Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (effective 4/1/19)**
- **Interview responses from Agency Head**
- **Interview with Facility Director**
- **Review of annual staffing assessments**

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

1. The facility PAQ:
 1. Reported that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities.
 2. Reported that the facility has not updated a video monitoring system, electronic surveillance system, or other monitoring technology since the previous PREA audit.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 4-5):
 1. Requires that GEO Reentry Services Division shall consider the effect any (new or upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from Sexual Abuse.
3. Seaside Center Local Policy Manual 2019-1 PREA Staffing & Facility Requirements (p. 4):
 1. Requires that GEO Reentry Services Division shall consider the effect any (new or upgrade) design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect residents from Sexual Abuse.
4. Review of annual facility staffing assessments:
 1. Revealed that video monitoring technology is regularly discussed, and recommendations are made to enhance the technology to better protect residents.

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

1. Interview responses from the Agency Head:
 1. Reported that GEO routinely uses new technology to assist in better monitoring of the staff and inmates 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.
 2. Corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities.
 3. The company monitors events at both the local and national level to

	<p>identify patterns where improvements can be made. This monitoring has been made possible through software applications and systems implemented nationally where audit results and events can be more easily tracked and compared.</p> <p>2. Interview with Facility Director:</p> <ol style="list-style-type: none"> 1. Stated that they have made recommendations for upgrade to video technology (see annual assessments) but have not received funding for the project yet. <p>Based on this analysis the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/2024) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • MOU Agreement with Norton Sound Regional Hospital • MOU attempted agreement with Nome P.D. • Agency staff member Advocacy Training Credentials • Interview responses from PREA Coordinator • Interviews with random staff Reasoning and analysis (by provision): <p>115.221(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency is responsible for conducting administrative sexual abuse investigations. 2. Reported that the facility is not responsible for conducting criminal sexual abuse investigations. 3. Reported that the Alaska Department of Corrections (Client), Nome P.D. or the Alaska State Police are responsible for all criminal sexual abuse investigations.

4. Reported that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol.
 5. Reported that protocol was adapted from the DOJ's Office on Violence Against Women publication: "A National Protocol for Sexual Assault Medical Forensic Examinations".
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 5):
1. Outlines that facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.
 2. Outlines that due to client contract requirements, some facilities may be required to follow specific client PREA evidence protocols. If for some reason, client protocol is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail, and a site-specific supplemental protocol shall be developed.

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

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

115.221(c)

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

1. The facility PAQ:
 1. Reported that the facility offers all residents who experience sexual a use access to forensic medical examinations.
 2. Reported that forensic examinations are offered without financial cost to the victim.
 3. Reported that examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
 4. Reported that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
 5. Reported the facility documents efforts to provide SANEs or SAFE's.

6. Reported that there were zero PREA cases requiring forensic medical exams conducted during the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 5):
 1. Outlines that facilities shall offer all individuals in a GEO facility 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.
 2. Outlines that facility medical staff shall not participate in sexual assault forensic medical 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 a SAFE or SANE is not available. The facility shall document its efforts to provide SAFEs or SANEs.
 3. Seaside Center utilizes the services of Norton Sound Regional Hospital which has SANE qualified staff available to conduct examinations.

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

1. Interview responses from PREA Coordinator:
 1. Stated that GEO policy requires each facility to pursue a Memorandum of Understanding (MOU) with a community-based provider capable of providing victim advocacy services. In the event a MOU cannot be obtained, the facility is required document the attempt to enter into a MOU and/or maintain documentation that no other alternatives are available in the community. If no alternatives are available, an agency staff member is screened for appropriateness to serve as an advocate and trained on the provision of victim advocacy services. Agency staff training is documented and maintained as part of the staff member's official training record.
 2. Stated that each facility ensures the rape crisis center provides the following: 24- hour hotline services; accompaniment and advocacy through medical, criminal just and support systems; crisis intervention services to include individual and group support services; information and referrals to assist the victim; community-based services; and the development/distribution of materials related to available services.
2. There were no residents who had reported a sexual abuse housed at the facility during the onsite.

115.221(d/e)

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

1. The facility PAQ:
 1. Reported that the facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
 2. Reported that all efforts are documented.
 3. Reported that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
 4. Reported that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
 5. Reported that Seaside Center had no residents request for victim advocacy services during this review period.
2. Agency staff member Victim Advocacy certification was reviewed.
3. MOU with the Sexual Assault Response Team (SART) was reviewed and provides:
 1. 24-hour phone response through the Emergency Department (ED).
 2. 24-hour services of a forensic nurse, Emergency Department nurse, or other forensically trained medical provider able to provide a medical-forensic exam, forensic photos, and DNA evidence collection in the ED, if the patient consents.
 3. Forensic interview with law enforcement in the ED with the support of the forensic nurse and a victim advocate if the patient consents.
 4. 24-hour Behavioral Health crisis intervention in the ED.
 5. Comply with all applicable Federal, State and Local laws, regulations, and certifications, including HIPAA
 6. Only with the patient's consent, report back to SRRC regarding the events of the sexual assault.
 7. The patient may choose Anonymous Reporting or full sharing of the information in order to proceed with an investigation.
 8. Report per state regulations: abuse, neglect, and/or exploitation of vulnerable persons to the Office of Adult Protective Services.

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

1. Interview responses from PREA Coordinator:
 1. Reported that GEO policy requires each facility to ensure residents are offered access to a community-based provider capable of providing emotional support, crisis intervention, information, and referrals during the forensic medical examination process and

investigatory interviews. In the event a community-based provider is unavailable, an agency staff member is trained on the provision of victim advocacy services.

115.221(f)

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

1. Interview with Facility Director:
 1. Attempts have been made to establish an MOU with the Nome P.D.
 2. Documentation of those attempts were reviewed.

115.221(h)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (pp. 5-6):
 1. Outlines that GEO facilities may not utilize facility employees as victim advocates unless the following documentation is on file that no other alternatives are available in the community, documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.
 2. Seaside Center has an MOU in place to provide victim advocates.
 3. Seaside Center has access to a staff member trained as a Victim Advocate.

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

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA

Investigation Procedure (non-ICE) - (effective 1/1/24)

- **GEO Website (Investigations)**
- **Review of investigative documentation**
- **Interview responses from Agency Head**
- **Interview with investigative staff**

Reasoning and analysis (by provision):

115.222(a)

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

1. The facility PAQ:

1. Reported that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
2. Reported that in the past 12 months there was one allegation of sexual abuse and sexual harassment that were received.
3. Reported that in the past 12 months the number of allegations resulting in administrative investigations was one.
4. Reported that in the past 12 months the number of allegations referred for criminal investigations were zero.
5. Reported that allegations received in the past 12 months have been completed.
6. A review of investigative documentation for allegations received during this reporting period revealed that administrative or criminal investigations were completed for all allegations of sexual abuse and sexual harassment that were received.

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

1. Interview responses from Agency Head:

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

115.222 (b/c)

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

1. The facility PAQ:
 1. Reported that the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.
 2. Reported that the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.
 3. Reported that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 1):
 1. Outlines that each facility shall have a policy in place to ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.
 2. GEO shall publish its corporate investigations policy on its website.
3. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (pp. 1-2):
 1. Outlines that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.
 2. Outlines that each GEO operational subsidiary, business unit or program shall have a current policy in place to ensure that:
 1. Allegations of sexually abusive behavior receive prompt intervention upon report.
 2. Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution in accordance with GEO policy and federal, state, or local laws.
4. A review of the agency's website:
 1. <https://www.geogroup.com/PREA>
 2. Describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency.

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

1. Interview with investigative staff:
 1. Reported that the agency documents all referrals of allegations of

sexual abuse and/or sexual harassment for criminal investigation.

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

115.231 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.231

Evidence relied upon in making the compliance determinations:

- Seaside Center PAQ
- GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)
- PREA Staff Training Curriculum
- PREA Staff Training Acknowledgement Waivers
- Interviews with random staff

Reasoning and analysis (by provision):

115.231(a)

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

1. The facility PAQ:
 1. Reported that the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
 2. Reported that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
 3. Reported that the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.
 4. Reported that the agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
 5. Reported that the agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual

harassment in confinement.

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

- training was provided and understood.
2. Staff are provided with a test that must be completed before advancing through the training. Files were spot checked and found to all contain the material.
 4. PREA staff training curriculum:
 1. Training includes all required aspects of this standard.

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

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

115.231(b)

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

1. The facility PAQ:
 1. Reported that training is tailored to the gender of the residents at the facility.
 2. Reported that employees who are reassigned from facilities housing the opposite gender are given additional training.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 9):
 1. Outlines that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring between facilities that house individuals of different genders.
 3. PREA staff training curriculum was reviewed and found to contain training tailored to both male and female detainees.

115.231(c)

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

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

	<p>This training is conducted annually.</p> <p>115.231(d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 2. Staff files were randomly inspected, and all contained signed acknowledgements by staff that training was provided and understood. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24) • GEO Contractor/Volunteer training curriculum: Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation (effective 2017) • Documentation of volunteer training understanding and acknowledgment. <p>Reasoning and analysis (by provision):</p> <p>115.232(a/b/c)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual

harassment prevention, detection, and response.

2. Reported that there are nine volunteers and contractors who have been trained.
 3. Reported that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.
 4. Reported that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
 5. Reported that the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 10-11):
 1. Outlines that all contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.
 2. Outlines that each facility shall ensure that all contractors and volunteers who have contact with Individuals in a GEO facility or program are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection, and response policies and procedures.
 3. Contractors and volunteers who have contact with Individuals in a GEO facility or program shall receive annual PREA refresher training.
 4. Outlines that unless client mandates require electronic verification, contractors and volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Annual PREA refresher Training.
 3. GEO Contractor/Volunteer training curriculum: Sexually Abusive Behavior Prevention and Intervention Program (PREA) Orientation:
 1. Curriculum outlines the expectations of all contractors and volunteers regarding the agency's zero-tolerance policy and reporting responsibilities.
 4. Review of volunteer training records:
 1. Volunteers are required to sign off on the agency's zero-tolerance policy as well as acknowledge an understanding of the training provided.

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

1. Interview with the Facility Director:
 1. Reported that all volunteer activities currently take place outside of the facility.

Based on this analysis the facility is substantially compliant with this

provision and corrective action is not required.

115.233 Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.233

Evidence relied upon in making the compliance determination:

- Seaside Center (PAQ)
- GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)
- Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (effective 4/22/19)
- PREA Education Manual for Residents (English) (effective 2023)
- PREA Education Manual for Residents (Spanish) (effective 2023)
- PREA Education Manual for Residents (Yupik) (effective 2023)
- Resident Acknowledgement of Receipt of PREA Educational Manual
- Resident Acknowledgement of Required Training
- Review of random resident intake records
- Interviews with intake staff
- Interviews with random residents
- Site review observations

Reasoning and analysis (by provision)

115.233(a)

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

1. The facility PAQ:
 1. Reported that residents receive information at time of intake about the zero- tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
 2. Reported that 314 residents admitted during the past 12 months were given this information.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 8-9):
 1. During the intake process, Reentry facilities shall provide each individual in a GEO facility with written information (i.e., handbooks,

pamphlets, etc.) on GEO's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.

3. Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (p. 4):

1. Outlines that the offender will be provided with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. Each offender will be issued a "PREA Resident Education Manual" within 24 hours and sign an acknowledgment form verifying the have received the manual and understand the content of the materials provided. The facility PREA Compliance Manager will retain a copy of the signed "PREA Resident Education Manual Acknowledgement" form. The Seaside Center shall provide refresher information whenever an offender from another GEO facility is received to the facility.
2. Requires that all current offenders in GEO Reentry Services - Seaside Center will receive comprehensive education upon arrival or not to exceed 7 days from their intake. The comprehensive education shall include information on individual's right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. The comprehensive education shall be delivered in person and via video format.

4. Review of intake records:

1. A random sampling of intake records revealed that residents signed acknowledgement for receipt of PREA information during the intake process.
2. A random sampling of intake records revealed that residents received orientation the same or following day after arriving to the facility.

5. Review of resident PREA education materials:

1. PREA education materials cover all relevant materials.
2. PREA education materials are provided in English, Spanish and Yupik.

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

1. Interviews with intake staff:

1. Intake staff reported that residents are provided with information

regarding the facilities zero-tolerance for sexual abuse and sexual harassment at the time of their intake.

2. Intake staff reported that orientation normally takes place the same day that the resident arrives to the facility.

2. Interviews with random residents:

1. All residents interviewed reported that they received information regarding the facility's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment.

2. Residents interviewed reported that they received this information the same day they arrived at the facility, or the following day if they came in during the evening.

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

1. Site review observations:

1. A mock intake was observed between the Facility Director and the PREA Manager for a resident.

2. Orientation included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

3. Information was provided in the form of a handbook.

115.233(b)

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

1. The facility PAQ:

1. Reported that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a).

2. Reported that 10 residents transferred from a different community confinement facility in the past 12 months.

3. Reported that 10 residents transferred from a different community confinement facility during the past 12 months received refresher training.

4. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 8):

5. Individuals in a GEO facility shall receive education each time they are transferred to/from a different facility.

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

1. Interview with intake staff:

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

115.233(c/d)

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

1. The facility PAQ:
 1. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.
 2. Reported that resident PREA education is available in formats accessible to all residents, including those who are deaf.
 3. Reported that resident PREA education is available in formats accessible to all residents, including those who are visually impaired.
 4. Reported that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.
 5. Reported that resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.
 6. Reported that the agency maintains documentation of resident participating in PREA education sessions.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 9):
 1. Outlines that in all facilities, education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient.
 2. Outlines that in all facilities, individuals shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files.
3. Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (p. 4):
 1. Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient. Each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient.

2. Requires that each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager.
3. Outlines that designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of these interpreter services as appropriate.
4. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available.
5. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print.
6. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information.
7. For those residents who are blind, staff shall read the information to these individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training.

4. PREA Education Manual for Residents:

1. Observed to be available in both English, Spanish and Yupik.
5. PREA video acknowledgement receipts were randomly reviewed and found to be complete.
6. Resident Acknowledgement of Receipt of PREA Educational Material receipts were randomly reviewed and found to be complete.

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

1. Interview with intake staff:

1. Reported that orientation and education materials were available in both English, Spanish and Yupik
2. Reported that if a language barrier existed, they would enlist the services of a staff member who was bilingual or use the services of a language line.

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

1. Site review observations:

1. A TDD machine was observed to be available for residents who were deaf.
2. Signage and instructions on how to use the language line were observed to be posted in key areas.
3. Staff were asked to demonstrate the use of the language line to verify that it worked and they understood how to use it.

115.233(e)

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

1. The facility PAQ:
 1. Reported that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4):
 1. Outlines that key information shall be provided to individuals in a GEO facility continuously through readily available handbooks, brochures, posters, or other written materials.
3. Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (p. 4):
 1. Outlines that key information related to sexual abuse and sexual harassment shall be provided to offenders on a continuous basis through readily available, handbooks, brochures, or other written materials. All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgement form which verifies the resident received the document.

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

1. Site review observations:
 1. Signage was observed throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA.
 2. Handbooks are provided to each resident that they are able to retain.
 3. Informal conversations with residents verified that they had a copy of the handbook.

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.234

Evidence relied upon in making the compliance determination:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)**
- **PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings (dated October 2019)**
- **PREA Investigator Specialized Training Documentation**
- **Interview responses from PREA Investigator**

Reasoning and analysis (by provision):

115.234(a/b/c/d)

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

1. The facility PAQ:
 1. Reported that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
 2. Reported that the agency maintains documentation showing that investigators have completed the required training.
 3. Reported that the number of investigators currently employed who have completed the required training is zero.
 4. Reported that the facility currently does not have any local staff trained in PREA Specialized Investigations. The PREA Reentry Services Division Coordinator assigns an investigator for allegations received. All investigations on allegations received at the facility have been performed by staff who have been trained in PREA Specialized Investigations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 10):
 1. Outlines that investigators shall be trained in conducting investigations of sexual abuse in confinement settings.
 2. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
 3. Investigators shall receive this specialized training in addition to the training mandated for employees in Section F (I).
 4. Facilities shall maintain documentation of this specialized training. Training documentation shall be kept on file at the facility.
3. PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings
 1. Outlines training topics that cover all components required by this

	<p style="text-align: center;">standard.</p> <p>4. PREA Investigator training documentation was reviewed and found to contain the required training for investigators.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interview with PREA Investigator:</p> <ol style="list-style-type: none"> 1. Reported that he has attended specialized DOJ training specific to conducting PREA investigations within confinement facilities. 2. Reported that the topics included techniques for interviewing sexual abuse victims. 3. The proper use of Miranda and Garrity warnings. 4. Evidence collection in confinement settings. 5. The criteria and evidence required to substantiate a case for administrative or prosecution referral. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • Statement from Seaside Center Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.235(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <p>1. The facility PAQ:</p> <ol style="list-style-type: none"> 1. Reported that the facility does not employ medical or mental health care staff. <p>2. Memorandum from Seaside Facility Director:</p> <ol style="list-style-type: none"> 1. Seaside Facility Director confirmed that the Seaside Center does not have any full or part-time medical/mental health staff. All medical and mental health referrals are made to offsite providers.

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

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

114.241

Evidence relied upon in making the compliance determination:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)**
- **Seaside Center Local Policy Manual 2019-3 PREA Screening /Admission (effective 4/1/19)**
- **PREA Risk Assessments**
- **PREA Vulnerability Reassessment Questionnaire**
- **Interviews with staff responsible for risk screening**
- **Interview responses from PREA Coordinator**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision):

115.241(a/b/c)

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

1. The facility PAQ:
 1. Reported that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.
 2. Reported that policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
 3. Reported that 304 residents entered the facility in the past 12 months and that 304 residents were screened within 72 hours.
 4. Reported that risk assessment is conducted using an objective screening instrument.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that all individuals shall be assessed in-person, by GEO staff, during intake, and upon transfer, from another confinement

facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual.

2. Requires that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment.

3. Seaside Center Local Policy Manual 2019-3 PREA Screening /Admission (p. 2):

1. Outlines that all offenders placed at the Seaside Center shall be assessed during intake (and/or upon transfer) for their risk of being sexually abused by another offender residing at Seaside Center or being sexually abusive towards another offender residing at the Seaside Center.
2. Requires that this screening shall take place within 24 hours of arrival utilizing the approved "GEO PREA Risk Assessment Tool". In addition to the screening instrument, screening staff shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment.

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

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

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

1. Site review observations:
 1. A mock intake was observed between the Facility Director and the PREA Manager while onsite.
 2. "GEO PREA Risk Assessment Tool" was used by staff to complete the screening.
 3. Informal conversations with staff and residents revealed that intakes are done with the resident's arrival unless they arrive later in the evening in which case the screening takes place the next day.

115.241(d/e)

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

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

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

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

115.241(f/g)

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

1. The facility PAQ:
 1. Reported that policy requires that the facility reassess each resident's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
 2. Reported that 129 residents entering the facility in the past 12 months whose length of stay was for 30 days.
 3. Reported that 129 residents whose length of stay was for 30 days, or more were reassessed within 30 days of their arrival.
 4. Reported that policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the

resident's risk of sexual victimization or abusiveness.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that GEO staff shall conduct an in-person reassessment of individuals within a set period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the initial risk assessment. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment.
3. Seaside Center Local Policy Manual 2019-3 PREA Screening /Admission (p. 2):
 1. Outlines that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the offender's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The facility shall use the approved "GEO PREA Vulnerability Reassessment Questionnaire" to conduct the reassessment.
4. A random sample of resident files revealed that all who were eligible for a reassessment had them completed within 30 days of their arrival.

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

1. Interviews with staff responsible for risk screening:
 1. Staff interviewed stated that a reassessment of residents occurs within 30 days, normally sooner of their initial assessment.
 2. Staff interviewed stated that residents would be reassessed if any additional, relevant information became available.
2. Interviews with residents:
 1. Residents interviewed stated that they had been reassessed or asked similar questions to the ones they were asked when they arrived again after their arrival.

115.241(h)

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

1. The facility PAQ:
 1. Reported that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's

own perception of vulnerability.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Disciplining individuals for refusing to answer or not providing complete information in response to questions d (1), d (7), d (8) and d (9) above is prohibited.
3. Seaside Center Local Policy Manual 2019-3 PREA Screening /Admission (p. 2):
 1. Outlines that disciplining offenders for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

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

1. Interviews with staff responsible for risk screening:
 1. Staff stated that residents would not and have not been disciplined for refusing to answer any of the questions on the risk screening.
 2. Intake staff reported that they have not experienced a resident refusing to answer any of the risk assessment questions but would follow up with a supervisor if it happened to occur.

115.241(i)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 5):
 1. Outlines that facilities shall implement appropriate controls on disseminating responses to questions about sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information.
 2. Sensitive information shall be limited to need-to-know employees only for treatment, programming, housing, security, and management decisions.
2. Seaside Center Local Policy Manual 2019-3 PREA Screening /Admission (p. 2):
 1. Outlines that the facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other offenders.
 2. Requires that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility.

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

1. Interview with PREA Coordinator:
 1. Reported that access to a resident's risk assessment is limited to those requiring the information to make housing, work assignment, and programming/education decisions.
2. Interview with staff responsible for risk screening:
 1. Reported that only the Director and PREA Manager have access to the risk screening forms when they are completed.
3. Interview with PREA Manager:
 1. Reported that the risk assessments are kept in his office in a separate locked cabinet that is only accessible to key staff.
 2. Reported that the key is kept in an electronic key box that only certain staff have access to check out.

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

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

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

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242</p> <p>Evidence relied upon in making the compliance determination:</p> <ul style="list-style-type: none">• Seaside Center PAQ• GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/1/24)• Seaside Center Local Policy Manual 2019-3 PREA Screening/ Admission (effective 4/1/19)• PREA Risk Assessments• PREA Vulnerability Reassessment Questionnaire• At-Risk Log

- **LGBTI Log**
- **Interview responses from PREA Coordinator**
- **Interview with PREA Manager**
- **Interview with staff responsible for risk screening**
- **Site review observations**

Reasoning and analysis (by provision):

115.242(a/b)

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

1. The facility PAQ:
 1. Reported that the facility uses information from the risk screening guide required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive
 2. Reported that the facility makes individualized determinations about how to ensure the safety of each resident.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 6):
 1. Requires that screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility 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 initial PREA risk assessment. The “at-risk log” will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure that alleged victims and abusers are placed on the “at risk log” as soon as possible, tracked as a potential victim or a potential abuser, and housed separately pending the outcome of the investigation. Individuals tracked on the “at risk log,” due to a reported allegation may be removed from the log if the allegation is determined to be unfounded, or the individual is released from custody. If an allegation is determined to be unsubstantiated, the alleged victim(s) and abuser(s) shall remain on the “at risk log.”
3. Seaside Center Local Policy Manual 2019-3 PREA Screening/Admission (p. 3):
 1. Outlines that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. 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.

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

1. Interview responses from PREA Coordinator:
 1. Reported that residents who score “at risk,” for victimization or abuse are referred for medical and/or mental health assessments as required and tracked on an “at risk log,” which contains, at a minimum, their status as a potential victim/perpetrator and housing location. The facility’s designated PCM is responsible for reviewing each assessment to ensure proper completion and maintaining the “at risk log,” to ensure potential victims and abusers are housed separately.
2. Interview with PREA Manager:
 1. Reported that the risk screenings are used to determine the most appropriate and safest area to house each individual resident
 2. Reported that rooms/floors within the facility are designated to keep individuals identified as vulnerable are kept separate from those identified as possible aggressors.
3. Interviews with staff responsible for risk screening:
 1. Reported that if a resident scored high enough on the risk assessment, then she would let the Case Manager and PREA Manager know about it to take further action.

115.242(c)

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

1. The facility PAQ:
 1. Reported that the in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by- case basis whether a placement would ensure the resident’s health and safety.
 2. Reported that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 6):
 1. Outlines 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.
3. Seaside Center Local Policy Manual 2019-3 PREA Screening/Admission (p. 3):
 1. Outlines that in making housing and programming assignments for Transgender or Intersex offenders, the facility shall consider on a

case-by-case basis whether the placement would present management or security problems. LGBTI offenders 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 offenders.

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

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

115.242(d)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Outlines that serious consideration shall be given to the individual's views with concerning his/her safety.
2. Seaside Center Local Policy Manual 2019-3 PREA Screening/Admission (p. 3):

1. Outlines that serious consideration shall be given to the individual's own views with respect to his/her own safety.

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

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

115.242(e)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Requires that transgender and Intersex offenders shall be given an opportunity to shower separately from other offenders.
2. Seaside Center Local Policy Manual 2019-3 PREA Screening/Admission (p. 3):
 1. Requires that transgender and Intersex offenders shall be given an opportunity to shower separately from other offenders.

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

1. Interview with PREA Manager:
 1. Reported that all residents at Seaside Center are given the opportunity to shower separately.
2. Interview with staff responsible for risk screening:
 1. Reported that all residents at Seaside Center are given the opportunity to shower separately.
 2. Reported that restrooms are all equipped with individual shower stalls.
3. Per the Facility Director, there were no transgender or intersex residents at the facility during the onsite.

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

1. Site review observations:
 1. Common bathrooms in each of the housing areas provided individual

shower stalls providing privacy for all residents while showering.

115.242(f)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 7):
 1. Outlines that LGBTI individuals in a GEO facility 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 to protect such individuals.
2. Seaside Center Local Policy Manual 2019-3 PREA Screening/Admission (p. 3):
 1. Outlines that the PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not 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.
3. Seaside Center PREA "LGBTI" Tracking Log:
 1. Outlines housing assignments of residents identifying as lesbian, gay, bisexual, transgender, or intersex

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

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

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

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.251
	Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (effective 4/22/19)**
- **Employee Reporting Options Poster**
- **Resident Reporting Options Poster**
- **PREA Education Manual for Residents (dated 2023)**
- **GEO Website (Staff Reporting Information)**
- **Interview responses from PREA Coordinator**
- **Interviews with random staff**
- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision):

115.251(a)

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

1. The facility PAQ:
 1. Reported that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other residents and staff neglect or violation of responsibility that may have contributed to such incidents.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other Individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.
3. Seaside Center Local Policy Manual 2019-2 PREA Intake and Orientation (p. 4):
 1. Outlines that key information related to sexual abuse and sexual harassment shall be provided to offenders on a continuous basis through readily available, handbooks, brochures, or other written materials. All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgement form which verifies the resident received the document.

4. PREA Education Manual for Residents:

1. Outlines multiple ways for residents to privately report.

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

1. Interviews with random staff:

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

2. Interviews with random residents:

1. Residents interviewed provided examples of different ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents.

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

1. Site review observations:

1. Signage:

1. Signage regarding reporting was observed throughout the facility.
2. Signage was printed in a font that was easily readable.
3. Signage was provided in English, Spanish and Yupik
4. Signage outlined multiple ways for residents to make reports.

2. Telephones:

1. Telephones in common areas were tested and found to be operable.
2. Telephones do not require a PIN to be entered to make a call.
3. Reporting number for the Nome P.D. was called from a resident phone:
 1. Individual answering the calls explained the process used to receive and forward complaints to the facility.
 2. Nome P.D. stated that they would dispatch an officer to the facility if they received a report.
 3. A PIN was not needed to complete the call.

4. The hotline for ADOC was called and a message was left to follow whatever procedures would be used if a resident had made the call.

1. A followup email was received by the facility director and forwarded to the auditor.

5. Mail procedures:

1. An address is provided for making written reports to the Alaska Department of Corrections.
2. Residents may obtain envelopes and stamps from the front office.
3. Per staff, no outgoing mail screened.

4. Residents may take letters across the street to the post office to mail.

NOTE: A recommendation was made to clarify on signage which numbers were for reporting and which numbers were specifically for support services. This was completed by facility staff and documentation of the changes were provided to the auditor prior to the issuance of the final report.

It was also observed during the onsite that there was inconsistency in reporting signage throughout the facility. Some posters had a number transposed and some posters included reporting options that weren't included on all. This was corrected by the facility prior to the issuance of the final report.

The number for the Alaska Department of Corrections was discovered to be a long-distance call that was not accessible from the common telephones available to residents. The number was able to be accessible from the the conference room that was available to residents. Clarification was included in the updated posters.

115.251(b)

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

1. The facility PAQ:
 1. Reported that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not a part of the agency.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that facilities shall also provide individuals in a GEO facility contact information on how to report sexual abuse or sexual harassment to a public, or private entity or office that is not part of GEO or the contracting agency, and that can receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.
3. Resident Reporting Options Poster and PREA Education Manual for Residents:
 1. Outlines how residents may privately report incidents to an entity that is not a part of GEO.
 1. Telephone numbers are provided to the Nome P.D. as an outside reporting entity.

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

1. Interview with PREA Coordinator:
 1. Reported that GEO policy requires each facility to provide residents contact information on how to report abuse or harassment to an office that is not part of the agency. Many facilities also provide

contact information for local and/or national entities capable of receiving reports of abuse or harassment.

2. Interviews with random residents:
 1. Residents interviewed stated that they were aware of multiple ways to make a report and were able to articulate different methods.
 2. Residents interviewed stated that they believed that the hotline numbers that were posted would allow them to remain anonymous as the telephones did not require any type of PIN to call.

115.251(c)

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

1. The facility PAQ:
 1. Reported the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
 2. Reported that staff are required to document verbal reports immediately
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

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

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

115.251(d)

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

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

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

Abusive Behavior and Intervention Procedure (effective 1/4/24)

- **Seaside Center Local Policy Manual 2019-5 Grievance Process (effective 4/22/19)**
- **Seaside Center PREA Education Manual for Residents (dated 2023)**
- **Seaside Resident Handbook**
- **Statement from Facility Director**

Reasoning and analysis (by provision):

115.252(a/b/c)

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

1. The facility PAQ:
 1. Reported that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.
 2. Reported that agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.
 3. Reported that agency policy does not require a resident to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
 4. Reported that agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the submit of the complaint.
 5. Reported that a resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 14):
 1. Outlines that there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse.
 2. Outlines that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint.
 3. Outlines that individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse.
3. Seaside Center Local Policy Manual 2019-5 Grievance Process (p. 4):
 1. Outlines that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the referring agency's Contract Facility Coordinator, GEO PREA

Compliance Manager and/or GEO PREA Director.

2. Outlines that residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of a complaint.
3. Outlines that there will be no attempt to resolve informally any grievances related to sexual abuse or sexual harassment.
4. Seaside Center PREA Education Manual for Residents Education (p. 9):
 1. States that there is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the Alaska Department of Corrections.
 2. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission.

NOTE: A review of the Resident Handbook provided to residents at Seaside Center revealed conflicting information with information provided in the PREA Education Manual for Residents and is not compliant with this standard. Prior to a final report being issued, the facility provided clarification in the resident handbook specific to residents filing a grievance relating to a PREA issue.

115.252(d)

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

1. The facility PAQ:
 1. Reported that agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
 2. Reported that in the past 12 months there were zero grievances filed that alleged sexual abuse.
 3. Reported that the agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 15):
 1. Reports that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse or sexual harassment within 90-days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.
 2. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the

extension in writing.

3. Reports that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level.

3. Seaside Center Local Policy Manual 2019-5 Grievance Process (p. 5):

1. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents at Seaside Center in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

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

1. Statement from the Facility Director:
 1. Confirmed that there have been zero grievances alleging sexual abuse filed in the past 12 months.

115.252(e)

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

1. The facility PAQ:
 1. Reported that agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
 2. Reported that policy and requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents decision to decline.
 3. Reported that there were zero grievances alleging sexual abuse filed by residents in the past 12-months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 14-15):
 1. Outlines that third parties (e.g. fellow individuals in a GEO facility or program, employees, family members, attorneys and outside advocates) may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility.
 2. Outlines that the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to pursue any

subsequent steps in the administrative remedy process.

3. Outlines that if the individual declines to have the request processed on their behalf, the facility shall document the individual's decision.

3. Seaside Center Local Policy Manual 2019-5 Grievance Process (p. 4):

1. Outlines that residents filing sexual abuse grievances may be assisted by a third party (family, employees, fellow inmates, staff members, outside advocates, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.
2. Outlines that if the resident does not agree to have the grievance filed on his/her behalf, this will be fully documented in writing by the Facility Director/PREA Compliance Manager and a staff witness if the resident does not put his/her decision in writing. These documents will be forwarded to the assigned investigator and corporate PREA Director.

4. Seaside Center PREA Education Manual for Residents Education (p. 9):

1. States that residents filing sexual abuse grievances may be assisted by a third party (family, employees, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.

115.252(f):

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

1. The facility PAQ:
 1. Reported that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 2. Reported that the agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
 3. Reported that there were zero emergency grievances alleging substantial risks of imminent sexual abuse filed in the past 12 months.
 4. Reported that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 14-15):
 1. Outlines that individuals in a GEO facility or program may file an emergency grievance if he/she is subject to a substantial risk of

imminent sexual abuse.

2. Outlines that after receiving an emergency grievance of this nature, the facility administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
3. Outlines that an initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The initial response and final decision shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

3. Seaside Center Local Policy Manual 2019-5 Grievance Process (p. 5):

1. Outlines that processing for emergency grievances will begin with the initial determination by the designated grievance coordinator that the issue raised is a life-threatening situation.
2. States that emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt. A final decision for emergency grievances will be provided within five (5) calendar days.
3. States that if an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim. If staff is the alleged abuser, separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file.
4. Outlines that a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents at Seaside Center in preparing any administrative appeal.
5. Outlines that facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

4. Seaside Center PREA Education Manual for Residents Education (p. 10):

1. States that processing for emergency grievances will begin with the initial determination by the designated grievance coordinator that the issue raised is a life-threatening situation.
2. States that emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt. A final decision for emergency grievances will be provided within five (5) calendar days.
3. States that if an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim.

	<p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with the Facility Director: <ol style="list-style-type: none"> 1. Confirmed that there have been no emergency grievances filed in the past 12 months. <p>115.252(g)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 2. Reported that in the past 12-months there have been zero resident grievances alleging sexual abuse that resulted in disciplinary action. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 14-15): <ol style="list-style-type: none"> 1. Outlines that individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse or sexual harassment only when the facility can demonstrate the grievance was filed in bad faith. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Seaside Center PREA Education Manual for Residents (dated 2023) • Seaside Center Resident reporting options posters (updated) • Seaside Center MOU for outside confidential support services with

The Sexual Assault Response Team (SART) of Norton Sound Regional Hospital

- **Interviews with random residents**
- **Site review observations**

Reasoning and analysis (by provision):

115.253(a)

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

1. The facility PAQ:
 1. Reported that the facility provides residents access to outside victim advocates for emotional support services related to sexual abuse.
 2. Reported that the facility provides residents with access to such services by giving residents mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.
 3. Reported that the facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 20-21):
 1. Facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or the community) with access to outside victim advocates for emotional support services and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum.
 2. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility and these organizations, as well as inform individuals in a GEO facility (before giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 11):
 1. States that Seaside Center shall provide residents 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.).
 2. States that Seaside Center shall enable reasonable communication between residents and these organizations. as well as inform

Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

4. Seaside Center PREA Education Manual for Residents (p. 7):
 1. States that the resident may call the report line toll free. RAINN National Network, which is confidential, (800) 656-4673. This number is not recorded or monitored at the facility.
 2. Informs residents don't have to be the victim to use the line. You can report something that is happening to someone else. You don't have to leave your name or number.
5. Seaside resident reporting posters (updated):
 1. Provide residents with various options to obtain emotional support, including telephone numbers and mailing addresses.

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

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

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

1. Site review observations:
 1. Signage was observed throughout the facility with hotline numbers for advocacy services.
 2. Hotline numbers were tested from the facility and staff who answered the phones provided information regarding services that would be provided and well as the level of confidentiality that would be afforded, including that residents must give permission before a report can be made.
 3. Telephone calls to the hotlines do not require a PIN, so calls can be made anonymously.

NOTE: A recommendation was made to clarify on the reporting posters which numbers were for reporting and which numbers were for emotional support. This was done and documentation was sent to the auditor prior to the issuance of the final report.

115.253(b)

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

1. The facility PAQ:
 1. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.
 2. Reported that the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.
 3. Reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 11):
 1. States that the Seaside Center will inform individuals in a GEO facility (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
4. Seaside Center PREA Education Manual for Residents (p. 16):
 1. States that the number is not recorded or monitored at the facility.
 2. Seaside Center PREA reporting options posters.
 3. States that calls made to these numbers are not monitored or recorded.

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

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

115.253(c)

	<p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility maintains memorandum of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. 2. Reported that the facility maintains copies of those agreements. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21): <ol style="list-style-type: none"> 1. Outlines that facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility or with confidential emotional support services related to sexual abuse while in custody. 2. Outlines that facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. 3. MOU with The Sexual Assault Response Team of Norton Sound Regional Hospital was reviewed. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO website • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.254(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ:

1. Reported that the agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment through the agency hotline or website.
2. Reported that agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through the agency website at www.geogroup.com/PREA.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 15):
 1. Outlines that GEO shall post third-party reporting procedures on its public website showing its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. In all facilities, third-party reporting posters shall be posted in all public areas in English and Spanish to include the lobby, visitation areas, and staff break areas within the facility.

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

1. Site review observations:
 1. Signage was observed to be posted in public areas around the facility in the visiting area and front lobby.
 2. The GEO hotline was tested and found to be operational.
 3. The GEO website was visited and found to contain all required information for making third party reports.

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

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261</p> <p>Evidence Relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Interviews with random staff • Interview responses from PREA Coordinator

- **Interview responses from Facility Director**
- **Site review observations**

Reasoning and analysis (by provision):

115.261(a/b)

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

1. The facility PAQ:
 1. Reported that the agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency.
 2. Reported that the agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.
 3. Reported that the agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 4. Reported that apart from reporting to designated supervisors or officials and designated state or local services agency, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 16):
 1. Outlines that employees are required to immediately report any of the following:
 1. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility.
 2. Retaliation against individuals in a GEO facility or program or Employees who reported such an incident.
 3. Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 6):
 1. Outlines that employees are required to immediately report any of the following:
 1. Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility

- whether or not it is a GEO facility.
2. Retaliation against a resident or employee who reported such an incident.
 3. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Outlines that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.

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

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

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

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

115.261(c)

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

1. Statement from the Facility Director:
 1. Reported that Seaside Center does not have medical/mental health staff onsite.

115.261(d)

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

1. Interview with the Facility Director:
 1. The Facility Director stated that the facility does not hold anyone under the age of 18 years old.
 2. The Facility Director stated that any abuse of vulnerable adults would

be reported to the appropriate agencies and that they would receive the same services available to all residents.

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

115.261(e)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 16):
 1. Outlines that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these type incidents.
2. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 6):
 1. Outlines that the facility shall report all allegations of sexual abuse and sexual harassment to the contracting agency and/or local law enforcement for investigation.
 3. A review of sexual abuse and sexual harassment files from the past 12-months revealed that all allegations were referred both to the Alaska Department of Corrections as well as the facility investigator.

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

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

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

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.262

Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19)**
- **Interview responses from Agency Head**
- **Interview with Facility Director**
- **Interviews with random staff**

Reasoning and analysis (by provision):

115.262(a)

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

1. The facility PAQ:
 1. Reported that what the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.
 2. Reported that in the past 12-months there were zero instances where a resident was subject to a substantial risk of sexual abuse.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 16)
 1. Outlines that when a facility learns an individual in a GEO facility is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third-party") are credible and respond accordingly.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 7):
 1. Outlines that when a facility learns an individual in a GEO facility is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third-party") are credible and respond accordingly.

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

1. Interview responses from Agency Head:

	<ol style="list-style-type: none"> 1. Reported that GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc). 2. Interview with Facility Director: <ol style="list-style-type: none"> 1. Reported that the resident would immediately be separated from other residents and the Alaska Department of Corrections (client) would be notified to determine the most appropriate next steps. 2. Reported that during this reporting period, there have been no instances of residents who were deemed to be in imminent danger of being sexually abused. 3. Interviews with random staff: <ol style="list-style-type: none"> 1. Staff interviewed all stated that if they became aware that a resident was in imminent danger of sexual abuse that they would immediately separate the resident and report to their supervisor or the facility director to determine next steps. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Interview responses from Agency Head • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.263(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that, upon receiving

an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

2. Reported that in the past 12 months there were zero allegations the facility received that a resident was abused while confined in another facility.
 3. Reported that agency policy requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation.
 4. Reported that the agency or facility documents that it has provided such notification with 72 hours of receiving the allegation.
 5. Reported that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.
 6. Reported that in the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (pp. 19-20):
 1. If an individual in a GEO facility alleges sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made, shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
 2. The facility shall maintain documentation that it has provided such notification in writing and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA manager with oversight of the facility.
 3. Any facility that receives the notification of alleged abuse or harassment is required to ensure the allegation is investigated in accordance with PREA standards.
 3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 10):
 1. In the event that a resident alleges that sexual abuse occurred while confined at another facility, the Facility shall document those allegations and the Facility Director or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.
 2. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to Corporate PREA Coordinator.

3. If the facility receives notification of alleged abuse, the Facility Director shall ensure that the allegation is referred for investigation in accordance with PREA standards.

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

1. Interview responses from Agency Head:
 1. Reported that if another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of our facilities, the PREA allegations would be reported to the director of the facility where the allegation is alleged to have occurred.
 2. Reported that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA coordinator is also informed of all allegations of this type via email.
2. Interview with Facility Director:
 1. The Facility Director confirmed that if information was received that a resident had been sexually abused at another facility, he would work with the other facility to make sure the incident was reported.
 2. All allegations of sexual abuse and sexual harassment would be entered into the GEO reporting portal.
 3. The Facility Director stated that if he received notification from another facility that a resident had been abused while at his facility, he would ensure that an investigation was conducted according to PREA protocols.
 4. The Facility Director confirmed that there were no allegations by residents of sexual abuse occurring in another facility, nor were any reports received from other facilities regarding residents alleging sexual abuse at his facility.

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

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.264
	Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19)**
- **Seaside Center First Responder Responsibilities reference card**
- **Interviews with random staff**
- **Interview with the Facility Director**

Reasoning and analysis (by provision):

115.264(a)

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

1. The facility PAQ:
 1. Reported that the agency has a first responder policy for allegations of sexual abuse.
 2. Reported that the policy requires that upon learning that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.
 3. Reported that policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Reported that policy requires that upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.
 5. Reported that the policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
 6. Reported in the past 12 months, there was one allegation that a resident was sexually abused.
 7. Reported that of these allegations, the number of times the first security staff member to respond to the report separated the alleged

victim and abuser was zero

8. Reported that in the past 12-months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero
 9. Reported that agency policy requires that if a staff first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
 10. Reported that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
 11. Reported that there were zero allegations of sexual abuse made during the past 12 months where a non-security staff member was the first responder.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 16-17):
 1. Outlines that upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 2. 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.
 3. Do not let the alleged abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 7-8)
 1. Upon receipt of a report that resident was sexually abused, or if the employee sees abuse, the first Security Staff member to respond to the report shall:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Request the alleged victim and ensure the abuser do not take any actions which could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

2. If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff. It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.
 3. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.
 4. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the “at risk” log and tracked as a potential victim and housed separate from potential abusers pending the outcome of the
4. Seaside Center First Responder Duties Reference Card:
1. Reference card carried by all staff outline actions to take in the event of an incident to include:
 1. Separate the alleged victim and abuser.
 2. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
 3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
 4. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
 2. Outlines that if the first responder is not a security staff member; the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the victim and notify security staff.

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

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

first responder duties during the reporting period.

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

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">• Seaside Center PAQ• GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)• Seaside Center PREA Coordinated Response Plan (dated 4/4/2018)• Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.265(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none">1. The facility PAQ:<ol style="list-style-type: none">1. Reported that the facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2):<ol style="list-style-type: none">1. Outlines that each facility shall develop written facility plans to coordinate the actions taken in response to incidents of sexual abuse.2. Outlines that the plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership.3. Outlines that the local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.4. Seaside Center PREA Coordinated Response Plan:<ol style="list-style-type: none">1. Directs staff regarding actions to be taken in response to an

	<p style="text-align: center;">incident of sexual abuse. Reviewed and signed by the Facility Director 4/4/2018).</p> <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director: <ol style="list-style-type: none"> 1. The Facility Director confirmed that a coordinated plan had been developed and gave examples of actions that would be taken in response to an incident of sexual abuse. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Interview responses from Agency Head • Statement from Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.266(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 2):

1. States that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged subject employees from contact with any individual in a GEO facility pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
3. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (p. 2):
 1. States that in every case where the alleged abuser is an employee, contractor or volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management using the GEO PREA Staff Separation Memorandum within 24 hours of the reported allegation. If the alleged abuser is not present to sign the memorandum, "no contact," orders may be issued via email and the memorandum shall be signed upon the alleged abuser's return to duty. The email and/or memorandum shall be printed and maintained as part of the related investigation file.
 2. States that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with any individual in a GEO facility pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

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

1. Interview responses from Agency Head:
 1. Reported that none of the agency's collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.
2. Statement from Facility Director:
 1. Confirmed that the Seaside Center does not have a collective bargaining agreement in place.

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

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.267

Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19)**
- **Review of retaliation monitoring logs**
- **Interview responses from Agency Head**
- **Interview with Facility Director**

Reasoning and analysis (by provision):

115.267(a)

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

1. The facility PAQ:
 1. Reported that the agency has a policy to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
 2. Reported that the agency designates staff members with monitoring for possible retaliation.
 3. Reported that the Facility Director is responsible for retaliation monitoring.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 21-22):
 1. Outlines that facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other individuals in a GEO facility or employees. monitoring retaliation against individuals in a GEO facility. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or harassment, or for cooperating with investigations.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 12):
 1. Outlines that facilities shall implement procedures to protect Residents and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other Residents or Employees.
 2. The Facility PREA Compliance Manager or Office Support Specialist shall be responsible for monitoring retaliation of residents.

4. A review of facility retaliation logs revealed:
 1. During this reporting period the facility had one allegation of staff on inmate sexual abuse.
 2. The allegation was determined to be unfounded.
 3. Staff separation and retaliation logs were started and continued until the close of the investigation.

115.267(b/c/d/e)

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

1. The facility PAQ:
 1. Reported that the agency monitors the conduct or treatment of resident or staff who reported sexual abuse and of residents who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
 2. Reported that the agency monitors the conduct or treatment for a period of 90 days.
 3. Reported that the agency acts promptly to remedy any such retaliation.
 4. Reported that the agency continues such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.
 5. Reported that there have been zero incidents of retaliation in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 22):
 1. States that for at least 90 days following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of individuals in a GEO facility who reported the sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by individuals in a GEO facility or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate before the 90-day monitoring period only if the allegation is determined unfounded or the individual is released from custody. When monitoring is terminated within the 90-day timeframe, the reason shall be documented on the Protection from Retaliation Log.
 2. Requires that the designated staff member shall meet weekly (beginning the week following report of the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and see if any issues exist. Staff shall also review disciplinary reports, housing or program changes, request slips, etc. when monitoring for retaliation.
3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (pp. 12-13):
 1. Outlines that facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of

alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

2. Outlines that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.

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

1. Interview responses from Agency Head:
 1. Agency Head reported that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis.
 2. Reported that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days.
2. Interview with the Facility Director (responsible for retaliation monitoring):
 1. Reported that protective measures may include housing changes or even a change in facility for either the victim or abuser based on input from the Alaska Department of Corrections (client).
 2. Reported that he would meet weekly with individuals following an incident and document those encounters on the retaliation log.

c. Reported that the monitoring would continue beyond the 90 days if necessary.

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

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

115.271

Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/4/24)**
- **Interview with Investigative Staff**
- **Site review observations**
- **Investigative file review**
- **Investigator training curriculum**
- **Investigator training completion certificates**
- **Interview responses from PREA Coordinator**
- **Interview with Facility Director**

Reasoning and analysis (by provision):

115.271(a/b)

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

1. The facility PAQ:
 1. Reported that the agency has a policy related to criminal and administrative agency investigations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that when the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
 2. Outlines that GEO shall use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training shall also include techniques for interviewing juvenile sexual abuse victims.
3. Documentation of one previous investigation was reviewed, and investigation appeared to have been prompt, thorough and object.
4. Completion certificates and training curriculum for investigative training completed by investigative staff was reviewed and found to contain all appropriate topics.

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

1. Interview with Investigative Staff:

1. Reported that cases of sexual abuse that appear could be criminal in nature are referred to the Nome Police Department who will investigate and refer to the District Attorney to determine if criminal charges will be filed.
2. Reported that he has completed the DOJ investigative training course as well as additional investigative training he has initiated on his own,
3. Reported that this training included topics specific to the PREA standards, including the appropriate application of Garrity and Miranda warnings.

115.271(c)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Requires that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
 2. A review of investigative files revealed that there were no allegations made that would have been appropriate to seek criminal charges against.

115.271(d)

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

1. Interview with investigative staff:
 1. Reported that administrative investigations are not started until after a determination has been made as to whether criminal charges will be pursued.

115.271(e)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or staff.
 2. Outlines that no agency shall require an individual in a GEO facility

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.

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

1. Interview with investigative staff:
 1. Reported that the credibility of everyone involved in an administrative investigation is determined on a case-by-case basis.
 2. Reported that the alleged victim in an investigation would never be subjected to a polygraph or other truth telling device.

115.271(f)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that administrative investigations:
 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
 2. Shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
 2. A review of administrative investigative files revealed that staff actions/inaction as well as physical and testimonial evidence is documented.

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

1. Interview with investigative staff:
 1. Reported that part of his investigation includes comparing how staff responded in relation to the policy and procedures to determine if any of their actions or inactions may have contributed to the abuse.
 2. Reported that he uploads all of his investigative files to the corporate portal.

115.271(g/h)

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

1. The facility PAQ:
 1. Reported that substantiated allegations of conduct that appear to be criminal are referred for prosecution.
 2. Reported the the number of substantiated allegations that appear to

be criminal that were referred for prosecution since the last PREA audit was zero.

2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution and reported to any relevant licensing bodies.

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

1. Interview with investigative staff:
 1. Reported that all criminal investigations are completed and documented by the Nome Police Department or Alaska State Police.
 2. Reported that criminal investigations are referred to the District Attorney who determines whether or not to pursue criminal charges

115.271(i/j/l)

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

1. The facility PAQ:
 1. Reported that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 3):
 1. Outlines that GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.
 2. Outlines that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
 3. Requires that when outside agencies investigate sexual abuse or sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation at least once monthly.

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

1. Interview responses from PREA Coordinator:
 1. Reported that facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes, sexual abuse incident

	<p>reviews.</p> <ol style="list-style-type: none"> 2. Stated that generally, the facility directors have developed great working relationships with these entities so there is regular dialogue about the status of open investigations. <ol style="list-style-type: none"> 2. Interview with Facility Director: <ol style="list-style-type: none"> 1. Stated that policy requires that he touch base with the investigating agency monthly, but that he would be in contact with them weekly to get updates on the investigation. 3. Interview with investigative staff: <ol style="list-style-type: none"> 1. Reported that according to policy, an investigation would continue even if the alleged abuser or victim were transferred or terminated from employment. 2. Reported that when an outside agency is conducting the investigation, facility staff will assist the agency in providing any requested information. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Interview with investigative staff • Review of investigative reports <p>Reasoning and analysis (by provision):</p> <p>115.272(a)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be

	<p style="text-align: center;">substantiated.</p> <ol style="list-style-type: none"> 2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4): <ol style="list-style-type: none"> 1. Outlines that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. 3. A review of investigative files revealed that the burden of proof used is a preponderance of evidence. <p>What was heard as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff: <ol style="list-style-type: none"> 1. Reported that the agency imposes a standard of preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Examples of resident notification forms • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.273(a/b)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency has a policy requiring that any resident

who makes an allegation that he or she suffered sexual abuse in an agency is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

2. Reported that there was one criminal and/or administrative investigation of alleged resident sexual abuse that was completed in the past 12 months.
 3. Reported that of the alleged sexual abuse investigations completed in the past 12 months, that zero residents were notified of the results of the investigation because the case was in the process of being completed at the the PAQ was submitted.
 4. Reported that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
 5. Reported that there were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 9):
 1. Outlines that at the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded.
 3. A review of one completed investigative file involving an allegation of sexual abuse was reviewed and revealed that a notification of outcome form was completed at the conclusion of the investigation and provided to the resident.

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

1. Interview with the Facility Director:
 1. Reported that facility residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.
2. Interview with investigative staff:
 1. Reported that residents are notified of the outcome of investigations using the standard GEO reporting form.

115.273(c/d/e)

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

1. The facility PAQ:
 1. Reported that following a resident's allegation that a staff member

has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit.
 2. The staff member is no longer employed at the facility.
 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
2. Reported that there has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.
 1. Although the facility entered that there had been an allegation of sexual abuse in the past 12 months that had been either substantiated or unsubstantiated. A review of the paperwork and conversation with investigative staff confirmed that the PREA allegation in this case was actually 'unfounded'. The policy portion of the investigation was determined unsubstantiated.
 3. Reported that in each case the agency subsequently informed the resident whenever:
 1. The staff member was no longer posted within the resident's unit.
 2. The staff member was no longer employed at the facility.
 3. The agency learned that the staff member was indicted on a charge related to sexual abuse within the facility.
 4. The agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.
 4. Reported that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:
 1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
 5. Reported that there have been no indictments or convictions for PREA violations during the review period.
 6. Reported that the agency has a policy that all notifications to residents under this standard are documented.
 7. Reported that in the past 12 months there has been zero notifications to residents pursuant to this standard
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 4):
 1. Outlines that if the alleged abuser was an employee, the victim shall

	<p>also be informed whenever:</p> <ol style="list-style-type: none"> 1. The employee is no longer posted within the victim’s housing unit/area. See section of this procedure for requirements on reporting staff separation to an alleged victim. 2. The employee is no longer employed at the facility. 3. The facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility. 4. The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. <p>2. Outlines that if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever:</p> <ol style="list-style-type: none"> 1. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. 2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24) • GEO Employee Handbook • Statement from Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.276(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

2. Reported that in the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero.
 3. Reported that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
 4. Reported that in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies is zero.
 5. Reported that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies.
 6. Reported that in the past 12 months the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (pp. 9-10):
 1. Outlines that employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.
 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in 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.
 4. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.
 3. GEO Employee Handbook (p. 11):
 1. States that failure to meet responsibilities as they relate to sexual abuse and sexual harassment may lead to disciplinary action, up to and including termination.

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

1. Statement from the facility director confirmed that there has been no disciplinary action taken toward an employee during this reporting period as a result of sexual abuse or sexual harassment.

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

115.277 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.277

Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24)**
- **Statement from the Facility Director**

Reasoning and analysis (by provision):

115.277(a/b)

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

1. The facility PAQ:
 1. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.
 2. Reported that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
 3. Reported that in the past 12 months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.
 4. Reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero.
 5. Reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 12):
 1. Outlines that any contractor or volunteer who engages in sexual

	<p>abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal GEO is committed to investigating and referring any contractor or volunteer that engages in such behavior for prosecution.</p> <p>2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program.</p> <p>3. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):</p> <p>1. Outlines that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal.</p> <p>2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Statement from the Facility Director:</p> <p>1. Reported that Seaside Center had no contractors or volunteers involved in PREA related allegations during this review period.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ

- **GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (effective 1/1/24)**
- **Seaside Center Resident Handbook**
- **Interview with the Facility Director**

Reasoning and analysis (by provision):

115.278(a/b/c)

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

1. The facility PAQ:
 1. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.
 2. Reported that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on- resident sexual abuse.
 3. Reported that in the past 12 months zero administrative findings of resident-on- resident sexual abuse have occurred at the facility.
 4. Reported that in the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility is zero.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.
 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.
 3. The disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.

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

1. Interview with the Facility Director:
 1. The facility Director confirmed various levels and types of discipline that may be used with residents. In all cases, any disability that the resident may have will be taken into consideration.
 2. Reported that Seaside Center had no residents disciplined as a result of a PREA incident during this reporting period.

115.278(d)

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

1. The facility PAQ:
 1. Reported that the facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse

115.278(e)

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

1. The facility PAQ:
 1. Reported that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Outlines that disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.278(f)

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

1. The facility PAQ:
 1. Reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegations.
2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10):
 1. Outlines that a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

115.278(g)

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

1. The facility PAQ:
 1. Reported that the agency prohibits all sexual activity between residents.
 2. Reported that sexual activity between residents is deemed to constitute sexual abuse only if it determines that the activity is

	<p style="text-align: center;">coerced.</p> <ol style="list-style-type: none"> 2. GEO Corporate Policy and Procedure Manual 5.1.2-E PREA Investigation Procedure (non-ICE) - (p. 10): <ol style="list-style-type: none"> 1. Outlines that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced. 3. Seaside Center Resident Handbook (p. 30): <ol style="list-style-type: none"> 1. State of Alaska prohibited acts include engaging in sexual acts with others or making sexual proposals or threats. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.282</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Interviews with staff who may be first responders • Interview with Facility Director <p>Reasoning and analysis (by provision):</p> <p>115.282(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. 2. Reported that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. 3. Reported that medical and mental staff do not maintain secondary

materials because the facility does not employ medical or mental health staff.

4. Reported that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
5. Reported that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 20):

1. States that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners.
2. Reentry facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a Medical-Mental Health Referral Form will be utilized to document the offer of onsite or offsite mental health services was made to the victim. The form will also document the acceptance or refusal of these services.
3. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

3. Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (p. 11):

1. States that victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.
2. Seaside Center shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegations, a "Resident Referral Verification" form for referral to onsite or offsite mental health services will be utilized to document the offer made to the resident victim and the acceptance or refusal of services.
3. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of

	<p>whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>4. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented.</p> <p>What was heard as part of a systematic review of evidence:</p> <p>1. Interviews with staff who may be first responders:</p> <p style="padding-left: 40px;">1. Interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided.</p> <p>2. Interview with the Facility Director:</p> <p style="padding-left: 40px;">1. Stated that Seaside Center had no allegations in which emergency medical or mental health referrals were necessary during the review period.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • Statement from the Facility Director • MOU Agreement with Sexual Assault Response Team (SART) of Norton Sound Regional Hospital <p>Reasoning and analysis (by provision):</p> <p>115.283(a/b/c)</p>

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

1. The facility PAQ:
 1. Reported that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile facility.
 2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
 3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.
3. Seaside Center Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 12):
 1. Outlines that Seaside Center shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse that occurs in any prison, jail, lockup, or juvenile facility.
 2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
 3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.
4. MOU with Sexual Assault Response Team of Norton Sound Regional Hospital:
 1. Outlines ongoing treatment that is available to residents.

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

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

115.283(d/e/f/g)

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

1. The facility PAQ:
 1. Reported that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
 2. Reported 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.
 3. Reported that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 21):
 1. Outlines that victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.
3. Seaside Center Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 12):
 1. Outlines that victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.

115.283(h)

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

1. The facility PAQ:
 1. Reported that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 21):
 1. Outlines that the facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.
3. Seaside Center Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (p. 12):
 1. 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.

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

1. Statement from the Facility Director:
 1. Reported that the Seaside Center had no residents placed on a

	<p>treatment plan related to sexual abuse during the review period.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.286</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • Seaside Center Local Policy Manual 2019-6 Abuse, Neglect and Exploitation (effective 4/1/19) • A review of PREA after-action reports • Interview with Facility Director • Interview responses from PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.286(a/b/c/d/e)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 2. Reported that in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded” incidents were one. <ol style="list-style-type: none"> 1. Upon completion of the investigation, the allegation was determined to be unfounded. Therefore, this should have been reported as zero. 3. Reported that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 4. Reported that in the past 12 months there were zero criminal and/or

administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days because the one case that was open when the PAQ was completed was determined to be unfounded.

5. Reported that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
 6. Reported that the facility prepares a report of its findings from sexual abuse incident review, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.
 7. Reported that the facility implements the recommendations for improvement or documents its reasons for not doing so.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 23):
 1. Outlines that facilities are required to conduct a sexual abuse incident review after every sexual abuse and sexual harassment investigation in which the allegation has been determined substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the investigation.
 3. The review team shall consist of upper-level management officials and the local PREA compliance manager, with input from line supervisors, investigators, and medical or mental health practitioners. The corporate PREA coordinator may also be consulted as part of this review.
 4. Unless mandated by client contract, a "PREA After Action Review Report," of the team's findings shall be completed and submitted to the corporate PREA coordinator no later than 30 working days after the review via the GEO PREA Portal in the corresponding PREA survey. The facility shall implement the recommendations for improvement or document its reasons for not doing so.
 5. The facility PREA compliance manager shall maintain copies of all completed PREA After Action Review Reports, and a copy shall also be maintained in the corresponding investigative file.
 3. Seaside Center Local Policy Manual 2019-6: Abuse, Neglect and Exploitation (pp. 13-14):
 1. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determine substantiated or unsubstantiated.
 2. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be

- consulted as part of this review.
3. A "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 10 working days after the review.
 4. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.
4. Review of PREA after-action reports were reviewed for incidents outside of this reporting period because there were zero cases during the current reporting period,
1. Review found that the incident was reviewed in a timely manner and covered the areas required by this standard.

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

1. Interview with the Facility Director:
 1. Reported that the incident review team normally consists of himself, the PREA Manager and the PREA Investigator. Other staff would be brought in if necessary, depending on the nature of the incident,
 2. Reported that various factors are looked at including what could have been done better, if the video monitoring was sufficient and if any gender or race issues may have contributed to the incident
2. Interview with the PREA Coordinator:
 1. Reported that PREA compliance managers at each facility are required to upload the "PREA After Action Review Report," to the agency's secure PREA Portal within 30 days of case closure. The corporate PREA compliance team monitor these reports and work with the facility to address issues as necessary. If an after- action report necessitates corrective action at the corporate level, the PREA coordinator works with the applicable department heads to implement appropriate measures. To date, no systemic trends have been identified.
 2. Reported that the corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. The recommended improvements are reviewed, and a recommendation is submitted to the divisional authority for Reentry for review and approval.

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

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.287

Evidence relied upon in making the compliance determinations:

- **Seaside Center PAQ**
- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **PREA Annual Incident Tracking Log**
- **GEO Annual Data Report**

Reasoning and analysis (by provision):

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

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

1. The facility PAQ:
 1. Reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
 2. Reported that the agency aggregates the incident-based sexual abuse data at least annually.
 3. Reported that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
 4. Reported that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
 5. Reported that the agency does not contract for the confinement of its residents.
 6. Reported that the the Department of Justice (DOJ) has not requested agency data.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 23):
 1. Each Facility shall collect and retain data related to sexual abuse as directed by the corporate PREA coordinator.
 2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).
 3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.
 4. Facility PREA compliance managers shall be responsible for compiling data collected on sexual activity, sexual harassment, and sexual abuse incidents.
 5. Facility PREA compliance managers will ensure that a PREA survey is

	<p>created in accordance with GEO OPR and divisional incident reporting policies.</p> <p>3. Seaside Center annual tracking log was reviewed from previous years.</p> <p>4. GEO Annual Data Report was reviewed and found to contain all relevant data.</p> <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Annual Data Reports • Interview responses from Agency Head • Interview responses from Agency PREA Coordinator <p>Reasoning and analysis (by provision):</p> <p>115.288(a/b/c/d)</p> <p>What was read as part of a systematic review of evidence:</p> <ol style="list-style-type: none"> 1. The facility PAQ: <ol style="list-style-type: none"> 1. Reported that the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 2. Reported that the annual report includes a comparison of the current year’s data and corrective actions with those from prior years. 3. Reported that the report provides an assessment of the agency’s progress in addressing sexual abuse. 4. Reported that the agency makes its annual report readily available to

the public at least annually through its website.

<https://www.geogroup.com/prea>

5. Reported that the annual reports are approved by the agency head.
6. Reported that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
7. Reported that the agency indicates the nature of material redacted.
 1. Reported that no redactions have been made.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (pp. 23-24):
 1. Outlines that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 1. Identifying problem areas.
 2. Taking corrective action on an ongoing basis.
 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
 2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
 3. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract.
 4. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.
3. GEO PREA Annual Reports were examined and found to comply with all aspects of the standards.

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

1. Interview responses from Agency Head:
 1. Reported that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services

	<p>annually for review and approval.</p> <ol style="list-style-type: none"> 2. Reported that annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO. <p>2. Interview responses from PREA Coordinator:</p> <ol style="list-style-type: none"> 1. Reported that each facility is required to complete the GEO “PREA After-Action Review Report,” after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and captured in the facility’s “Annual PREA Facility Assessment. 2. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal. The corporate PREA team reviews this data annually to determine the improvements needed to enhance the overall PREA program. These recommended improvements are submitted to the divisional authority for reentry annually for review and approval. 3. GEO publishes a PREA report annually. Currently, annual PREA data reports from 2017-2022 are available on GEO’s website. 4. Reported that GEO only reports statistical data and incident types. Personally identifiable information is excluded for confidentiality purposes. <p>Based on this analysis the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289</p> <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Seaside Center PAQ • GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24) • GEO Annual Data Reports (2023) • Interview responses from PREA Coordinator

Reasoning and analysis (by provision)

115.289(a/b/c/d)

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

1. The facility PAQ:
 1. Reported that the agency ensures that incident-based and aggregate are securely retained.
 2. Reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.
 3. Reported that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.
 4. Reported that the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.
2. GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (p. 4)
 1. Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed.
3. Interview responses from PREA Coordinator:
 1. Reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal.
4. Review of GEO Annual Data Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to improve sexual safety within the facilities.

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401

Evidence relied upon in making the compliance determinations:

- **GEO Corporate Policy and Procedure Manual 5.1.2-A Sexually Abusive Behavior and Intervention Procedure (effective 1/4/24)**
- **GEO website - https://www.geogroup.com/PREA_Certification_Information**
- **GEO Annual Data Reports**
- **Audit notice postings**

Reasoning and analysis (by provision):

115.401(a/b)

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

1. GEO Corporate Policy and Procedure Manual 5.1.2-A: Oversight (p. 29):
 1. Outlines that during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice.
2. GEO agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year.
3. Prior Seaside Center PREA Audit was completed in October 2021.

115.401(h/i/m/n)

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

1. The auditor had access to and observed all areas of the Seaside Center.
2. The auditor was permitted to request and was provided with copies of all relevant documents.
3. The auditor was given a private room to conduct interviews with both residents and staff.
4. Audit notices were posted in English and Spanish six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel.

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.403

Evidence relied upon in making the compliance determinations:

- **GEO website - https://www.geogroup.com/PREA_Certification_Information**

Reasoning and analysis (by provision):

115.403(f)

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

1. Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.
2. A review of the GEO website demonstrates compliance with the posting of final reports for other GEO facilities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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