

PREA Facility Audit Report: Final

Name of Facility: El Monte Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/16/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 08/16/2024

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	07/29/2024
End Date of On-Site Audit:	07/29/2024

FACILITY INFORMATION	
Facility name:	El Monte Center
Facility physical address:	11750 Ramona Boulevard, El Monte , California - 91732
Facility mailing address:	

Primary Contact

Name:	Alexandra Bonilla
Email Address:	abonilla@geogroup.com
Telephone Number:	626-454-4593

Facility Director	
Name:	Alexandra Bonilla
Email Address:	abonilla@geogroup.com
Telephone Number:	626-454-4593

Facility PREA Compliance Manager	
Name:	Alex Bonilla
Email Address:	abonilla@geogroup.com
Telephone Number:	O: 626-454-4593

Facility Characteristics	
Designed facility capacity:	70
Current population of facility:	53
Average daily population for the past 12 months:	55
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:	20-68
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	17

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	
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:	
Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS
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:

1

- 115.215 - Limits to cross-gender viewing and searches

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION	
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2024-07-29
2. End date of the onsite portion of the audit:	2024-07-29
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:	Peace Over Violence, YWCA and Just Detention International
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	70
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	28
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:	54
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:	1
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:	1
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:	3

<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>0</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>17</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>8</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" 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>The auditor ensured a geographically diverse sample among interviewees. Residents were interviewed across numerous rooms throughout the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>Twelve of the residents interviewed were male and four were female. Two of the residents interviewed were black, two were white, eleven were Hispanic and one was Asian. With regard to age, three were between eighteen and 25; three were 26-35; seven were 36-45; two were 46-55 and one was over the age of 56. All sixteen were at the facility less than a year.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>8</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>1</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>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 auditor reviewed risk assessments and spoke to the Director and other residents.</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 auditor reviewed risk assessments and spoke to the Director and other residents.</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 auditor reviewed risk assessments and spoke to the Director and other residents.</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>1</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>3</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 auditor reviewed risk assessments and spoke to the Director and other residents.</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 auditor reviewed investigations and spoke to the Director and other residents.</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>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>While not required under the community confinement standards as standard 115.281 does not exist, the auditor reviewed risk assessments and spoke to the Director and other residents.</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 is a community confinement facility and does not have a segregated housing unit. Standards 115.243 and 115.268 do not exist under community confinement.</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>4</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race, gender and ethnicity</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 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 checked="" 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>Five of the staff interviewed were Monitors, one was a Counselor and four were Administrative level staff (i.e. Employment Specialist, Maintenance, etc.). With regard to the demographics of the random staff interviewed; six were male and four were female. One was black, three were white and six were Hispanic. All staff work varying hours at the facility across different days of the week, however four had a primary shift of days, four had a primary shift of afternoons and two had a primary shift of evenings. The facility only employs fifteen total staff. As such, the auditor was only able to interview ten random staff as these were the only staff available during the on-site portion of the audit.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

79. Were you able to interview the PREA Compliance Manager?

Yes

No

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
If "Other," provide additional specialized staff roles interviewed:	Mailroom
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	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The on-site portion of the audit was conducted on July 29, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected residents and staff for interview as well as documents to review. The auditor conducted a tour of the facility on July 29, 2024. The tour included all areas associated with the facility including; housing rooms, laundry, intake, education, food service, recreation and front entrance. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing units and other factors as indicated in the appropriate standard findings.

The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. It should be noted that the auditor identified an issue with the Resident Reporting Options Poster prior to the onsite. The facility made appropriate corrections to the Resident Reporting Options Poster and replaced the older documents with the updated documents. The auditor observed the updated Resident Reporting Options Poster during the tour, which contained appropriate information for outside emotional support services via RAINN.

Third party reporting information was observed at the front entrance and in the dining area, which is utilized for visitation, via the Third Party Poster. The Third Party Poster was available in English and Spanish on letter

size paper. Additionally, the Third Party Poster was observed in the multipurpose room, which staff utilize.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least two Monitors that conducted rounds throughout the facility. Additionally, there were other program and administrative staff around the facility. The auditor observed that there were numerous residents off-site throughout the day and as such staffing appeared to be adequate. Lines of sight appeared to be adequate with rounds and video monitoring technology. The auditor observed the facility was not over crowded. The auditor did not observe any blind spots.

During the tour the auditor observed cameras throughout the facility, with the exception of housing rooms and bathrooms. Cameras appeared to eliminate blind spots and supplement staffing. Cameras are monitored in control and can be remotely monitored by certain administrative staff.

With regard to cross gender viewing, the auditor confirmed that all restrooms had a solid entry door. Within the bathroom, showers were single person and had curtains. The facility does not conduct strip searches or body cavity searches. A review of the cameras confirmed no concerns with cross gender viewing or privacy. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement prior to entry into housing rooms and bathrooms. Staff knock on the door and advise "male staff" or "female staff".

Resident risk assessments are paper and are stored in the Director's office in a locked cabinet. The office has extremely limited access. The facility does not store medical and mental health documents. Investigative reports are maintained in the electronic GEO database and paper files are maintained in

the Director's office in a locked cabinet.

During the tour the auditor was provided a demonstration of the mail process. Resident mail, incoming and outgoing, is not monitored or opened. Outgoing mail is provided to the control desk sealed and is sent out with all facility mail. Incoming mail is received by the control desk and is distributed to the residents unopened/unaltered.

The auditor observed the intake and education process through a demonstration. Residents are provided a Handbook upon arrival. Staff verbally go over the PREA information in the Handbook, including the zero tolerance policy, what PREA is, how to report, how investigations would be handled and how medical and mental health services would be provided.

The auditor was provided a demonstration of the initial risk assessment process. Staff complete the initial risk assessment one-on-one in a private office setting. Staff use the PREA Risk Assessment Tool to complete the risk assessment. Staff verbally ask all questions on the form. Staff then conduct a file review to confirm information such as criminal history, age, prior sexual abusiveness, etc. Staff advised if there are discrepancies with what is in the file and what the resident says they prompt the resident about the information and they typically understand the correct response and as such utilize the file information. The auditor was also provided a demonstration of the reassessment process. The reassessment is completed one-on-one in a private office setting via the PREA Vulnerability Reassessment Questionnaire. Staff ask the five questions on the form, including if anything has changed since the initial risk assessment.

The auditor tested the internal written reporting process through a letter submitted

to the control desk to be placed in the Director's box. Staff placed the letter in the box on July 29, 2024. The Director confirmed through email that the letter was received and confirmed that the letter is an adequate reporting mechanism for residents.

The auditor testing the external reporting mechanism via a call to the local Police Department. The auditor called utilizing a cell phone (residents are authorized to have cell phones at the facility) and selected the option for non-police emergencies. The operator confirmed that residents could report sexual abuse or sexual harassment and that once a report is received they would dispatch an officer to the facility. The operator stated residents could remain anonymous. The auditor and the Director further confirmed with the Police Department that regardless of the allegation they would respond to the facility and if it was not determined to not be a crime they would pass the information to the facility to investigate. It should be noted the auditor also called the phone number provided for the local Bureau of Prisons Office and left a message (July 29, 2024). The auditor did not receive confirmation of the call until inquiry was made with the Director. The Director then reached out to BOP who confirmed the call was received.

Additionally during the tour, the auditor asked staff to advise how they submit a written report. Staff noted that they would document verbal reports in a word document. The document would include time, date, what happened and where it happened. Staff indicated this document would then be emailed to the Director.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA

	<p>Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.</p> <p>The auditor tested the victim advocacy hotline via cell phone. The hotline provides the option for English or Spanish services. The hotline then connects to an advocate in the area. The auditor reached a staff member who confirmed that she could provide emotional support services over the phone to residents that called the number. She confirmed service are available 24 hours a day.</p> <p>During resident interviews the auditor utilized a staff translator for the LEP resident interview. Additionally, the facility has a language interpretation services (BIG Language Solutions). The auditor tested access to the service to confirm it is available for use when needed. The auditor utilized provided codes/numbers and was connected to an interpreter.</p>
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Documentation Sampling

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

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

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

Personnel and Training Files. The auditor reviewed twelve total staff files including three staff hired in the previous twelve months and three staff employed over five years. The facility does not employ contractors or medical and mental health staff and they do not allow volunteers.

Resident Files. A total of sixteen resident files were reviewed. All sixteen resident files were of those that arrived within the previous twelve months, one was LEP, one was disabled and two were identified with prior sexual victimization.

Medical and Mental Health Records. During the previous twelve months, there were zero residents that reported sexual abuse or sexual harassment at the facility. There was one resident who reported sexual abuse just prior to the twelve months. The auditor reviewed documentation confirming the resident was referred to community medical and mental health services.

Grievances. The facility had zero grievances during the previous twelve months.

Hotline Calls. The facility does not have an internal hotline.

Incident Reports. The auditor reviewed the incident report for the one investigation reported just prior to the previous twelve months.

Investigation Files. During the previous twelve months there were zero allegations reported. Just prior to the previous twelve months there was one sexual abuse allegation reported.

The auditor reviewed the administrative investigation related to the incident.

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	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
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	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
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

<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 type="radio"/> Yes</p> <p><input checked="" 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 zero sexual harassment allegations reported.</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 <input type="radio"/> No <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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The auditor reviewed the only investigation reported during the audit cycle.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 4. El Monte Center Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA) 5. El Monte Center Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements 6. El Monte Center Local Policy Manual 2019-4 – Resident Searches, Viewing and

Contraband

7. Agency Organizational Chart
8. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.211 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ also stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment and that the policy includes definitions on prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The PAQ further stated that the policy includes a description of agency strategies and response to reduce and prevent sexual abuse and sexual harassment of residents. The agency has a policy, 5.1.2-A, that outlines prevention, detection and response. The facility also has a policy, 2019-6, that addresses elements of prevention, detection and response at the facility level. 5.1.2-A, page 1 states each facility is required to have a current policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. Due to client contract requirements, some facilities may be required to follow specific client PREA policies. If the client's policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail, and the facility shall develop a site-specific supplemental policy. 2019-6, page 5 states El Monte Center maintains "zero tolerance" for incidents of sexual abuses and regards prevention of sexual abuses as a highest priority. Page 3-6 (2019-6) outlines definitions of prohibited behavior and page 5 states actual and attempted acts of sexual abuse will result in disciplinary action and referral for criminal prosecution. In addition 5.1.2-A and 2019-6, the agency and facility have numerous other policies that address portions of the sexual abuse prevention, detection and response strategies. The policies include: 5.1.2-E, 2019-4 and 2019-1. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, training (staff, volunteers and contractors), staffing, intake/risk screening, resident education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors) and intake/ risk screening. The policies address "responding" to allegations of sexual abuse and

sexual harassment through reporting, victim services, medical and mental health services, staff and resident discipline, sexual abuse incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

115.211 (b): The PAQ indicated that the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The PAQ notes that the position within the agency is PREA Director. 5.1.2-A, page 2 states GEO shall designate a PREA coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee GEO's efforts to comply with the PREA standards in all its facilities. PREA coordinator duties include: PREA oversight for U.S. Secure Services, and Reentry Services facilities; Developing the corporate PREA policy to comply with standard requirements; Work with Contract Compliance (CC) on the refinement of the PREA audit tools; Work with facilities if an incident occurs; Review the results of every investigation of sexual abuse and harassment; Compile annual reports on findings and corrective actions for GEO; Develop and implement best practices in training, identification, treatment, and reporting; and Supervise the corporate CC PREA team. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and the position reports to the Vice President of Contract Compliance. The organizational chart reflects that the PREA Director has four additional staff that serve as PREA Coordinators, three for Secure Services and one for Re-entry Services. While the facility is not required to have a PREA Compliance Manager under Community Confinement Standards, the Facility Director serves at the PCM and oversees PREA compliance at the facility. The interview with the PC indicated that he has sufficient time and authority to oversee the agency's efforts to comply with the PREA standards. He advised he supervise a corporate PREA compliance team consisting of four PREA compliance managers and a PREA compliance specialist and there is also one PREA division coordinator that assists with the Reentry Services division. The PC advised the agency conducts annual audits to identify any issues with compliance. The results of the internal audits are thoroughly reviewed during the post audit workshop and a corrective action plan is developed. He stated in conjunction with the corporate PCMs, they utilize the PREA Resource Center for up-to-date guidance and as a resource for standard interpretation and they also provide the PREA "standards in focus to the facility PCMs as a resource for implementing best practices. Additionally, the Director, who serves as the PCM at the facility confirmed she assist with PREA compliance at the facility and she has enough time to coordinate these efforts.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, 2019-6, 2019-, 2019-4, the organizational charts and information from the interview with the PC, this standard appears to be compliant.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="331 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="331 249 594 281">Auditor Discussion</p> <hr/> <p data-bbox="331 323 488 354">Documents:</p> <ol data-bbox="331 386 711 417" style="list-style-type: none"> <li data-bbox="331 386 711 417">1. Pre-Audit Questionnaire <p data-bbox="331 522 638 554">Findings (By Provision):</p> <p data-bbox="331 659 1425 921">115.212 (a): The PAQ indicated the agency entered into or renewed one contractor for the confinement of inmates since the last PREA audit, however further communication with agency/facility staff confirmed indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care.</p> <p data-bbox="331 1026 1450 1373">115.212 (b): The PAQ indicated the agency entered into or renewed one contractor for the confinement of inmates since the last PREA audit, however further communication with agency/facility staff confirmed this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p data-bbox="331 1478 1450 1824">115.212 (c): The PAQ indicated the agency entered into or renewed one contractor for the confinement of inmates since the last PREA audit, however further communication with agency/facility staff confirmed this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p data-bbox="331 1919 1417 1950">Based on the review of the PAQ, this standard appears to be not applicable and as</p>

	such compliant.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Staffing Schedule 4. Annual PREA Facility Assessment - Attachment A 5. Camera Map <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.213 (a): The PAQ indicated that for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. 5.1.2-A, page 3 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in a GEO facility against sexual abuse. The PAQ indicated that the current staffing is based on 70 residents and the average daily population over</p>

the previous twelve months is 55. The facility provided a staffing schedule but did not provide a staffing plan. A review of the Annual PREA Facility Assessment however noted that it outlined the staffing plan as it relates to the elements under this provision. The form notes staffing as it relates to physical plant, resident to staff ratio, resident population and prevalence of incidents of sexual abuse and sexual harassment. During the tour the auditor confirmed the facility follows the staffing plan. There were at least two Monitors that conducted rounds throughout the facility. Additionally, there were other program and administrative staff around the facility. The auditor observed that there were numerous residents off-site throughout the day and as such staffing appeared to be adequate. Lines of sight appeared to be adequate with rounds and video monitoring technology. The auditor observed the facility was not over crowded. The auditor did not observe any blind spots. The auditor observed cameras throughout the facility, with the exception of housing rooms and bathrooms. Cameras appeared to eliminate blind spots and supplement staffing. Cameras are monitored in control and can be remotely monitored by certain administrative staff. The interview with the Director confirmed the facility has a staffing plan and the plan is adequate to protect residents from sexual abuse. She stated that they ensure at minimum there is a male and female staff member on duty at all times. The plan is reviewed annually to ensure adequate and that they utilize overtime to fill positions. The Director confirmed video monitoring is part of the staffing plan and that the staffing plan is documented. She indicated that they review incidents of sexual abuse related to their staffing plan and they also ensure they conduct frequent security checks and head counts. The Director noted that she checks for compliance with the staffing plan through a review of the schedule. She advised the Monitor II, who acts as the Shift Supervisor, would also contact her if there were any issues with the staffing plan (i.e. someone did not show up). The PC confirmed these elements are considered in the staffing plan. He stated since the release of the federal standards, they have allocated funds to shower modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. He advised they acquire facilities which are at times older in construction and not optimal by today's standards. The company leadership spends the money needed to make proper modifications to enhance safety. The corporate PREA team works very closely with the corporate project development team. If design issues are detected during internal or external site visits, they use a team approach to address and correct the issue. GEO routinely uses new technology to assist in better monitoring of our staff and inmates within our facilities. He stated they routinely add or improve camera coverage within the facilities. The PC further stated that GEO monitors incidents at both the local and national level to identify patterns and areas for improvement. This monitoring has been made possible through software applications and systems implemented nationally allowing incidents and audit results to be tracked and compared more easily.

115.213 (b): The PAQ indicated that this provision is not applicable as there have been no deviations from the staffing plan. 5.1.2-A, page 3 states that in

	<p>circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. The interview with the Director confirmed that any deviations from the staffing plan would be documented via the schedule. She stated that they would never deviate from the minimum staffing as they would utilize overtime. She indicated staff are not allowed to leave their post until they are relieved.</p> <p>115.213 (c): The PAQ indicated that at least once every year the facility reviews the staffing plan to see whether adjustments are needed in: the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. 5.1.2-A, page 3 states that facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan; the facility’s deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. Policy further indicates that the staffing plan, to include all deviations and the Annual PREA Facility Assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA office annually as determined by each division. The staffing plan was most recently reviewed on September 11, 2023 by the Facility Administrator (also PCM) and Social Services Coordinator. It was further reviewed on September 22, 2023 by the agency PC. The plan was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence. The staffing plan was previously reviewed on November 2, 2022. The PC stated each facility is required to conduct an Annual PREA Facility Assessment, which requires them to review their staffing plan and all components of the physical plant. Completed assessments are forwarded to him, which include recommendations for equipment, cameras, additional staffing, etc. He advised he reviews and consults with the appropriate divisional leadership (i.e., secure services and reentry services) and they assess the request. It is either approved or denied, signed, and returned to the facility.</p> <p>Based on a review of the PAQ, 5.1.2-A, Staffing Schedule, Annual PREA Facility Assessment – Attachment A, Camera Map, observations from the tour and information from the interviews with the PC and the Director indicate that this standard appears to be compliant.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. El Monte Center Local Policy Manual 2019-4 – Resident Searches, Viewing and Contraband
4. Prison Rape Elimination Act (PREA) Training Curriculum
5. Staff Training Records

Interviews:

1. Interviews with Random Staff
2. Interviews with Random Residents

Site Review Observations:

1. Observations of Privacy
2. Observation of Opposite Gender Announcement

Findings (By Provision):

115.215 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of residents and that there have been zero searches of this kind in the previous twelve months. Further communication with the facility indicated this was checked incorrectly and they do not conduct cross gender strip and cross gender visual body cavity searches. 5.1.2-A, page 12 states cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners. Additionally, it states cross-gender visual body cavity searches are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. 2019-4, page 2 states resident “Strip” searches

and body cavity searches are prohibited and not conducted at El Monte Center. Page 3 further states cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. Page 4 states unless the referring agency written mandates dictate otherwise, searches of Transgender and Intersex individuals shall be performed at El Monte Center either by female staff only or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. The preferred option will be documented on the "Statement of Search Preference" form.

115.215 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The PAQ and further communication with the facility staff indicated the facility does not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ noted there have been zero pat-down searches of female residents by male staff. 5.1.2-A, page 12 states facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility, absent exigent circumstances. It further states that facilities shall not restrict female individuals in a GEO facility access to regularly available programming or other outside opportunities in order to comply with this provision. Page 13 further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. 2019-4, page 2 states 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. Page 4 states unless the referring agency written mandates dictate otherwise, searches of Transgender and Intersex individuals shall be performed at El Monte Center either by female staff only or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. The preferred option will be documented on the "Statement of Search Preference" form. Interviews with ten staff indicated residents are not restricted from regularly available programming or other out of cell opportunities in order to comply with this provision. Interviews with four female residents further confirmed none were ever restricted access in order to comply with this provision.

115.215 (c): The PAQ indicated that facility policy does not require all cross gender strip searches, all cross gender visual body cavity searches and all cross gender pat searches of female residents be documented. The PAQ noted the facility does not conduct strip searches or body cavity searches. 5.1.2-A, page 12 states that facilities shall document and justify all cross-gender pat-down searches of female individuals in a GEO facility. It further states that facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of

individuals in a GEO facility. 2019-4, page 2 states resident "Strip" searches and body cavity searches are prohibited and not conducted at El Monte Center. Page 3 further states cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. Cross-gender pat-down searches of male and/or female residents are prohibited. Female residents will not be denied access to regularly available programming or other outside opportunities in order to comply with this provision.

115.215 (d): The PAQ indicated that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The PAQ further indicated that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. 5.1.2-A, page 12 states each facility shall 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. Policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any area where individuals are likely to be showering, performing bodily functions or changing clothes. 2019-4, page 3 states 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 nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, excluding exigent circumstances (such as a medical emergency where same-gender staff are not available to render first aid). With regard to cross gender viewing, the auditor confirmed that all restrooms had a solid entry door. Within the bathroom, showers were single person and had curtains. The facility does not conduct strip searches or body cavity searches. A review of the cameras confirmed no concerns with cross gender viewing or privacy. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement prior to entry into housing rooms and bathrooms. Staff knock on the door and advise "male staff" or "female staff". All ten random staff interviewed stated that residents have privacy when showering, using the restroom and changing clothes and all ten indicated that staff of the opposite gender knock and announce prior to entering resident living areas and bathroom areas. Interviews with sixteen residents indicated they have privacy when showering, using the restroom and changing their clothes. Further all sixteen residents stated that staff of the opposite gender knock and announce when they enter their rooms and the bathrooms.

115.215 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ noted that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 13 and 2019-4, page 3 state staff 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 conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with ten random staff indicated nine were aware of an agency policy that prohibits strip searching a transgender or intersex resident for the sole purpose of determining the residents' genital status. Staff advised they do not conduct any strip searches at the facility. There were zero transgender residents at the facility and as such no interviews were conducted.

115.215 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. 5.1.2-A, page 13 and 2019-4, page 4 state security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO facility professionally and respectfully. Page 13 (5.1.2-A) further states unless client mandates dictate otherwise, searches of transgender and intersex individuals shall be performed in one of three ways as determined by the facility administrator: Searches only conducted by medical staff; Searches conducted only by female staff; or asking the individual to identify the gender of staff, they would feel most comfortable conducting the search. Page 4 (2019-4) states unless the referring agency written mandates dictate otherwise, searches of Transgender and Intersex individuals shall be performed at El Monte Center either by female staff only or asking the individual to identify the gender of staff with whom they would feel most comfortable conducting the search. The preferred option will be documented on the "Statement of Search Preference" form. A review of the Prison Rape Elimination Act (PREA) training curriculum confirms that slides outline how to conduct cross gender searches and searches of transgender and intersex inmates. The training discusses trauma, consistency, exigent circumstances, pronouns, respectful communication, prohibited actions and acceptable options for transgender searches. Additionally, the training includes viewing the PREA Resource Center's video on cross gender searches and transgender and intersex inmate searches. Interviews with ten staff indicated all ten had received training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents. A review of documentation for twelve staff confirmed all twelve had completed the PREA training, which includes slides on searches under this provision.

Based on a review of the PAQ, 5.1.2-A, 2019-4, Prison Rape Elimination Act (PREA)

	<p>Training Curriculum, Staff Training Records, observations made during the tour, as well as information from interviews with random staff and random residents indicates the facility appears to exceed this standard. Policy prohibits cross gender searches, however the facility does not conduct any searches and as such would never deviate from the policy. Residents never undergo pat, strip or body cavity searches at the facility. Restrictions due to searches never occur. The facility provides solid doors and then additional privacy measures behind the solid doors for the residents. Staff also knock and announce on an outer most door and then announce again prior to entering the living area. It was repeatedly noted that male staff do not enter female living areas or bathrooms. Further, while the facility does not conduct searches, all staff were still trained on cross gender searches and searches of transgender and intersex residents.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. BIG Language Solutions Information 4. PREA Education Manual (Handbook) 5. Resident Reporting Options Poster 6. Sexual Assault Awareness Poster <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interviews with Random Staff 3. Interviews with Disabled and LEP Residents <p>Site Review Observations:</p>

1. Observations of PREA Posters

Findings (By Provision):

115.216 (a): The PAQ stated that the agency has established procedures 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 sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. A review of Handbook and Posters confirmed that information is available in large text, bright colors and in English and Spanish. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. The interview with the Agency Head Designee indicated that all of GEO facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with one LEP resident and one disabled resident indicated they were both provided information in a format that they could understand.

115.216 (b): The PAQ indicates that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 5.1.2-A, page 8 states facilities shall ensure that individuals in a GEO facility with disabilities have an equal opportunity to participate in or benefit from GEO's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all facilities provide written materials to every individual in a GEO facility in

formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Documentation indicated that the agency utilizes BIG Language Solutions which provides over the phone interpretation in over 300 languages, video remote interpreting and written translation services. Additionally, the facility has six staff that can interpret two languages. A review of Handbook and Posters confirmed that information is available in large text, bright colors and in English and Spanish. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. During resident interviews the auditor utilized a staff translator for the LEP resident interview. Additionally, the facility has a language interpretation services (BIG Language Solutions). The auditor tested access to the service to confirm it is available for use when needed. The auditor utilized provided codes/ numbers and was connected to an interpreter. Interviews with one LEP resident and one disabled resident indicated they were both provided information in a format that they could understand.

115.216 (c): The PAQ indicated that agency policy prohibits use of resident interpreters, resident readers, or other type 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 responder duties, or the investigation of the resident's allegation. The PAQ stated the agency/facility documents the limited circumstances. The PAQ noted that there were zero instances where a resident was utilized to interpret, read or provide other types of assistance. 5.1.2-A, page 8 indicates that individuals in a GEO facility shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. 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. Interviews with ten random staff indicated seven were aware of a policy that prohibits utilizing resident interpreters, readers or other types of resident assistants for sexual abuse allegations. Interviews with one LEP resident and one disabled resident indicated they were both provided information in a format that they could understand. The LEP resident stated that a staff member provided the information to her in Spanish.

Based on a review of the PAQ, 5.1.2-A, BIG Language Solutions Information, PREA Education Manual (Handbook), Resident Reporting Options Poster, Sexual Assault Awareness Poster, observations made during the tour as well as interviews with the

	Agency Head Designee, random staff and LEP and disabled residents this standard appears to be compliant.
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. Employment Questionnaire 4. PREA Disclosure and Authorization Form Annual Performance Evaluation 5. Personnel Files for Staff <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Human Resource Staff <p>Findings (By Provision):</p> <p>115.217 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may come in contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. 5.1.2-A, page 4 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with inmates in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 11 states that GEO facilities are prohibited from contracting with anyone (who may have contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of documentation for three staff hired in the previous twelve months confirmed all</p>

three had a criminal background records check completed prior to hire. All three also completed the Employment Questionnaire prior to hire. The facility does not enlist the services of contractors and as such no documentation was reviewed.

115.217 (b): The PAQ indicated that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with a resident. 5.1.2-A, page 4 states 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. Page 11 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with individuals in a GEO facility. The interview with the Human Resource staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractor.

115.217 (c): The PAQ indicated that agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best 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, before hiring new employees. Background checks shall be repeated for all employees at least every five years. The PAQ indicated that five individual were hired in the past twelve that had a criminal background records check completed prior to hire. The interview with Human Resource staff confirmed that a criminal background records check is completed before hiring any new employees. The staff stated they conduct a criminal background records check through the client and also through Accurate, a third party entity. He stated the client conducts a criminal background records check through NCIC and then GEO also sends the information at the same time to Accurate. He further advised that Accurate contacts prior institutional employers related to substantiated incidents of sexual abuse. A review of documentation for three staff hired in the previous twelve months confirmed all three had a criminal background records check completed prior to hire. None of the staff had a prior institutional employer, however the auditor confirmed that the agency utilizes a third party to conduct a portion of the criminal background records checks and this third party contacts prior institutional employers. The auditor confirmed this process through prior GEO audits.

115.217 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may

have contact with residents. The PAQ indicated that there have been zero contracts at the facility within the past twelve months and all contractors under the contract have received a criminal background records check prior to enlisting their services. 5.1.2-A, pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. The interview with the Human Resource staff confirmed that contractors have a criminal background records check completed prior to enlisting their services. The facility does not enlist the services of contractors and as such no documentation was reviewed.

115.217 (e): The PAQ indicated that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, pages 4 states that each facility shall conduct criminal background checks and do its best 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, before hiring new employees. Background checks shall be repeated for all employees at least every five years. Pages 11-12 state that each facility shall conduct criminal background checks and do its best to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. The interview with the Human Resource staff indicated that the contract with the client gets reviewed every five years and as such all staff are required to have a new criminal background records check completed upon each contract renewal. He stated they also utilized Accurate for the five year criminal background records checks. A review of documentation for three staff employed longer than five years indicated two had a criminal background records check completed at least every five years. All three had a current criminal background records check completed in 2019. The facility also provided confirmation that they submitted documentation for the current five year criminal background records checks to be completed this year.

115.217 (f): 5.1.2-A, page 4 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual abuse 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. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison,

	<p>jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?”. Additionally, the PREA Disclosure and Authorization Form Annual Performance Evaluation indicates that it includes the same questions and is utilized during annual employee performance reviews and prior to any promotions. The Human Resource staff confirmed all applicants and employees are asked the questions under this provision through the application process, prior to promotion and then annually through employee reviews. He further confirmed that staff have a continuing affirmative duty to disclose any previous misconduct. A review of documentation for three newly hired staff indicated all three had answered PREA questions via the Employment Questionnaire, prior to hire. The facility did not have any staff promoted during the previous twelve months.</p> <p>115.217 (g): The PAQ indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.217 (h): 5.1.2-A, page 4 states that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. The interview with the Human Resource staff indicated that information is provided to other institutional employers, but it is typically done through the corporate office.</p> <p>Based on a review of the PAQ, 5.1.2-A, Employment Questionnaire, PREA Disclosure and Authorization Form Annual Performance Evaluation, Personnel Files for Staff, and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Camera Map

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.218 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. During the tour the auditor confirmed there were no expansions or modifications to the facility. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assesses the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the incarcerated individuals and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the

	<p>intent and language within the PREA guidelines and does everything possible to design and run facilities which protect incarcerated individuals from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Director confirmed there have been no substantial expansions or modifications to the existing facility since the last PREA audit.</p> <p>115.218 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 5.1.2-A, pages 4-5 state GEO and its facilities shall consider the effects any new or upgrade design, acquisition, expansion, or modification of physical plant, or monitoring technology might have on the facility's ability to protect individuals in a GEO facility from sexual abuse and harassment. During the tour the auditor observed cameras throughout the facility, with the exception of housing rooms and bathrooms. Cameras appeared to eliminate blind spots and supplement staffing. Cameras are monitored in control and can be remotely monitored by certain administrative staff. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and incarcerated individuals within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The Director confirmed that when installing or updating video monitoring technology they consider how that technology will protect residents from sexual abuse. She stated they review for blind spots and make sure that cameras cover appropriate areas. She stated current cameras have been strategically placed to cover blind spots and they have also installed mirrors to assist as well.</p> <p>Based on a review of the PAQ, 5.1.2-A, camera map, observations made during the tour and information from interviews with the Agency Head and Director indicates that this standard appears to be compliant.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
4. Documentation of Attempts to Secure Services with a Local Rape Crisis Center
5. Memorandum Related to Victim Advocacy Services
6. Staff Training Documents
7. Attempted Communication and Memorandum of Understanding with El Monte Police Department
8. Investigative Report

Interviews:

1. Interviews with Random Staff
2. Interview with the PREA Coordinator

Findings (By Provision):

115.221 (a): The PAQ indicated that the agency is responsible for conducting administrative while the Federal Bureau of Prisons and local law enforcement are responsible for conducting criminal investigations. The PAQ indicated that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. 5.1.2-A, page 1 and 2019-6, page 15 state each facility (or El Monte Center) 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. GEO shall publish its corporate investigations policy on its website. 5.1.2-E, page 5 states that facilities that are responsible for investigating allegations of sexual abuse is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents,” or similarly comprehensive and authoritative

protocols developed after 2011. Interviews with ten random staff indicated all ten were aware of and understood the protocol for obtaining usable physical evidence. Additionally, nine of the ten staff stated they knew who was responsible for conducting sexual abuse investigations.

115.221 (b): The PAQ indicated that the evidence protocol is developmentally appropriate for youth and the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". 5.1.2-E, page 5 states that facilities that are responsible for investigating allegations of sexual abuse is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c): The PAQ indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside medical facility. The PAQ stated that forensic medical examinations are offered without financial cost to the victim. It further indicated forensic medical examinations are conducted by SAFE or SANE, and when SAFE or SANE are not available examinations are conducted by a qualified medical practitioner. The PAQ stated the facility documents its efforts to provide SAFE/SANE. 5.1.2-E, page 5 states that the 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. It further states that the facility medical staff shall not participate in sexual assault forensic examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if SANE or SAFE is not available. 5.1.2-A page 20 and 2019-6, page 11 state 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. The PAQ indicated that during the previous twelve months there were zero forensic medical examination conducted by a SANE/SAFE. The auditor contacted the UCLA Health Rape Treatment Center related to forensic medical examinations. The staff confirmed they provide forensic medical examinations 24 hours a day through SAFE/SANE. Staff indicated that after hours (business hours) law enforcement makes contact with the facility and they

coordinate logistics for the forensic medical examination. There were zero allegations reported during the previous twelve months and one prior to the twelve months. There were zero forensic medical examinations.

115.221 (d): The PAQ indicated that the facility attempts to make available to the victim a victim advocate from a rape crisis center and the efforts are documented. The PAQ further indicated that if a rape crisis center is not available a qualified staff member from a community-based organization or a qualified agency staff member, however a rape crisis center advocate is always provided. 5.1.2-E, page 5 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation confirmed the facility has reached out to numerous organizations from 2022-2024 in an attempt to secure an MOU for services. The memo related to victim advocates advised that the facility attempts to obtain a victim advocate from the local rape crisis center for services, however if they are unable to obtain a victim advocate the facility Director services as the qualified agency staff member to provide these services. It should be noted that when the auditor contacted the UCLA Health Rape Crisis Center there was an option to contact a victim advocate and an option for a victim advocate to provide emotional support services. The interview with the PC indicated GEO policy requires each facility 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. He stated 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 service 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. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of the one sexual abuse allegation reported prior to the previous twelve months indicated the resident was referred to community medical and mental health services and had access to the Directors as a victim advocate.

115.221 (e): The PAQ indicated that as requested by the victim, the victim

advocate, qualified agency staff member or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews. 5.1.2-E, page 5 states that a victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. It further states that upon request by the victim and with the victim's consent either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. A review of documentation confirmed the facility has reached out to numerous organizations from 2022-2024 in an attempt to secure an MOU for services. The memo related to victim advocates advised that the facility attempts to obtain a victim advocate from the local rape crisis center for services, however if they are unable to obtain a victim advocate the facility Director services as the qualified agency staff member to provide these services. It should be noted that when the auditor contacted the UCLA Health Rape Crisis Center there was an option to contact a victim advocate and an option for a victim advocate to provide emotional support services. The interview with the PC indicated GEO policy requires each facility 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. He stated 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 service 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. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were conducted. A review of the one sexual abuse allegation reported prior to the previous twelve months indicated the resident was referred to community medical and mental health services and had access to the Directors as a victim advocate.

115.221 (f): The PAQ indicated if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221. The facility provided a photo of a copy of the certified mail receipt sent to El Monte Police Department related to entering into an MOU. This was sent in December 2023. The facility also provided the letter and a draft MOU that was sent to the El Monte Police Department which outlined the elements under this standard.

	<p>115.221 (g): The auditor is not required to audit this provision.</p> <p>115.221 (h): The facility Director serves as the qualified agency staff member to provide services. The Director is documented with three Victim Advocacy Trainings related to providing services. She is qualified and willing to provide the services.</p> <p>Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, Documentation of Attempts to Secure Services with a Local Rape Crisis Center, Memorandum Related to Victim Advocacy Services, Staff Training Documents, Attempted Communication with the El Monte Police Department and information from interviews with random staff, and the PREA Coordinator indicates that this standard appears to be compliant.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 4. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with Investigative Staff <p>Findings (By Provision):</p>

115.222 (a): The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 5.1.2-A, page 1 and 2019-6, page 15 state each facility (or El Monte Center) 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. GEO shall publish its corporate investigations policy on its website 5.1.2-E, page 1 states each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. 2019-6, page 5 states El Monte Center shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities for each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a Law Enforcement MOU shall be documented and retained by the facility. The PAQ noted there were zero allegations reported within the previous twelve month which resulted in an administrative investigation. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed it was investigated administratively by an agency investigator. The allegation was also referred to the El Monte Police Department who initially provided an incident number but declined to investigate.

115.222 (b): The PAQ indicated 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, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ further stated that the policy is published on the agency's website and all referrals for criminal investigations are documented. 5.1.2-A, page 1 states 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. GEO shall publish its corporate investigations policy on its website. 5.1.2-E, page 1 states each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. 2019-6, page 5 states El Monte Center shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities for each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a Law Enforcement MOU shall be documented and retained by the facility. Page 6 further states allegations of sexual abuse that includes penetration or touching of the genital areas (unrelated to staff performing official duties) shall be referred to outside law enforcement agencies. El Monte Center shall document all referrals. Client notification shall also be documented, printed, and maintained as part of the investigation file. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. The interview with the agency investigator confirmed that allegations of sexual abuse are referred to an investigative agency with legal authority to conduct criminal investigations, unless the activity is clearly not criminal. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed it was investigated administratively by an agency investigator. The allegation was also referred to the El Monte Police Department who initially provided an incident number but declined to investigate.

115.222 (c): 5.1.2-A, page 1 states 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. GEO shall publish its corporate investigations policy on its website. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

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

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

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E the Investigative Report, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator indicates that this standard appears to be compliant.

115.231	Employee training
	<p data-bbox="329 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="329 247 596 279">Auditor Discussion</p> <hr/> <p data-bbox="329 319 492 350">Documents:</p> <ol data-bbox="329 386 1321 659" style="list-style-type: none"> <li data-bbox="329 386 711 417">1. Pre-Audit Questionnaire <li data-bbox="329 453 1321 522">2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <li data-bbox="329 558 1118 590">3. Prison Rape Elimination Act (PREA) Training Curriculum <li data-bbox="329 625 683 657">4. Staff Training Records <p data-bbox="329 762 475 793">Interviews:</p> <ol data-bbox="329 829 786 861" style="list-style-type: none"> <li data-bbox="329 829 786 861">1. Interviews with Random Staff <p data-bbox="329 963 638 995">Findings (By Provision):</p> <p data-bbox="329 1098 1443 1955">115.231 (a): The PAQ indicated that the agency trains all employees who may have contact with residents on the requirements under this provision. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO’s PREA program before assignment. Each facility shall train employees who may have contact with individuals in a GEO facility on; its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; detained individual’s right to be free from sexual abuse and sexual harassment; the right of the detained individuals to be free from retaliation from reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates/detainees/residents; how to communicate effectively and professionally with detained individuals, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirms that the training includes: the agency’s zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates’ right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a</p>

confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). Interviews with ten random staff confirmed all ten had received PREA training and the training included the required elements under this provision. A review of documentation for twelve staff confirmed all twelve completed PREA training.

115.231 (b): The PAQ indicated that training is tailored to the gender of resident at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 5.1.2-A, page 9 states employee training shall be tailored to the gender of the individual in the GEO facility at the employee's facility, and employees shall receive additional training if transferring facilities that house individuals of different genders. A review of the PREA training curriculum indicates that it covers both male and female reactions to sexual abuse as well as male and female trauma and how that affects sexual abuse. A review of documentation for twelve staff confirmed all twelve completed PREA training.

115.231 (c): The PAQ indicated that between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment annually. 5.1.2-A, page 9 states PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation for twelve staff indicated nine had completed PREA training annually. Three staff were new hires and had not yet had the second year.

115.231 (d): The PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signatures or electronic verification. 5.1.2-A, page 9 states unless client mandate requires electronic verification, employees shall document through signatures on the PREA Basic Training Acknowledgement form to confirm they understand the training they have received. A review of documentation indicated all staff signed the PREA Basic Training Acknowledgment.

Based on a review of the PAQ, 5.1.2-A, the PREA Training, staff training records and information from interviews with random staff indicates that this standard appears to be compliant.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Prison Rape Elimination Act (PREA) Training Curriculum <p>Findings (By Provision):</p> <p>115.232 (a): The PAQ indicated that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO’s PREA program before assignment. Page 10 states all volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. A review of the PREA training curriculum confirms that the training includes: the agency’s zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates’ right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory</p>

reporting (slides 48-58). The PAQ noted that zero volunteers and contractors had received PREA training. The facility does not enlist the services of contractors and does not have volunteers. As such no documentation was reviewed and interviews were not completed.

115.232 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Additionally, the PAQ stated that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Further communication with the PC indicated volunteers and contractors were not previously trained, however the facility is implementing corrective action on this standard moving forward. 5.1.2-A, page 9 states all employees, contractors and volunteers shall receive training on GEO's PREA program before assignment. Page 10 states all volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all volunteers who have contact with individuals in a GEO facility are trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers who have contact with individuals in a GEO facility shall receive annual PREA refresher training. Further, page 11 states all contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program before assignment. Each facility shall ensure all contractors who have contact with individuals in a GEO facility trained on their responsibilities under GEO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors who have contact with individuals in a GEO facility shall receive annual PREA refresher training. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). The facility does not enlist the services of contractors and does not have volunteers. As such no documentation was reviewed and interviews were not completed.

115.232 (c): The PAQ indicated that the agency maintains documentation

	<p>confirming that volunteers and contractors understand the training they have received. 5.1.2-A, page 10 states unless client mandates require electronic verification, volunteers shall document training through signature on the PREA Basic Training Acknowledgement form acknowledging they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. Further, page 11 states unless client mandates require electronic verification, contractors shall document training through signature on the PREA Basic Training Acknowledgement form that they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training. The facility does not enlist the services of contractors and does not have volunteers. As such no documentation was reviewed.</p> <p>Based on a review of the PAQ, 5.1.2-A and the PREA Training this standards appears to be compliant.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <p>El Monte Center Local Policy Manual 2019-1 – PREA Staffing and Facility Requirements</p> <ol style="list-style-type: none"> 3. PREA What You Need to Know Video 4. PREA Education Manual for Residents (Handbook) 5. Resident Reporting Options Poster 6. Sexual Assault Awareness Program Poster/Brochure 7. Resident Education Records (Acknowledgment of Receipt of PREA Education Manual & Acknowledgment of Required Training) <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Updated PREA Reporting Options Poster

2. Updated PREA Education Manual for Residents (Handbook)

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.233 (a): The PAQ stated that during the intake process, residents shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 5.1.2-A, page 8 states during the intake process, U.S. Secure Services shall provide each individual in a GEO facility with written information on GEO's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. The PAQ indicated that 166 residents received PREA information at intake during the previous twelve months. A review of the Handbook indicates that it is a fourteen page document that outlines information on: safety, definitions, pat searches, prevention, reporting mechanisms, what to expect after reporting, grievances and information for RAINN. The Handbook also includes a copy of the Resident Reporting Options Poster. The Resident Reporting Options Poster includes information on zero tolerance, reporting mechanisms and contact information for RAINN. The Sexual Assault Program Poster/Brochure includes information on the zero tolerance policy, prevention, reporting and response/actions to take after an allegation. The auditor observed the intake and education process through a demonstration. Residents are provided a Handbook upon arrival. Staff verbally go over the PREA information in the Handbook, including the zero tolerance policy, what PREA is, how to report, how investigations would be handled and how medical and mental health services would be provided. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake. The staff advised residents are provided a Handbook and then he goes over the biggest bullet points in the Handbook with them also. He advised he goes over the zero tolerance policy, what PREA is, the federal law, how to report, examples of sexual abuse and sexual harassment, sexual

abuse grievances, what to do if an incident occurs, medical and mental health services and the investigation process. The intake staff stated all residents get this information on the day of arrival. Interviews with sixteen residents indicated all sixteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. Residents stated this information was provided to them verbally when they first arrived. A review of fifteen total resident files confirmed all fifteen received PREA education upon intake.

115.233 (b): The PAQ indicated that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in provision (a). The PAQ further stated there were two residents transferred from another community confinement facility who was provided the refresher information over the previous twelve months. 5.1.2-A, page 8 states within 30 days of intake, U.S. Secure Services and Reentry facilities shall provide a comprehensive education to all individuals in a GEO program, either in person or through video. Policy further states the comprehensive education shall include information on the 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. A review of the Handbook indicates that it is a fourteen page document that outlines information on: safety, definitions, pat searches, prevention, reporting mechanisms, what to expect after reporting, grievances and information for RAINN. The Handbook also includes a copy of the Resident Reporting Options Poster. The Resident Reporting Options Poster includes information on zero tolerance, reporting mechanisms and contact information for RAINN. The Sexual Assault Program Poster/ Brochure includes information on the zero tolerance policy, prevention, reporting and response/actions to take after an allegation. The auditor observed the intake and education process through a demonstration. Residents are provided a Handbook upon arrival. Staff verbally go over the PREA information in the Handbook, including the zero tolerance policy, what PREA is, how to report, how investigations would be handled and how medical and mental health services would be provided. The interview with the intake staff confirmed that residents receive information on the agency's sexual abuse and sexual harassment policies during intake. The staff advised residents are provided a Handbook and then he goes over the biggest bullet points in the Handbook with them also. He advised he goes over the zero tolerance policy, what PREA is, the federal law, how to report, examples of sexual abuse and sexual harassment, sexual abuse grievances, what to do if an incident occurs, medical and mental health services and the investigation process. The intake staff stated all residents get this information on the day of arrival. Interviews with sixteen residents indicated all sixteen were provided information about the agency's zero tolerance policy, their rights under PREA, how to report and the facility's response to an allegation of sexual abuse or sexual harassment. Residents stated this information was provided to them verbally when they first arrived. A review of fifteen total resident files confirmed all fifteen received PREA

education upon intake.

115.233 (c): The PAQ indicated that resident PREA education is available in formats accessible to all s, including those who are disabled or limited English proficient. 5.1.2-A, page 8 states individuals in a GEO facility shall receive education upon transfer to a different facility if the policy and procedures differ from the previous facility. Documentation indicated that the agency utilizes BIG Language Solutions which provides over the phone interpretation in over 300 languages, video remote interpreting and written translation services. Additionally, the facility has six staff that can interpret two languages. A review of Handbook and Posters confirmed that information is available in large text, bright colors and in English and Spanish. A review of one disabled resident file and one LEP resident file indicated both had signed that they received and understood the PREA education. The one LEP resident signed a Spanish acknowledgment form. Interviews with the disabled and LEP residents confirmed both were provided education in a format they could understand.

115.233 (d): The PAQ indicated that the agency maintains documentation of resident participation in PREA education sessions. 5.1.2-A, page 9 states all individuals in a GEO facility shall sign for receipt of written material and participation in comprehensive education sessions. A review of fifteen total resident files confirmed all sixteen signed that they received PREA education via the Acknowledgment of Receipt of PREA Education Manual.

115.233 (e): The PAQ indicated 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. 5.1.2-A, page 9 states key information shall be provided to individuals in a GEO facility continuously through readily available, handbooks, brochures, or other written materials. A review of the Handbook indicates that it is a fourteen page document that outlines information on: safety, definitions, pat searches, prevention, reporting mechanisms, what to expect after reporting, grievances and information for RAINN. The Handbook also includes a copy of the Resident Reporting Options Poster. The Resident Reporting Options Poster includes information on zero tolerance, reporting mechanisms and contact information for RAINN. The Sexual Assault Program Poster/Brochure includes information on the zero tolerance policy, prevention, reporting and response/actions to take after an allegation. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for

	<p>residents.</p> <p>Based on a review of the PAQ, 5.1.2-A, 2019-1, PREA What You Need to Know Video. PREA Education Manual for Residents (Handbook), Resident Reporting Options Poster, Sexual Assault Awareness Program Poster/Brochure, Resident Education Records, the updated documents, observations made during the tour, as well as information obtained during interviews with intake staff and random residents indicate that this standard appears to be corrected and as such compliant.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Specialized Training Investigating Sexual Abuse in Facility Settings 4. Investigator Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Investigative Staff <p>Findings (By Provision):</p> <p>115.234 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The specialized training is conducted utilizing the PREA specialized training investigating sexual abuse in adult/juvenile correctional settings. A review of documentation</p>

indicated that one facility staff member was documented with the specialized training. The interview with the agency investigator confirmed she received specialized training regarding conducting sexual abuse and sexual harassment investigations in a confinement setting. She stated the training was completed in 2019 and it was a four hour webinar with a test. She indicated it also included an interview by corporate GEO staff.

115.234 (b): 5.1.2-A, page 10 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated that one facility staff member was documented with the specialized training. The interview with investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

115.234 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that one facility investigator completed the required training. 5.1.2-A, page 10 states facilities shall maintain documentation of this specialized training. A review of documentation confirmed the agency staff who completed the investigation prior to the previous twelve months completed the specialized training.

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

Based on a review of the PAQ, 5.1.2-A, PREA Specialized Training Investigating Sexual Abuse in Facility Settings, Investigator Training Records as well as the interview with the investigator, indicates that this standard appears to be compliant.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="329 176 984 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="329 249 596 281">Auditor Discussion</p> <hr/> <p data-bbox="329 323 492 354">Documents:</p> <ol data-bbox="329 386 711 417" style="list-style-type: none"> <li data-bbox="329 386 711 417">1. Pre-Audit Questionnaire <p data-bbox="329 522 638 554">Findings (By Provision):</p> <p data-bbox="329 659 1433 848">115.235 (a): The PAQ indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required. No files were reviewed and no interviews were conducted.</p> <p data-bbox="329 953 1385 1058">115.235 (b): The PAQ indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p data-bbox="329 1163 1385 1310">115.235 (c): The PAQ indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. All services are provided in the community and as such no training is required.</p> <p data-bbox="329 1415 1385 1562">115.235 (d): The PAQ indicated that this provision does not apply as the agency does not have medical and mental health practitioners who work regularly in its facilities. The facility does not employ medical or mental health care staff. All services are provided in the community and as such no training is required.</p> <p data-bbox="329 1667 1385 1730">Based on a review of the PAQ this standard appears to be not applicable and as such compliant.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Risk Assessment Tool
4. PREA Vulnerability Reassessment Questionnaire
5. Assessment and Reassessment Documents

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.241 (a): The PAQ indicated that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 5.1.2-A, page 5 states 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. The auditor was provided a demonstration of the initial risk assessment process. Staff complete the initial risk assessment one-on-one in a private office setting. Staff use the PREA Risk Assessment Tool to complete the risk assessment. Staff verbally ask all questions on the form. Staff then conduct a file review to confirm information such as criminal history, age, prior sexual abusiveness, etc. Staff advised if there are discrepancies with what is in the file and what the resident says they prompt the resident about the information and they typically understand

the correct response and as such utilize the file information. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness upon intake.

115.241 (b): The PAQ indicated that the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 5.1.2-A, page 5 states 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. Policy further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. The PAQ indicated that 150 residents were screened within 72 hours over the previous twelve months. This indicates that 100% of those whose length of stay was for 72 hours or more received a risk screening within 72 hours. The interview with the staff responsible for the risk screening confirmed that residents are screened for their risk of victimization and abusiveness within 72 hours. Interviews with sixteen residents that arrived within the previous twelve months indicated all sixteen were asked questions related to risk of victimization and abusiveness on the day they arrived. A review of fifteen resident files of those that arrived within the previous twelve months indicated that all fifteen had an initial risk screening completed within 72 hours.

115.241 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. 5.1.2-A, page 5 states 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. A review of the GEO Risk Assessment Tool confirmed that the assessment includes eleven questions for victimization and six questions for abusiveness. The yes responses are totaled for each section and the numbers indicate whether the resident is at risk of victimization and/or abusiveness.

115.241 (d): 5.1.2-A, page 5 states the risk screening tool shall consider, at minimum, the following criteria to assess individual's risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether the individual is detained solely for civil immigration purposes. A review of the PREA Risk Assessment Tool confirmed that it contains eleven questions related to the requirements under this provision. The staff responsible for the risk screening stated that the initial risk screening is completed

through a review of the residents personal record (i.e. criminal history) and asking the questions on the questionnaire (PREA Risk Assessment Tool). He confirmed the elements under this provision are included in the risk assessment.

115.241 (e): 5.1.2-A, page 5 states the risk screening tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. A review of the PREA Risk Assessment Tool confirmed that it contains six questions related to the requirements under this provision. The staff responsible for the risk screening stated that the initial risk screening is completed through a review of the residents personal record (i.e. criminal history) and asking the questions on the questionnaire (PREA Risk Assessment Tool). He confirmed the elements under this provision are included in the risk assessment.

115.241 (f): The PAQ indicated that the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 5 states GEO staff shall conduct an in-person reassessment of individuals shall within a set time period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness base upon 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. The PAQ indicated that 145 residents were reassessed within 30 days, which is equivalent to 100% of the residents who arrived and stayed longer than 30 days. A review of the PREA Vulnerability Reassessment Questionnaire confirmed that it includes questions related to LGBTI and/or gender nonconforming identification/identity, whether the incarcerated individual has been beaten up or threatened with being beaten up; whether the incarcerated individual has been forced or threatened to engage in sexual activity; and whether the incarcerated individual fears general population. Additionally, staff are instructed to complete a file review related to any infractions for sexual misconduct, grievances related to sexual assault and any other new information from external agencies since admission that would increase the likelihood of being vulnerable to victimization. The auditor was also provided a demonstration of the reassessment process. The reassessment is completed one-on-one in a private office setting via the PREA Vulnerability Reassessment Questionnaire. Staff ask the five questions on the form, including if anything has changed since the initial risk assessment. Interviews with sixteen residents that arrived within the previous twelve months indicated eight had a reassessment completed. The interview with the staff who conduct the risk screening confirmed that residents are reassessed within 30 days and then also every six months. A review of fifteen resident files of those that arrived in the previous twelve months indicated that thirteen had a reassessment completed within 30 days. Two residents

were not at the facility longer than 30 days. It should also be noted that all residents sign the reassessment form confirming they were asked the reassessment questions.

115.241 (g): The PAQ indicated that the 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. 5.1.2-A, pages 5-6 state at any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness due to referral, request, incident of sexual abuse or harassment or receipt of new information that bears on the individual's risk of victimization or abusiveness. Interviews with sixteen residents that arrived within the previous twelve months indicated eight had a reassessment completed. The interview with the staff responsible for the risk screening confirmed residents are reassessed when warranted due to referral, request, receipt of additional information and incident of sexual abuse. A review of fifteen resident files of those that arrived in the previous twelve months indicated that thirteen had a reassessment completed within 30 days. Two residents were not at the facility longer than 30 days. It should also be noted that all residents sign the reassessment form confirming they were asked the reassessment questions. There was one sexual abuse investigation completed, however it did not require a reassessment based on the incident type.

115.241 (h): The PAQ indicated that policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) 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 residents' own perception of vulnerability. 5.1.2-A, page 5 states disciplining individuals for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The interview with the staff responsible for risk screening confirmed that residents are not disciplined for refusing to respond or not disclose information related to the risk screening.

115.241 (i): 5.1.2-A, page 5 states facilities shall implement appropriate controls on dissemination of response to questions asked related to sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information. Resident risk assessments are paper and are stored in the Director's office in a locked cabinet. The office has extremely limited access. The interview with the PREA Coordinator indicated that the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. He stated access to a resident's risk assessment is limited to those requiring the information to make housing, work assignment, and

	<p>programming/education decisions. The staff responsible for risk screening confirmed that the agency has outlined who should have access to the risk screening information so that it is not exploited. He stated the form are filed and in envelope and given to one specific facility staff member.</p> <p>Based on a review of the PAQ, 5.1.2-A, PREA Risk Assessment Tool. PREA Vulnerability Reassessment Questionnaire, Resident Risk Assessments observations made during the tour and information from interviews with the PREA Coordinator, staff responsible for conducting the risk screenings and random residents indicates this standard appears to be compliant.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Transgender Care Committee Summary 4. PREA At Risk Log 5. LGB Resident Housing Assignments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interviews with Lesbian, Gay or Bisexual Residents <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Shower Area in Housing Units

Findings (By Provision):

115.242 (a): The PAQ indicated that the agency/facility uses information from the risk screening 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. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The interview with the PREA Coordinator indicated GEO has developed and implemented a standardized "PREA Risk Assessment," screening form used at each facility except for those contractually required to use the client's screening tool. Corporate policy requires each facility to conduct risk assessments on all new intakes within 24 hours of arrival at the facility. 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. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for bunk placement within the facility. He stated a high risk victim would not be housed with a high risk abuser and they would typically try to place them on opposite ends of the facility. He stated once a resident is deemed at risk they also refer them to a specific facility staff member and to mental health services in the community. A review of the PREA At Risk Log indicated there were eight residents at high risk of victimization and one resident at high risk of abusiveness. The resident at high risk of abusiveness was not housed with those at high risk of victimization. Residents at the facility work in the community and as such do not have job, program or education assignments at the facility.

115.242 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each resident. 5.1.2-A, page 6 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The interview with the staff responsible for the risk screening indicated that information from the risk screening is utilized for bunk placement within the facility. He stated a high risk victim would not be housed with a high risk abuser and they would typically try to place them on opposite ends of the facility. He stated once a resident is deemed at risk they also refer them to a specific facility staff member and to mental health services in the community. A review of the PREA At Risk Log indicated there were eight residents at high risk of victimization and one resident at high risk of abusiveness. The resident at high risk of abusiveness was not housed with those at

high risk of victimization. Residents at the facility work in the community and as such do not have job, program or education assignments at the facility.

115.242 (c): The PAQ indicated that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. 5.1.2-A, pages 6-7 state in making housing and programming assignments for transgender or intersex individuals in a GEO facility, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. Policy further outlines the guidelines for transgender and intersex inmate housing assignments by the Transgender Care Committee (TCC) including the use of segregation only as a last resort and criteria to consider related to housing. The PC stated 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. He indicated he is also consulted as necessary. The TCC must meet as soon as possible but no later than 72 hours after the resident's arrival. In the event the TCC cannot meet immediately, transgender residents may be housed in medical during the 72-hour time frame. The TCC is responsible for making all decisions pertaining to housing and program assignments for transgender residents. He confirmed the placements take into consideration the residents health and safety as well as any security or management problems. The facility had not housed any transgender residents and as such no documentation was reviewed.

115.242 (d): 5.1.2-A, page 7 states serious consideration shall be given to the individual's views with concerning his/her own safety. Interviews with the PC and staff responsible for the risk screening confirmed that the residents' views with respect to his/her safety would be given serious consideration. There were zero transgender or intersex residents at the facility during the on-site portion of the audit and as such no interviews were completed.

115.242 (e): 5.1.2-A, pages 7-9 state transgender and intersex individuals in a GEO facility shall be allowed to shower separately from other individuals. During the tour the auditor observed that resident showers were single person with curtains. Additionally, entrance doors to the showers were solid. Staff advised that residents typically provided one another privacy and only one resident went into the showers at a time. Interviews with the PC and the staff responsible for risk screening confirmed that transgender and intersex residents are afforded the opportunity to shower separately. The PC stated GEO has developed and implemented a standardized "Statement of Search/Shower/Pronoun Preference Form," used at each facility with the exception of those contractually required to use the client's tool. The preference form offers the detainee the option to shower separately from the resident population. There were zero transgender or intersex residents at the facility

	<p>during the on-site portion of the audit and as such no interviews were completed.</p> <p>115.242 (f): 5.1.2-A, page 7 states 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 for the purpose of protecting such individuals. The interview with the PC confirmed that the agency is not subject to a consent decree. He stated GEO policy prohibits housing LGBTI residents in dedicated facilities, units, or wings, and the facility considers each resident’s own views about their safety as part of the initial PREA risk screening assessment. The PREA Compliance Manager maintains an “LGBTI Log,” of residents who choose to disclose their sexual orientation, genital status, or gender identity during intake to track housing locations of LGBTI residents and ensure fair placement. Interviews with three LGB residents confirmed none felt LGBTI residents were placed in one room, wing or facility based on gender identity and/or sexual preference. A review of housing assignments for LGB residents confirmed they were housed in different rooms and were not placed in one area solely due to their gender identity and/or sexual preference.</p> <p>Based on a review of the PAQ, 5.1.2-A, Transgender Care Committee Summary, PREA At Risk Log, LGB Resident Housing Assignments, observations made during the tour and information from interviews with the PC, staff responsible for conducting the risk screening and LGB residents indicates that this standard appears to be compliant.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Education Manual for Residents (Handbook) 4. Third Party Reporting Poster 5. Resident Reporting Options Poster

Documents Received During the Interim Report Period:

1. Updated PREA Reporting Options Poster
2. Updated PREA Education Manual for Residents (Handbook)

Interviews:

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

Site Review Observations:

1. Observation of PREA Reporting Information
2. Testing of Internal Reporting Hotline
3. Testing of the External Reporting Entity

Findings (By Provision):

115.251 (a): The PAQ indicated that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other resident or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 14 states each facility shall provide multiple ways for individuals in a GEO facility to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. It further states facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at Department of Homeland Security. 2019-6 page 6 states El Monte Center shall provide multiple ways for residents to privately report Sexual Abuse and Sexual Harassment, retaliation by other residents or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of the Handbook indicates that it is a fourteen page document that outlines reporting mechanisms, including verbally to staff, in writing to staff, via grievance, through a third party and to RAINN. The Handbook also includes a copy of the Resident Reporting Options Poster. The

Resident Reporting Options Poster includes internal reporting mechanisms (verbal to staff) and external reporting mechanism (El Monte Police Department, Bureau of Prisons, and US Probation Supervisor). The Resident Reporting Options Poster also outlines RAINN as a reporting entity. The Sexual Assault Program Poster/Brochure advises residents to report sexual abuse or sexual harassment to staff. Prior to the on-site portion of the audit the facility updated the Resident Reporting Options Poster remove RAINN as a reporting entity. During the on-site portion of the audit the facility updated the Handbook to remove RAINN as a reporting entity. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. It should be noted that the auditor identified an issue with the Resident Reporting Options Poster prior to the onsite. The facility made appropriate corrections to the Resident Reporting Options Poster and replaced the older documents with the updated documents. The auditor observed the updated Resident Reporting Options Poster during the tour, which contained appropriate information for outside emotional support services via RAINN. The auditor tested the internal written reporting process through a letter submitted to the control desk to be placed in the Director's box. Staff placed the letter in the box on July 29, 2024. The Director confirmed through email that the letter was received and confirmed that the letter is an adequate reporting mechanism for residents. All residents are able to have cell phones. Additionally, the facility is equipped with payphones for any residents that do not have a cell phone. Interviews with sixteen residents confirmed that all sixteen were aware of at least one method to report sexual abuse and sexual harassment. Most residents indicated they could report to staff, through the hotline numbers posted, to the Bureau of Prisons and to the local Police Department. Interviews with ten random staff indicated residents can report to staff, through a grievance, via the phone numbers, through their family and to the Bureau of Prisons. It should be noted the older Resident Reporting Options Posters were replaced with the updated Resident Reporting Options Poster during the on-site portion of the audit.

115.251 (b): The PAQ stated that the agency provides at least one way for residents to report sexual abuse to a public or private entity or office that is not part of the agency. Additionally, the PAQ states that the facility does not house residents solely for civil immigration purposes. 5.1.2-A, page 14 states that facilities shall provide individuals in a GEO facility contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. 2019-6, page 6 states El Monte Center shall provide residents contact information on how to report abuse or harassment to a public or

private entity or office that is not part of GEO (i.e. BOP and other community-based organizations) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. A review of the Handbook indicates that it is a fourteen page document that outlines reporting mechanisms. The Handbook includes a copy of the Resident Reporting Options Poster which outlines external reporting. The Resident Reporting Options Poster provides information on external reporting mechanism (El Monte Police Department, Bureau of Prisons, and US Probation Supervisor). The Resident Reporting Options Poster notes that the El Monte Police Department reporting process is anonymous and available 24 hours a day seven days a week. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. It should be noted that the auditor identified an issue with the Resident Reporting Options Poster prior to the onsite. The facility made appropriate corrections to the Resident Reporting Options Poster and replaced the older documents with the updated documents. The auditor observed the updated Resident Reporting Options Poster during the tour. The auditor testing the external reporting mechanism via a call to the local Police Department. The auditor called utilizing a cell phone (residents are authorized to have cell phones at the facility) and selected the option for non-police emergencies. The operator confirmed that residents could report sexual abuse or sexual harassment and that once a report is received they would dispatch an officer to the facility. The operator stated residents could remain anonymous. The auditor and the Director further confirmed with the Police Department that regardless of the allegation they would respond to the facility and if it was not determined to not be a crime they would pass the information to the facility to investigate. It should be noted the auditor also called the phone number provided for the local Bureau of Prisons Office and left a message (July 29, 2024). The auditor did not receive confirmation of the call until inquiry was made with the Director. The Director then reached out to BOP who confirmed the call was received. It should be noted the auditor also called the phone number provided for the local Bureau of Prisons Office and left a message (July 29, 2024). The auditor did not receive confirmation of the call until inquiry was made with the Director. The Director then reached out to BOP who confirmed the call was received. Interviews with sixteen residents indicated eleven were aware of the external reporting mechanism and thirteen knew they could anonymously report.

115.251 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. It further indicated that staff are required to document verbal reports immediately. 5.1.2-A, page 14 states employees shall

	<p>accept reports made verbally, in writing, anonymously and from third parties and shall properly document any verbal reports. 2019-6, page 5 states employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees will assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly. Page 6 further states employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. During the tour, the auditor asked staff to advise how they submit a written report. Staff noted that they would document verbal reports in a word document. The document would include time, date, what happened and where it happened. Staff indicated this document would then be emailed to the Director. Interviews with ten random staff indicated that all ten were aware that residents could report verbally, in writing, anonymously and through a third party. Nine of the ten stated they were required to document in writing any verbal reports by the end of the shift. There were zero allegations reported during the previous twelve months, but a review of the one allegation reported prior to the twelve months indicated it was verbally reported to the Director. She completed a written report of the information via the electronic reporting system.</p> <p>115.251 (d): The PAQ indicated the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PAQ stated that staff are informed of this method through pre-service and in-service training. 5.1.2-A, page 14 states GEO shall provide a method for staff to privately report sexual abuse and sexual harassment of individuals in a GEO facility. Refer to GEO's employee hotline or third-party reporting hotline. The Third Party Reporting Poster states that GEO employees can report sexual abuse or sexual harassment to the Chief of Security or facility management, through the employee hotline, on the internet or through the toll free phone number (866-568-5425). Interviews with twelve random staff indicated all twelve were aware that they could privately report sexual abuse of a resident.</p> <p>Based on a review of the PAQ, 5.1.2-A, PREA Education Manual for Residents (Handbook), Third Party Reporting Poster, Resident Reporting Options Poster, updated documents during the interim report period, observations during the tour, and information from interviews with the PC, random residents and random staff indicates this standard appears to be corrected and as such compliant.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Education Manual for Residents (Handbook)

Findings (By Provision):

115.252 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 outlines the sexual abuse grievance process.

115.252 (b): The PAQ indicated that agency policy or procedure allows a residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PAQ further indicated that residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. 5.1.2-A, page 14 states there is no time limit on when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse. Page 20 further states individuals in a GEO facility are not required to use any informal grievance process or attempt to resolve with employees in an alleged incident of sexual abuse. A review of the Handbook confirmed that it includes information on sexual abuse grievances under this standard.

115.252 (c): The PAQ stated that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 5.1.2-A, page 14 states that individuals in a GEO facility 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. A review of the Handbook confirmed that it includes information on sexual abuse grievances under this standard.

115.252 (d): The PAQ stated that agency policy and procedure requires 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. The PAQ indicated there were zero sexual abuse grievance filed in the previous twelve months and it

reached a final determination within 90 days. The PAQ further indicates 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. 5.1.2-A, page 15 states 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. If further states facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. It also states 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 a reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. There were zero grievances of any kind filed at the facility and as such no documentation was reviewed. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed.

115.252 (e): The PAQ indicated that agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. It further indicated that agency policy and procedure does not require 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. 5.1.2-A, page 14 states third parties may assist individuals in a GEO facility in filing request for administrative remedies related to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility. Policy further states the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. The PAQ indicated there were zero third-party grievances filed in the previous twelve months where the resident declined assistance and which contained the residents decision to decline There were zero grievances of any kind filed at the facility and as such no documentation was reviewed.

115.252 (f): The PAQ indicated 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. It further indicated that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PAQ also indicated 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 five days. 5.1.2-A, page 15 states individuals in a GEO facility may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The PAQ indicated there were zero emergency grievances alleging substantial risk of

	<p>imminent sexual abuse filed in the previous twelve months. There were zero grievances of any kind filed at the facility and as such no documentation was reviewed.</p> <p>115.252 (g): The PAQ indicated 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. The PAQ indicated that zero residents have been disciplined for filing a grievance in bad faith in the previous twelve months. 5.1.2-A, page 15 states individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith.</p> <p>Based on a review of the PAQ, 5.1.2-A, and the Handbook, this standard appears to be compliant.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure <ol style="list-style-type: none"> 1. Documentation of Attempts to Secure Services with a Local Rape Crisis Center 3. PREA Education Manual for Residents (Handbook) 4. Resident Reporting Options Poster <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Updated PREA Reporting Options Poster 2. Updated PREA Education Manual for Residents (Handbook) <p>Interviews:</p>

1. Interviews with Random Residents

Site Review Observations:

1. Observation of Victim Advocacy Information

Findings (By Provision):

115.253 (a): The PAQ indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The PAQ also stated that the facility provides residents with mailing addresses and phone numbers to local, state or national victim advocacy or rape crisis centers and provides residents with access to such services by enabling reasonable communication. 5.1.2-A, pages 20-21 and 2019-6, page 11 state facilities (or El Monte Center) shall provide individuals in a GEO facility 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 organization It further states that facilities shall enable reasonable communication between individuals in a GEO facility and these organizations as well as inform individuals in a GEO facility of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the Handbook indicates that it is a fourteen page document that outlines PREA information. It has a phone number for RAINN, however it outlines the organization as a reporting entity. The Handbook also includes a copy of the Resident Reporting Options Poster. The Resident Reporting Options Poster also outlines RAINN as a reporting entity. The Handbook advises the number is free, confidential, not monitored or recorded. It also states that residents can talk to someone regardless of if they choose to report the information. Additionally, the Handbook advises that support for rape victims is available and that residents can contact their Case Manager for more information. The Handbook also has the Resident Reporting Options Poster, which includes the phone number for RAINN. Prior to the on-site portion of the audit the facility updated the Resident Reporting Options Poster remove RAINN as a reporting entity. During the on-site portion of the audit the facility updated the Handbook to remove RAINN as a reporting entity. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program pamphlets were available in two areas of the facility for residents. It should be noted that the auditor identified an issue with the Resident Reporting Options Poster prior to the onsite. The facility made appropriate corrections to the Resident Reporting

Options Poster and replaced the older documents with the updated documents. The auditor observed the updated Resident Reporting Options Poster during the tour, which contained appropriate information for outside emotional support services via RAINN. The auditor tested the victim advocacy hotline via cell phone. The hotline provides the option for English or Spanish services. The hotline then connects to an advocate in the area. The auditor reached a staff member who confirmed that she could provide emotional support services over the phone to residents that called the number. She confirmed service are available 24 hours a day. Interviews with sixteen residents indicated one was aware of outside victim advocacy services and nine were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents stated the contact information was posted around the facility and/or was in the paperwork they were provided. Most residents stated they did not know specific information about contacting the local rape crisis center.

115.253 (b): The PAQ indicated that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It further stated 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. 5.1.2-A, page 21 and 2019-6, page 11 state that facilities (or El Monte Center) shall enable reasonable communication between individuals in a GEO facility and these organizations as well as inform individuals in a GEO facility of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the Handbook indicates that it is a fourteen page document that outlines PREA information. It has a phone number for RAINN, however it outlines the organization as a reporting entity. The Handbook also includes a copy of the Resident Reporting Options Poster. The Resident Reporting Options Poster also outlines RAINN as a reporting entity. The Handbook advises the number is free, confidential, not monitored or recorded. It also states that residents can talk to someone regardless of if they choose to report the information. Additionally, the Handbook advises that support for rape victims is available and that residents can contact their Case Manager for more information. The Handbook also has the Resident Reporting Options Poster, which includes the phone number for RAINN. Prior to the on-site portion of the audit the facility updated the Resident Reporting Options Poster remove RAINN as a reporting entity. During the on-site portion of the audit the facility updated the Handbook to remove RAINN as a reporting entity. The auditor observed PREA information posted throughout the facility. The Resident Reporting Options Poster and the Sexual Assault Awareness Poster were observed in resident rooms, by the phones, in hallways and in common areas. The Resident Reporting Options Posters were on letter size paper in English and Spanish. The Sexual Assault Awareness Posters were on legal size paper in English and Spanish. The auditor also observed that the Sexual Assault Program

	<p>pamphlets were available in two areas of the facility for residents. It should be noted that the auditor identified an issue with the Resident Reporting Options Poster prior to the onsite. The facility made appropriate corrections to the Resident Reporting Options Poster and replaced the older documents with the updated documents. The auditor observed the updated Resident Reporting Options Poster during the tour, which contained appropriate information for outside emotional support services via RAINN. During the tour the auditor was provided a demonstration of the mail process. Resident mail, incoming and outgoing, is not monitored or opened. Outgoing mail is provided to the control desk sealed and is sent out with all facility mail. Incoming mail is received by the control desk and is distributed to the residents unopened/unaltered. Interviews with sixteen residents indicated one was aware of outside victim advocacy services and nine were provided a telephone number and mailing address to a local, state and/or national rape crisis center. Most of the residents stated the contact information was posted around the facility and/or was in the paperwork they were provided. Most residents stated they did not know specific information about contacting the local rape crisis center.</p> <p>115.253 (c): The PAQ indicated that the facility does not maintain a memorandum of understanding or other agreement with a community service provider that is able to provide residents with emotional support services related to sexual abuse. The PAQ indicated the facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services and has maintained documentation of such attempts. 5.1.2-A, page 21 and 2019-6, page 11 states facilities (or El Monte Center) will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the Sexual Abuse while in custody. The PREA Compliance Manager shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. A review of documentation confirmed the facility has reached out to numerous organizations from 2022-2024 in an attempt to secure an MOU for services.</p> <p>Based on a review of the PAQ, 5.1.2-A, Documentation of Attempts to Secure Services with a Local Rape Crisis Center, PREA Education Manual for Residents (Handbook), Resident Reporting Options Poster, the updated documents, observations made during the tour and interviews with random residents, this standard appears to be corrected and as such compliant.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Third Party Reporting Poster <p>Findings (By Provision):</p> <p>115.254 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and the agency publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of a resident. 5.1.2-A, page 15 states that GEO shall post publicly, third party reporting procedures on its public website to show its method of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or by email. Contact information and reporting direction are found at https://www.geogroup.com/prea. A review of the Third Party Reporting Poster indicates it advises third parties they can report to the PREA Office directly (provides a phone number). Third party reporting information was observed at the front entrance and in the dining area, which is utilized for visitation, via the Third Party Poster. The Third Party Poster was available in English and Spanish on letter size paper. Additionally, the Third Party Poster was observed in the multipurpose room, which staff utilize. The auditor tested the third party reporting mechanism by sending an email to the provided email address on the website on June 20, 2024. The auditor received confirmation on the same date that the email was received by the agency PREA Coordinator. He advised if the allegation was sexual abuse or sexual harassment the information would be processed for investigation.</p> <p>Based on a review of the PAQ, 5.1.2-A, Third party Reporting Poster, agency website and the functional test, this standard appears to be compliant.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. Investigative Report

Interviews:

1. Interviews with Random Staff
2. Interview with the Director
3. Interview with the PREA Coordinator

Findings (By Provision):

115.261 (a): The PAQ indicated that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, pages 15-16 and 2019-6, page 6 advise that employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. 2019-6, page 5 states employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees will assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly. Interviews with ten staff confirmed that policy requires that they report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.261 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local services agencies, 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. 5.1.2-A, page 16 and 2019-6 page 6 state apart from reporting to designated supervision or officials, employees shall not reveal any information related to a sexual abuse report to anyone. 2019-6, page 5 states all allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. Only designated employees specified by procedure will be informed of the incident, as it is important to respect the victim's security, identity and privacy. All conversations and contact with the victim shall be sensitive, supportive and non-judgmental. Interviews with ten staff confirmed that policy requires that they report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against residents or staff who reported such an incident; and/or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff stated they report the information to their supervisor, on call staff and/or the security manager.

115.261 (c): 5.1.2-A, pages 15-16 states employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility does not employ medical or mental health care staff and as such no interviews were conducted.

115.261 (d): 5.1.2-A, page 16 states unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. 2019-6 page 6 states employees reporting Sexual Abuse or Sexual Harassment shall be afforded the opportunity to report such information to the Chief of Security or other facility management privately if requested. The interview with the PREA Coordinator indicated unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse for alleged victims under the age of 18 or considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Director stated that the facility does not house anyone under eighteen or vulnerable adults, but any allegation would be handled the same. It would be reported and investigated. They would contact local law enforcement and the BOP to determine if they want to conduct an investigation.

115.261 (e): 5.1.2-A, page 16 states facilities shall report all allegations of sexual

	<p>abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. The interview with the Director confirmed that all allegations are reported designated facility investigators. There were zero allegations reported during the previous twelve months. A review of the one investigation reported prior to the previous twelve months confirmed it was reported to facility staff who reported it to agency investigators and the local Police Department.</p> <p>Based on a review of the PAQ, 5.1.2-A, the Investigative Report and information from interviews with random staff, the PREA Coordinator and the Director indicates that this standard appears to be compliant.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interviews with Random Staff <p>Findings (By Provision):</p> <p>115.262 (a): The PAQ indicated that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). 5.1.2-A, page 16 and 2019-6 page 5 state when a facility learns that an individual in a GEO facility is subject to substantial risk of imminent sexual abuse, it shall take</p>

	<p>immediate action to protect the alleged victim. The PAQ further stated there were zero instances where the facility learned that a resident was an imminent risk of substantial risk of sexual abuse. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.). The interview with the Director indicated if they deemed a resident at imminent risk of sexual abuse they would immediately ensure that resident is safe. She stated they would get the resident to a safe location and gather as much information as possible to ensure they can protect her/him. Interviews with random staff noted if a resident was at imminent risk they would separate that individual from the risk/harm and report the information to the Director/supervisor. A review of documentation confirmed there were zero residents deemed at imminent risk of sexual abuse.</p> <p>Based on a review of the PAQ, 5.1.2-A, and information from interviews with the Agency Head Designee, Director and random staff indicates that this standard appears to be compliant.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Resident Risk Assessments 4. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director <p>Findings (By Provision):</p>

115.263 (a): The PAQ indicated 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. 5.1.2-A, pages 19-20 and 2019-6, page 10 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. The PAQ indicated there were zero residents that reported that they were abused while confined at another facility. A review of documentation did not identify any allegations by residents that occurred at another facility.

115.263 (b): The PAQ indicated that agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 5.1.2-A, pages 19-20 and 2019-6, page 10 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. A review of documentation did not identify any allegations by residents that occurred at another facility.

115.263 (c): The PAQ indicated that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 20 and 2019-6, page 10 state in the event that an individual in a GEO facility alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. A review of documentation did not identify any allegations by residents that occurred at another facility.

115.263 (d): The PAQ indicated that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 20 and 2019-6, page 10 state any facility that receives notification of alleged sexual abuse is required to ensure that the allegation is investigated in accordance with PREA standards. The PAQ stated there were zero allegations reported to them from another facility in the

	<p>previous twelve months. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Facility Administrator of the facility where the allegation is alleged to have occurred. He further stated that regardless of how facilities receive an allegation that abuse occurred in one of the facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The Agency Head Designee stated that according to the PREA Coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Director indicated that if an allegation is received from another facility/ agency the information would be reported and investigated. She confirmed they have not received any allegations from other agencies/facilities in the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed it was reported to the facility directly and as such the facility had not received any allegations via notifications from other facilities/agencies.</p> <p>Based on a review of the PAQ, 5.1.2-A, Resident Risk Assessments, the Investigative Report, and interviews with the Agency Head Designee and the Director, this standard appears to be compliant.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. First Responder Card 4. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with First Responders 2. Interviews with Random Staff

Findings (By Provision):

115.264 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse and that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. It further states that the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if 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 request that the alleged victim and ensure that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 5.1.2-A, pages 16-17 and 2019-6 page 7 state upon receipt of a report that an individual in a GEO facility was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 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. A review of the PREA Card confirms that first responder duties are outlined for responding staff and supervisors. The PAQ indicated there were zero sexual abuse allegations reported and as such no first responder duties were required. The first responder stated duties after an incident of sexual abuse include; separating the victim from the abuser, not allowing them to shower or eat or anything, preserving the evidence, securing the scene and reporting the information to the supervisor. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were conducted. There was one allegation reported prior to the previous twelve months. The incident did not involve any first responder duties.

115.264 (b): The PAQ indicated that agency policy requires that if the first staff 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. It further indicated 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. 5.1.2-A, page 17 and 2019-6, page 7 state if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, remain with the alleged victim and notify security staff. A review of the PREA Card confirms that first responder duties are outlined for responding staff and supervisors. The PAQ

	<p>indicated there were zero allegations of sexual abuse or sexual harassment reported during the previous twelve months. The first responder stated duties after an incident of sexual abuse include; separating the victim from the abuser, not allowing them to shower or eat or anything, preserving the evidence, securing the scene and reporting the information to the supervisor. Interviews with random staff indicated most were familiar with their first responder duties. There was one allegation reported prior to the previous twelve months. The incident did not involve any first responder duties and was reported to the facility Director.</p> <p>Based on a review of the PAQ, 5.1.2-A, First Responder Card, the Investigative Report and interviews with random staff and the first responder, this standard appears to be compliant.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.265 (a): The PAQ indicated that the facility has not developed 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. 5.1.2-A page 2 states each facility shall develop written facility plans to coordinate the actions taken in response to incidents of sexual abuse. The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility</p>

	<p>leadership. The local PREA compliance manager shall be a required participant, and the corporate PREA office may be consulted as part of this coordinated response. 2019-6 is the facility specific policy that outlines duties following an allegation of sexual abuse, including first responder duties; medical and mental health services; investigative steps and leadership duties. The Director stated that the facility has a PREA Coordinated Response Plan that outlines duties for everyone in response to an incident of sexual abuse.</p> <p>Based on a review of the PAQ, 5.1.2-A, PREA Coordinated Response Plan and information from the interview with the Director, this standard appears to be compliant.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Statement of Fact <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.266 (a): The PAQ and Statement of Fact indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with incarcerated individuals pending the outcome of an investigation for alleged sexual abuse or harassment.</p>

	<p>115.266 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Statement of Fact and the interview with the Agency Head Designee, this standard appears to be not applicable and as such compliant.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure 3. Investigative Report 4. Protection From Retaliation Log <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Director 3. Interview with Designated Staff Member Charged with Monitoring Retaliation <p>Findings (By Provision):</p> <p>115.267 (a): The PAQ indicated that the agency has 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. 5.1.2-A, page 21 and 2019-6, page 12 state facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or employee. The PAQ indicated that the agency designates staff members charged with monitoring for retaliation and the Facility</p>

Director conducts monitoring for retaliation.

115.267 (b): 5.1.2-A, pages 21-22 and 2019-6 page 12 state facilities have multiple protective measures, such as housing changes, or transfers for victims or abusers and removal of alleged staff or abusers from contact with the victims. A review of the Protection from Retaliation form confirms that it includes boxes to complete monitoring of housing, discipline, program and work assignments. It includes a section for any corrective action as well. The form notes that monitoring should be completed in a private setting with the resident each week. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals 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 monthly for at least 90 days. The Director stated that protective measures involve monitoring the resident for retaliation and meeting with them monthly. She stated it also includes reviewing any changes with the resident. The Director confirmed they can take protective measures including housing changes, facility transfers, removal of staff abusers with contact with the resident and emotional support services. The interview with the staff member responsible for monitoring retaliation indicated that she ensures the resident is housed appropriately and she completes the retaliation log to ensure there is not any retaliation. She advised they take protective actions such as housing changes and prohibiting inappropriate contact. She confirmed also confirmed they can take protective measures including housing changes, facility transfers, removal of staff abusers with contact with the resident and emotional support services. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months indicated protective measures were not required related to retaliation. The staff member did not return to work. The victim was referred for emotional support services in the community.

115.267 (c): The PAQ indicated that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PAQ stated that the agency/facility monitors the conduct or treatment for 90 days. The PAQ further stated that the agency/facility acts promptly to remedy any relation and that the agency/facility

continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 22 and 2019-6, page 12 state for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of the individuals in a GEO facility or the employee to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored include disciplinary reports, housing changes, program changes, employee negative performance reviews and employee reassignments. The PAQ indicated there were zero incidents of retaliation reported. A review of the Protection from Retaliation form confirms that it includes boxes to complete monitoring of housing, discipline, program and work assignments. It includes a section for any corrective action as well. The form notes that monitoring should be completed in a private setting with the resident each week. The interview with the Director indicated if they suspected retaliation there would be an investigation. If retaliation was deemed to have occurred the staff or resident would be subject to discipline. The interview with the staff who monitor for retaliation indicated she monitors for 90 days unless they report something and then she would monitor until they are released. She advised she monitors for retaliation through asking if they feel retaliated against and reviewing if they have lost any privileges. She confirmed she would review disciplinary reports, housing changes, job changes and program changes. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that staff conducted monitoring for retaliation weekly until the resident transferred from the facility. The monitoring included in-person status checks and a review of the elements under this provision.

115.267 (d): 5.1.2-A, page 22 states facilities shall implement procedures to protect individuals in a GEO facility and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or employee. 2019-6, page 12 states the PREA Compliance Manager or Office Support Specialist shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Page 13 states designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. The interview with the monitoring staff indicated she conducts in-person status checks weekly for 90 days. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that staff conducted monitoring for retaliation weekly until the resident transferred from the facility. The monitoring included in-person status checks.

115.267 (e): 5.1.2-A, page 22 and 2019-6, page 13 state if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect

	<p>that individual as well. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Options such as housing changes or transfers from the facility, removal of alleged abusers (staff or incarcerated individual) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor incarcerated individuals 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 monthly for at least 90 days. The Director stated that protective measures involve monitoring the resident for retaliation and meeting with them monthly. She stated it also includes reviewing any changes with the resident. The Director confirmed they can take protective measures including housing changes, facility transfers, removal of staff abusers with contact with the resident and emotional support services. The Director indicated if they suspected retaliation there would be an investigation. If retaliation was deemed to have occurred the staff or resident would be subject to discipline.</p> <p>115.267 (f): Auditor not required to audit this provision.</p> <p>Based on a review of the PAQ, 5.1.2-A, Investigative Report, Protection From Retaliation Log and interviews with the Agency Head Designee, Director, staff charged with monitoring for retaliation and resident who reported sexual abuse, this standard appears to be compliant.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 3. Investigator Training Records 4. Investigative Report

Interviews:

1. Interview with Investigative Staff
2. Interview with the Director
3. Interview with the PREA Coordinator

Findings (By Provision):

115.271 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, pages 1-2 states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse at GEO facilities. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse. Page 5 further states that when the facility conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The completed preliminary investigation will be forwarded to the Corporate PREA office for review and approval no later than 60 calendar days after the allegation is reported. The interview with the agency investigator indicated that an investigation is initiated right away after an allegation is reported. She stated it is entered into the PREA portal and they do a review of video and interview the victim within 24 hours. She confirmed that anonymous and third party reports would involve the same investigative process as allegations made via other reporting methods. A review of the one investigation reported prior to the previous twelve months indicated that it was timely, thorough and objective.

115.271 (b): 5.1.2-E page 3 and 2019-6, page 15 state 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. A review of documentation indicated the agency investigator that completed the investigation prior to the previous twelve months had completed the specialized training.

115.271 (c): 5.1.2-E, page 3 states 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. The interview with the agency investigator indicated that the investigative process would start with entering the information in the PREA portal. An investigator would be assigned and then interviews would start. Video footage would be reviewed and all written reports would be pulled. She stated she may have to conduct multiple interviews with the residents involved. All the information is then put into a written report and sent to the corporate team to review. She advised she would be responsible for collection video, statements, log books, tour reports and unannounced rounds. She confirmed she would review prior complaints of the alleged perpetrator. A review of the one investigation reported prior to the previous twelve months indicated that it included an interview with the victim, attempted interview of the alleged perpetrator, video review and review of prior complaints of the alleged perpetrator.

115.271 (d): 5.1.2-E, page 3 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. The agency investigator advised anything criminal is referred to an outside investigative agency. She indicated she would not conduct compelled interviews. A review of the one investigation reported prior to the previous twelve months indicated that it was not criminal and did not involve any compelled interviews.

115.271 (e): 5.1.2-E, page 3 states 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 allegation. Page 4 further states that the credibility of the 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. The interview with the investigator confirmed they would never, under any circumstance, require a resident victim of sexual abuse to submit to a polygraph tests or any other truth-telling devices as a condition for proceeding with the investigation. She stated credibility is based on verifiable information (i.e. evidence). There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed.

115.271 (f): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. It further states that administrative investigations shall include an effort to determine whether staff action or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind the credulity assessment and investigative facts and findings.

The agency investigator confirmed administrative investigations are documented in a written report. She stated the report contains statements, attachments, video, referrals, medical and mental health documentation and any communication that is conducted between the facility and the client about the investigation. She stated whatever that was looked at or was done is included in the report. She further stated they review the investigation to determine if staff violated policies. If they did they would be subject to discipline. A review of the one investigation reported prior to the previous twelve months indicated that it was documented in a written report that included information on interviews, evidence reviewed and prior complaints. Additionally, the report included documentation of policy violations by the alleged staff perpetrator. It should be noted that while the report contained information related to video review, the investigator did not include all pertinent information related to the video review. The information was provided to the auditor during the interview when the auditor inquired. The auditor advised the investigator to ensure all pertinent information related to video review is included in all future reports.

115.271 (g): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. The agency investigator advised they do not conduct criminal investigation but that criminal investigation are documented in a written report. There were zero criminal investigations completed and as such no documentation was reviewed.

115.271 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal are referred for prosecution. 5.1.2-E, page 4 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. The agency investigator stated that referral for prosecution would be at the discretion of the law enforcement agency conducting the criminal investigation. A review of the one investigation reported prior to the previous twelve months indicated it was reported to the local Police Department who took an initial report but declined to investigate.

115.271 (i): The PAQ indicated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 4 states that GEO shall retain all written reports referenced in this section (investigations) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of a sample of historic investigations confirmed retention is being met.

	<p>115.271 (j): 5.1.2-E, page 3 states 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. The agency investigator advised the departure of the resident or staff would not deter the investigation. She stated they would still reach out and try to obtain a statement and they would continue the investigation. A review of the one investigation reported prior to the previous twelve months indicated the staff never returned to work, however the investigator made numerous attempts to contact the alleged staff perpetrator in order to complete a thorough investigation.</p> <p>115.271 (k): The auditor is not required to audit this standard.</p> <p>115.271 (l): 5.1.2-E, page 3 outlines numerous responsibilities for GEO when an outside agency investigates an allegation of sexual abuse or sexual harassment. These include requesting documentation from the agency that the investigators have completed the training, cooperate with the outside investigators by providing requested information, remain informed about the progress of the investigation at least one monthly by contacting the individuals and requesting copies of completed investigations. The PREA Coordinator stated facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigative outcome affects monitoring for retaliation, inmate notices of outcomes, sexual abuse incident reviews. Generally, the facility directors have developed great working relationships with these entities so there is regular dialogue about the status of open investigations. The Director stated she remains informed through weekly calls on the progress. The agency investigator advised she really does not play a role when an outside agency investigates. She stated she would just do status updates and wait for them to send the report.</p> <p>Based on a review of the PAQ, 5.1.2-E, Investigator Training Records, the Investigative Report and information from interviews with the PREA Coordinator, Director and investigative staff this standard appears to be compliant.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

	<p>2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection</p> <p>3. Investigative Report</p> <p>Interviews:</p> <p>1. Interview with Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, page 4 states that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The interview with the agency investigator indicated that the agency does not impose a standard of evidence higher than a preponderance of evidence to substantiate an administrative investigation. She stated they utilize 51% to determine if substantiated. A review of the one investigation prior to the previous twelve months confirmed that the appropriate level of evidence as utilized based on interviews and video review.</p> <p>Based on a review of the PAQ, 5.1.2-E, the Investigative Report and information from the interview with the investigator, it appears this standard is compliant.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection</p> <p>3. Notification of Outcome of Allegation Form</p>

4. Investigative Report

Interviews:

1. Interview with the Director
2. Interviews with Investigative Staff

Findings (By Provision):

115.273 (a): The PAQ indicated that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 5.1.2-E, page 9 states 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. The PAQ indicated there was one zero sexual abuse allegations reported and zero notifications were made during the audit period. The PAQ stated the resident was released prior to completion of the investigation. Interviews with the Director and agency investigator confirmed that residents are informed of the outcome of the investigation into their allegation. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous twelve months. The one allegation reported prior to the previous twelve months did not have a notification as the victim transferred from the facility prior to the conclusion of the investigation.

115.273 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there were zero investigations completed by an outside agency within the previous twelve months . 5.1.2-E, page 9 states if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. 2019-6, page 6 states allegations of sexual abuse that includes penetration or touching of the genital areas (unrelated to staff performing official duties) shall be referred to outside law enforcement agencies. El Monte Center shall document all referrals. Client notification shall also be documented, printed, and maintained as part of the investigation file. There were zero outside agency investigations completed and as such no documentation was available for review.

115.273 (c): The PAQ indicated 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: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Additionally, the PAQ indicated that there has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. 5.1.2-E, page 9 states if the alleged abuser was an employee, the victim shall also be informed whenever: the employee no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous twelve months. The one allegation reported prior to the previous twelve months did not have a notification as the victim transferred from the facility prior to the conclusion of the investigation.

115.273 (d): The PAQ indicated 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: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 9 states if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. There were zero allegations reported during the previous twelve months. The one allegation reported prior to the previous twelve months did not involve another resident.

115.273 (e): The PAQ indicated the agency has a policy that all notifications to residents described under this standard are documented. 5.1.2-E, page 9 states the individual shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. The PAQ indicated there were zero sexual abuse investigations

	<p>completed within the previous twelve months zero notifications. There were zero allegations reported during the previous twelve months. The one allegation reported prior to the previous twelve months did not have a notification as the victim transferred from the facility prior to the conclusion of the investigation.</p> <p>115.273 (f): This provision is not required to be audited.</p> <p>Based on a review of the PAQ, 5.1.2-E, Notification of Allegation Outcome, the Investigative Report and information from interviews with the Director and investigator, this standard appears to be compliant.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 3. Employee Handbook 4. Investigative Report <p>Findings (By Provision):</p> <p>115.276 (a): The PAQ indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 9 states that employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and sexual harassment policies, up to and including termination for any employee found guilty for sexual abuse. Page 18 of the employee handbook states that GEO has a zero tolerance for sexual abuse or sexual harassment and that unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. There was one allegation reported against a staff member prior to the</p>

previous twelve months. The investigation was unsubstantiated. The staff never returned to work and as such was terminated due to violation of personnel policy. It should be noted that the investigative report outlined violation of policy by the staff and would have involved staff discipline if the staff returned to work.

115.276 (b): 5.1.2-E, page 10 states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ indicated there were zero staff members who violated the sexual abuse or sexual harassment policies in the previous twelve months and zero staff members who was terminated (or resigned prior to termination) for violating the agency's sexual abuse or sexual harassment policies. There was one allegation reported against a staff member prior to the previous twelve months. The investigation was unsubstantiated. The staff never returned to work and as such was terminated due to violation of personnel policy.

115.276 (c): The PAQ indicated that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ advised there were zero staff that were disciplined short of termination for violating the sexual abuse or sexual harassment policies. 5.1.2-E, page 10 states that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There was one allegation reported against a staff member prior to the previous twelve months. The investigation was unsubstantiated. The staff never returned to work and as such was terminated due to violation of personnel policy.

115.276 (d): The PAQ indicated 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 (unless the activity was clearly not criminal) and to any relevant licensing bodies. 5.1.2-E, page 10 states all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. The PAQ advised there were no staff members who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual or sexual harassment policies. There was one allegation reported against a staff member prior to the previous twelve months. The investigation was unsubstantiated. The staff never returned to work and as such was terminated due to violation of personnel policy.

	Based on a review of the PAQ, 5.1.2-E, Employee Handbook, and the Investigative Report, this standard appears to be compliant.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 3. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 4. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.277 (a): The PAQ indicated that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies and that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 5.1.2-A, page 12 and 5.1.2-E page 10 state 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. GEO is committed to investigating and referring any contractor or volunteer that engages in such behavior for prosecution. There were zero allegation against a volunteer or contractor reported and as such no documentation was reviewed.</p>

	<p>115.277 (b): The PAQ indicated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, page 12 and 5.1.2-E, page 10 state that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the volunteer, the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility. Page 16 states that in the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor the facility shall notify the applicable GEO contracting authority who will take appropriate remedial measures, and shall consider whether to prohibit further contact with individuals in a GEO facility. The interview with the Director indicated they have never had any contractors or volunteers.</p> <p>Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, the Investigative Report and information from the interview with the Director, this standard appears to be compliant.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-E - Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection 3. Investigative Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director <p>Findings (By Provision):</p> <p>115.278 (a): The PAQ indicated that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding</p>

and/or a criminal finding that a resident engaged in resident-on-resident sexual abuse. 5.1.2-E, page 10 indicates that 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. There were zero resident-on-resident allegations reported and as such no documentation was reviewed.

115.278 (b): 5.1.2-E, page 10 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar history. The Director stated that if a resident violates the sexual abuse and sexual harassment policy she/he would be returned to BOP custody. She stated they may also be arrested by El Monte Police Department. The Director confirmed that discipline would be 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. She stated that discipline would be imposed through BOP as the resident would be returned to their custody.

115.278 (c): 5.1.2-E, page 10 states that the disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The interview with the Director confirmed that the disciplinary process considers whether the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. She stated that discipline would be imposed through BOP as the resident would be returned to their custody.

115.278 (d): The PAQ indicated the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. 5.1.2-E, page 10 states if the facility offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider require the offending individual to participate. Any known resident-on-resident perpetrator would be transferred back to a client facility. All medical and mental health services are provided in the community. The facility does not employ medical and mental health care staff and as such no interviews were completed.

115.278 (e): The PAQ indicated that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. 5.1.2-E, page 10 indicates that disciplining an individual in a GEO facility for

	<p>sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. A review of documentation confirmed there were zero residents disciplined for conduct with staff.</p> <p>115.278 (f): The PAQ indicated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 10 indicates that a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable believe that the alleged conduct occurred, will not constitute false reporting or lying.</p> <p>115.278 (g): The PAQ indicated that the agency prohibits all sexual activity between residents. It further indicated that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency does deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 10 states that facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced.</p> <p>Based on a review of the PAQ, 5.1.2-E, the Investigative Report, and information from the interview with the Director, this standard appears to be compliant.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. El Monte Center Local Policy Manual 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA) 4. Investigative Report 5. Secondary Medical and Mental Health Documents

Interviews:

1. Interview with First Responders

Findings (By Provision):

115.282 (a): The PAQ indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature of scope of services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further indicated that medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 5.1.2-A, page 20 and 2019-6, page 11 state victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. Reentry community confinement facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.

115.282 (b): 2019-6, page 11 states El Monte Center shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. The first responder stated duties after an incident of sexual abuse include; separating the victim from

	<p>the abuser, not allowing them to shower or eat or anything, preserving the evidence, securing the scene and reporting the information to the supervisor. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.</p> <p>115.282 (c): The PAQ indicated 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. 5.1.2-A, page 20 and 2019-6, page 11 indicate that this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, when medically appropriate. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility. The allegation did not involve a need for services under this provision.</p> <p>115.282 (d): The PAQ indicated 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. 5.1.2-A, page 20 and 2019-6, page 11 state that all services shall be provided without financial costs to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based on a review of the PAQ, 5.1.2-A, 2019-6, Secondary Medical and/or Mental Health Documentation and information from the interview with the first responder, this standard appears to be complaint.</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

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. El Monte Center Local Policy Manual 2019-6 – Sexual Abusive Behavior Prevention and Intervention Program (PREA)
4. Investigative Report
5. Secondary Medical and Mental Health Documents

Findings (By Provision):

115.283 (a): The PAQ indicated 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. 5.1.2-A, page 21 and 2019-6, page 12 indicate that each facility (or El Monte 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, All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. During the tour the auditor confirmed that the facility did not have a medical or mental health area and did not provide medical or mental health services on-site. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.

115.283 (b): 5.1.2-A, page 21 and 2019-6, page 12 state that the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. Medical and mental health services are provided in the community and the community organizations maintain medical and mental health documentation. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve

months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.

115.283 (c): 5.1.2-A, page 21 and 2019-6, page 12 state that services shall be provided in a manner that is consistent with the level of care. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. The facility does not employ medical or mental health care staff and as such no interviews were conducted. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.

115.283 (d): The PAQ indicated female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 5.1.2-A, page 21 and 2019-6, page 12 state that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility. The allegation did not require a pregnancy test or pregnancy related materials.

115.283 (e): The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 5.1.2-A, page 21 and 2019-6 page 12 state that services shall be provided in a manner that is consistent with the level of care the resident would receive in the community and include pregnancy test and all lawful pregnancy related medical services where applicable. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. The facility does not employ medical or mental health care staff and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and

mental health service in the community. These referrals were documented by the facility. The allegation did not require a pregnancy test or pregnancy related materials.

115.283 (f): The PAQ indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 5.1.2-A, page 21 and 2019-6, page 12 state that victim shall also be offered tests for sexually transmitted infections as medically appropriate. All medical and mental health services are provided in the community. Any necessary emergency medical and mental health treatment would be provided at the local hospital. Any follow-up services would be provided by community based organizations. There were zero residents who reported sexual abuse at the facility during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility. The allegation did not involve a need for services under this provision.

115.283 (g): The PAQ indicated 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. 5.1.2-A, page 21 and 2019-6, page 12 state that all services shall be provided without financial costs to the victim. There were zero residents who reported sexual abuse during the on-site portion of the audit and as such no interviews were completed. A review of documentation for the one allegation reported prior to the previous twelve months confirmed that the victim was referred to medical and mental health service in the community. These referrals were documented by the facility.

115.283 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. 5.1.2-A, page 21 states that the facility shall attempt to conduct a mental health evaluation on all known inmate-on-inmate or resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. The facility does not employ medical or mental health care staff and as such no interviews were conducted. There were zero resident-on-resident sexual abuse allegations reported during the audit period and as such there were no resident-on-resident abusers.

Based on a review of the 5.1.2-A, 2019-6, the Investigative Report and Secondary

	Medical and/or Mental Health Documentation this standard appears to be complaint.
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. El Monte Center Local Policy Manual 2019-6 - Sexual Abusive Behavior Prevention and Intervention Program (PREA) 4. Investigative Report 5. PREA After Action Review Report <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. Mock PREA After Action Review Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Director 2. Interview with the PREA Coordinator 3. Interview with Incident Review Team <p>Findings (By Provision):</p> <p>115.286 (a): The PAQ indicated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 23 and 2019-6, page 13 indicate facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which</p>

the allegation has been determined substantiated or unsubstantiated. The PAQ indicated there were zero administrative or criminal sexual abuse investigation, excluding unfounded. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed that it included a sexual abuse incident review via the PREA After Action Review Report.

115.286 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. It further stated that in the past 12 months there was one sexual abuse incident review completed within 30 day of the conclusion of the investigation. 5.1.2-A, page 23 and 2019-6, page 13 indicate that such reviews shall occur within 30 days of the conclusion of the investigation. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed that it included a sexual abuse incident review via the PREA After Action Review Report. The review was completed within 30 days of the conclusion of the investigation.

115.286 (c): The PAQ indicated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. 5.1.2-A, page 23 and 2019-6 page 13 state that the review team shall consist of upper level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and medical and mental health practitioners. The Corporate PREA Coordinator may be consulted as part of the team. The interview with the Director indicated that the facility has a sexual abuse incident review team that includes herself, the investigators and an upper level management staff. She indicated they do not have medical or mental health care staff. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed that it included a sexual abuse incident review via the PREA After Action Review Report. The review was completed by the investigator and facility Director.

115.286 (d): The PAQ indicated that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. 5.1.2-A, page 23 and 2019-6, page 13 state that unless mandated by the client contract, a PREA After Action Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA database. A review of the PREA After Action Review Report confirmed the form includes the required elements under this provision. The form has yes and no checkboxes related to each

	<p>element. Additionally, it has a section for notes related to any boxes marked yes. Interviews with the Director, PC and incident review team member confirmed sexual abuse incident reviews include the required elements under this provision. The Director stated they would utilize information from the sexual abuse incident reviews to determine if there were any barriers or reasons why the incident occurred. She advised they aggregate the information and make sure they rectify any issues that may have contributed to the incident. The PC stated that all sexual abuse incident reviews are forwarded to him for review and he has not noticed any trends. He stated once the reports are submitted the corporate team reviews the information to recommend any improvements. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed that it included a sexual abuse incident review via the PREA After Action Review Report. The auditor noted that while the review included the elements under this provision it was checklist format only. The auditor reviewed the requirements of narrative incident specific information with the Director. During the interim report period the Director and investigators completed a mock sexual abuse incident review (on the allegation reported previously) to confirm that they understood the requirements and how they would complete sexual abuse incident reviews in the future.</p> <p>115.286 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. A review of the PREA After Action Review Report confirms the form has a section that notes recommendations or results from the review. There were zero allegations reported during the previous twelve months. A review of the one allegation reported prior to the previous twelve months confirmed that it included a sexual abuse incident review via the PREA After Action Review Report. The completed sexual abuse incident review did not include any recommendations.</p> <p>Based on a review of the PAQ, 5.1.2-A, 2019-6, the Investigative Report, PREA After Action Review Report, Mock PREA After Action Review Report, and information from interviews with the Director, the PC and a member of the sexual abuse incident review team, this standard appears to be corrected and as such compliant.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure
3. PREA Portal Online Database
4. GEO Group PREA Annual Report

Findings (By Provision):

115.287 (a): The PAQ indicated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of the PREA Portal Online Database confirms that information related to the allegation is entered into the database to include; the facility where the allegation occurred, how it was reported, the date it was reported, the incident date, the incident type, location it occurred, time it occurred and investigative outcome. Data is derived from this database. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.287 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.287 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

	<p>A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.</p> <p>115.287 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 23 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>115.287 (e): The PAQ indicated this provision is not applicable. The agency does not obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency’s inmates.</p> <p>115.287 (f): The PAQ indicated that this provision does not apply as the Department of Justice has not requested this information. 5.1.2-A, page 23 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Based on a review of the PAQ, 5.1.2-A, the PREA Portal Database, and the GEO Group Annual PREA Report, this standard appears to be compliant.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:
	1. Pre-Audit Questionnaire

2. GEO Policy 5.1.2-A – PREA Sexually Abusive Behavior and Intervention Procedure

3. GEO Group PREA Annual Reports

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the PREA Coordinator

Findings (By Provision):

115.288 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, page 23 states that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. He indicated that GEO has 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, and the corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure

Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that all of the agency's clients, except USMS, include GEO PREA data in their annual PREA reports as well. He confirmed the agency takes corrective action on an ongoing basis and that historical annual PREA data reports are available on GEO's website. He stated GEO has implemented several corrective actions since the PREA program's inception in 2012. The PC further confirmed that the agency prepares 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. He indicated GEO publishes a PREA report annually and the current and historical reports are available on the agency website.

115.288 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and that the annual report provides an assessment of the agency's progress in addressing sexual abuse. 5.1.2-A, pages 23-24 states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The report also includes definitions and program enhancements. The report compares the data from the current year with the previous year.

115.288 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website. 5.1.2-A, page 24 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services, Reentry, Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.288 (d): The PAQ indicated that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. 5.1.2-A, page 24 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the annual report confirms that no personal identifying information is included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC indicated that GEO only reports statistical

	<p>data and incident types, personally identifiable information for confidentiality purposes.</p> <p>Based on a review of the PAQ, 5.1.2-A, the PREA Annual Report, the website and information obtained from interviews with the Agency Head Designee and PC, this standard appears to be compliant.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A - PREA Sexually Abusive Behavior and Intervention Procedure 3. PREA Annual Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a): The PAQ indicated that the agency ensures that incident-based and aggregate data are securely retained. 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program.</p>

	<p>These recommended improvements are submitted to the appropriate divisional authority (Secure Services, Reentry and Youth Services) annually for review and approval.</p> <p>115.289 (b): The PAQ states that the agency will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public, at least annually, through its website or through other means. A review of the website: https://www.geogroup.com/prea confirmed that the current annual report, which includes aggregated data for all GEO facilities, is available to the public online.</p> <p>115.289 (c): 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.</p> <p>115.289 (d): 5.1.2-A, page 24 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical annual reports indicated that aggregated data is available from 2013 to present.</p> <p>Based on a review of the PAQ, 5.1.2.-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that all GEO facilities have had a completed PREA audit.</p>

	<p>115.401 (b): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the second year of the three-year cycle.</p> <p>115.401 (h) - (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from residents.</p> <p>115.401 (n): The facility provided photos confirming that the audit announcement was posted around the facility at least six weeks prior to the on-site portion of the audit. During the site review the auditor observed the audit announcement in English and Spanish on letter size paper. The audit announcements were located in each resident room, the hallways and in common areas. The audit announcement advised the residents that correspondence with the auditor would remain confidential unless the resident reported information such as sexual abuse, harm to self or harm to others. The residents were able to send correspondence via special mail.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision):
	115.403 (f): A review of the website confirmed that the agency has uploaded final reports for audited facilities.

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.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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