PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility:	**Grossman Center**
Physical address:	**4715 Brewer Pl., Leavenworth, KS 66048**
Date report submitted:	**December 31, 2014**
Auditor Information	
Name:	**Michelle Bonner**
Address:	**1629 K St NW, Suite 300, Washington, DC 20006**
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Telephone number:	**202-489-7184**
Date of facility visit:	**July 1-2, 2014**
Facility Information	
Facility mailing address: (if different from above)	**same**
Telephone number:	**713-224-0984**
The facility is:	**Private for profit**
Facility Type	**Community Treatment Center/Halfway House**
Name of Facility Head:	**Mary Gilkey**
Title:	**Facility Director**
Email address:	**mgilkey@geogroup.com**
Telephone number:	**913-351-0728**
Name of PREA Compliance Manager (if applicable)**: Gale Myers**	
Title:	**Social Services Coordinator**
Email address:	**gmyers@geogroup.com**
Telephone number:	**Same as above**

Agency Information	
Name of Agency:	**The GEO Group Inc.**
Governing authority or parent agency: (if different from above)	
Telephone number:	**561-999-5827**
Agency Chief Executive Officer	
Name:	**George C. Zoley**
Title:	**Chairman of the Board, CEO and Founder**
Email address:	**gzoley@geogroup.com**
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Agency-Wide PREA Coordinator	
Name:	**Phebia L. Moreland**
Title:	**Director, Contract Compliance, PREA Coordinator**
Email address:	**pmoreland@geogroup.com**
Telephone number:	**561-999-5827**

AUDIT FINDINGS

NARRATIVE: [The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of the Grossman Center, 4715 Brewer Pl., Leavenworth, KS, on July 1-2, 2014. Grossman is owned and operated by the GEO Group, Inc., which has contracted to house Federal Bureau of Prison Inmates (along with a small number of US Probation inmates). During the audit there were 5 women and 54 men at the facility, with an additional nine on home detention.

The first day of the audit started with an opening meeting consisting of the Auditor, Facility Director Mary Gilkey, Chief of Security Fabias Uitenham, Social Services Coordinator Gale Myers, Administrative Assistant Daniel Ruth, and GEO Group PREA

Coordinator Phebia Moreland. PREA Auditor Bonner was accompanied by this group, sans Administrative Assistant, on a tour of the facility. During this tour, Auditor Bonner inspected all dorms, offices, rooms, food service areas, laundry rooms, closets, halls, outside recreational areas, and exterior of the building. Auditor also toured a new transport van acquired by the facility.

During the two-day audit, PREA Auditor Bonner conducted one-on-one interviews with the eleven facility employees. Topics discussed included interview protocol questions for random staff and specialized staff. Ten residents were also interviewed one-on-one, per the selection process described above. , Document review included: security check, head count, and pat-down logs; intake, assessment, and reassessment forms; employee files for new hires, terminations, resignations, and promotions; PREA forms for monitoring, documentation, tracking, and reviews; and investigation files. A closeout session at the end of the second day of the onsite audit was held with the Auditor, Facility Director, Chief of Security, Social Services Coordinator, Administrative Assistant, PREA Coordinator Phebia Moreland, and Divisional Reentry Services PREA Coordinator Jonathon Dressler via telephone.

DESCRIPTION OF FACILITY CHARACTERISTICS: [The auditor should include a summary describing the facility.]

Auditor Bonner, with Facility Director Mary Gilkey, Chief of Security Fabias Uitenham, Social Services Coordinator Gale Myers, and GEO Group PREA Coordinator Phebia Moreland, toured the Grossman Center on July 1, 2014. The group started in the lobby, which was de-cluttered and contained a TV monitor that served as an "Information Board." The monitor ran a number of slides, including PREA information slides, bus schedules, case management information, etc. There was also a PREA poster near the front window of the lobby. Residents and visitors pay attention this monitor, so they will inevitably gain PREA information while they are reading other slides as well – a best practice.

Through the main door there is the pat-search area, covered by a camera and located right outside of the Central Control Room. In this area were also: PREA information and auditor notice; forms for case managers and grievances; and a US Mail Box. Cameras covered the hallway behind the Central Control Room and the room itself. Behind Central Control as well are: two case manager offices, with windows in the doors, and with PREA signage, and two locked closets. There is also a small gym, with camera coverage and separate hours for male and female residents. There is also an alarmed exit door, with exterior camera coverage on the side of the building.

In the urinalysis/first aid/medications space there is a locked door to this space, PREA signage, and a rounder mirror over the toilet to monitor urine tests.

The central hall, also with camera (20 cameras in all), has Chief of Security Office, with PREA signage/information inside office and on bulletin board outside of office. Also in this hall is the RDAP (Residential Drug Abuse Program) Dorm (Dorm 1) for male residents. It has PREA signage near the phones (although residents are allowed to have cell phones), in back and on information board near sinks. The bathroom has three showers, toilet stalls, and additional sinks; and the bathroom has a curtain in lieu of a door.

The male laundry room has camera coverage and PREA signage. It also has a locked closet containing a hot water heater.

Dorms 2 and 3 are along the end of the central hall. Dorm 3 includes residents deemed at-risk of abusiveness; Dorm 2 is for at-risk of victimization. The setup for these dorms is the same as Dorm 1: open dorm with bunk beds throughout. No walls; same bathroom setup as well. PREA signage and auditor notices are in enclosed bulletin areas in the dorms.

The dining room acts as a TV room as well. Two cameras – one of which has pan/tilt/zoom (PTZ) capabilities, are in the dining area. There is a window facing a vending machine area where a blind spot would have been. Two tables are reserved for female residents only. PREA signage is on bulletin boards in dining area. The kitchen is also covered by two cameras and contains PREA signage. There is a camera in the pantry area, which also contains a desk. Pantry, refrigerator, and freezer are locked.

Behind the kitchen is another hall that contains the employment lab and case manager offices. This hall is covered by cameras and PREA signage. The Employment Lab used to be a dorm (Dorm 4), so there are clothes and a changing area where a bathroom used to be. Shower stall walls and bathroom walls create blind spot. In the larger area there are computers, employee specialist desk, bulletin boards containing PREA and other information, and an inoperable phone with PREA hotline info. (Facility will turn on phone again.) The case manager offices have windows in doors, with PREA information inside and out. There is a locked suggestion box outside of the Employment Lab. Also in this area is a staff restroom and water heater room, with locked doors. Cameras inside and out cover a back door for deliveries. There is another external camera for the outdoor canopy and shed area.

Dorm 5 is the female dorm. The showers here have double shower curtains, with exterior opaque one cut short to see legs through the clear inner curtain – a best practice when one cannot find clear bottom shower curtains. In addition to an alarmed exit door, the front door of the women's dorm is alarmed at night to monitor comings and goings. The female laundry area is located outside of the dorm. The hall camera catches part of the hall to the laundry, but not the entire space.

Dorm 6 and upstairs area of the facility are no longer used as resident dorms, but rather as storage of facility furniture and other items. Residents have gone in these areas under staff supervision to collect supplies. However, as supplies are being moved from the upstairs dorm area to Dorm 6, upstairs will now be entirely off limits to residents. The stairwell to the upstairs area is roped off and monitored by Central Control Room, which is right across from the stairs.

The group also toured the facility's new transport van, which has cameras and audio monitoring technology, along with a GEO tracking device. This van will be driven by facility monitors to take residents to and from appointments.

SUMMARY OF AUDIT FINDINGS: [The auditor should include a summary statement of the overall audit findings. E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate....Facility X exceeded X of standards; met X of standards; X of standards were not met.]

Regarding the PREA Standards, the Grossman Center exceeds in 2 standards, meets 34 standards, does not meet 0 standards, and 3 standards are not applicable.

The Grossman Center, in Leavenworth, Kansas, has a capacity for 145 residents, but presently only has less than sixty residents onsite at the time of the audit. The client, BOP, decided to limit residents at Grossman to Kansas residents only, although it used to hold Missouri residents as well, thereby cutting the number of residents by more than half. In addition to three of seven dorms no longer housing residents, there are many empty beds throughout the used dorms. Fortunately, there are multiple security rounds during each shift, including at least three head counts and random rounds each hour.

The facility still has 28 staff members and a US Probation Officer at the time of the onsite audit. The GEO Group PREA Coordinator has committed to providing additional training, facilitated by her team and herself, to better ensure that the staff of the Grossman Center thoroughly understand the PREA standards and implement them correctly and completely. Agency PREA Coordinator retrained facility staff in the prevention, detection, reporting and response to sexual abuse and sexual harassment; and she provided special investigator training for three facility staff. Also, the Social Services Coordinator has been made PREA Compliance Manager; and she has been trained to monitor for retaliation as well as to properly conduct PREA risk assessments.

On the whole, residents feel safe at the facility. The incidents alleged to have occurred involved allegations of staff-on-resident sexual abuse: one involving a sexual act in a van; another involving a relationship between kitchen staff and a resident. The former was unsubstantiated; the latter, substantiated through a US Marshal investigation after the resident absconded. The unsubstantiated case involving the sex act in the van was a result of an investigation conducted by case manager untrained in PREA investigations, later followed by involvement by a GEO PREA Investigator when the PREA Coordinator learned of the case during PREA audit preparation months later. It is critically important that, in addition to more staff training, the PREA Coordinator's Office remain involved in the continued implementation of PREA and any PREA investigations that might arise between now and its next PREA audit. Also, any investigation that involves a potentially criminal offense should be reported to local law enforcement.

The Grossman Center has implemented some great practices in its PREA implementation. The "Information Board", a monitor showing PREA information slides with other information important to residents and visitors, is a best practice in disseminating PREA information. The PREA signage throughout the facility is also very good. The Chief of Security conducts PREA orientations very soon after residents' arrival; and residents trust him enough to be willing to report PREA related information to him. Auditor suggests that the facility keeps up the great work in these areas.

The PREA Resource Center (PRC) states clearly that contracting agencies must make annual PREA information public via publication on its website, in addition to the governing agency's publication of aggregate statistics. SEE, PRC FAQ "Contracts" Question #6. http://www.prearesourcecenter.org/faq#n2093. The Bureau of Prisons indicated that it would publish aggregate PREA statistics from its facilities and contract facilities on its website, and, on December 19, 2014, the GEO Group, Inc., published PREA reports for 2012 and 2013 on its website, http://www.geogroup.com/reporting_sexual_abuse_prea

Number of standards exceeded:	**2**
Number of standards met:	**34**
Number of standards not met:	**0**
Number of standards N/A:	**3**

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING	
Overall Determination:	**§115.211 -- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**
	✔ **Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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 facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes:

- definitions of prohibited behaviors regarding sexual abuse and sexual harassment;
- sanctions for those found to have participated in prohibited behaviors; and
- a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The agency employs or designates an upper--level, agency--wide PREA Coordinator. The PREA Coordinator has more than sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The agency has committed resources and support into its PREA implementation program, and it has three or more dedicated top-level staff who travel around the country to make sure PREA is implemented properly and professionally in its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure: Director, Contract

Compliance, PREA.
GEO POLICY 5.1.2-A; FACILITY POLICY 504-1.

Overall Determination:	**§115.212 -- Contracting with other entities for the confinement of residents.**
	Exceeds Standard (substantially exceeds requirement of standard)
N/A	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

Overall Determination:	**§115.213 -- Supervision and monitoring.**
	Exceeds Standard (substantially exceeds requirement of standard)
✔	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Facility management conduct and document unannounced rounds of the facility on a regular, yet random, basis. Facility management also weekly review surveillance footage to identify any problems with staff or resident conduct. Facility management reviews the staffing plan at least annually. There have been no deviations from this staffing plan. GEO POLICY 5.1.2-A; FACILITY POLICY 504-1.

Overall Determination:	**§115.215 - Limits to cross--gender viewing and searches.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility does not conduct any strip or visual body cavity searches of residents; and it does not permit cross--gender pat--down searches of female residents. So far, there have been no exigent circumstances noted that have required cross-gender pat-downs.
The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this policy. Facility policy requires that all cross--gender pat--down searches of female residents, all cross--gender strip searches, and cross--gender visual body cavity searches be documented, should ever that exigent circumstance arise.
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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.
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.
All security staff have received training on conducting cross--gender pat--down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.
GEO POLICY 5.1.2-A; FACILITY POLICY 903-1.

Overall Determination:	**§115.216 - Residents with disabilities and residents who are limited English proficient**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility 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. Staff read information on PREA to its residents during intake, orientation, and screening. A TTY phone is available for deaf/hard of hearing residents. Also, the facility uses the video produced by Just Detention International during its PREA orientation process.

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. The PREA Resident Handbook, posters, and brochures are available in Spanish as well as English. The agency has a contract with Language Lines for interpretation services. The facility has two bilingual staff members to assist in interpreting for Spanish speaking residents. Agency policy prohibits use of 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. So far there have been no such reported limited circumstances at this facility.

GEO POLICY 5.1.2-A.

Overall Determination:	**§115.217 - Hiring and promotion decisions.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, and 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. The facility runs national (NCIC) criminal background checks through its governing/contracting agency, the Federal Bureau of Prisons (FBOP); and it enlists a private company, Accurate Background Checks, for additional background information and a PREA-related check for those with prior corrections employment experience. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. This NCIC check is also run by FBOP. However, this facility does enlist contractors who work directly with residents.

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. The facility's statement of work (SOW) requires background checks of all employees with the every renewal of its contract, which is every five years.

The agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in bullet points above in this section in written applications for employment. The agency also imposes upon employees a continuing

affirmative duty to disclose any such misconduct. The facility has all of its employees sign acknowledgements of their continuing affirmative duty to disclose annually; and it requires such acknowledgements for all employees promoted as well. Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
The agency does 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.
GEO POLICY 5.1.2-A; FACILITY POLICY 0504-1.

Overall Determination:	**§115.218 - Upgrades to facilities and technology.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The facility has not acquired a new facility or made a substantial expansion or modification to its existing facility since August 20, 2012. However, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Per its PREA Annual Facility Assessment, dated Aug. 1, 2013, three additional surveillance cameras were proposed to provide coverage to the "pat search" area behind the Monitor Station, in the kitchen outside the pantry door, and outside covering the shed area. During the onsite audit tour, Auditor suggested that the Monitor Station acquire a larger monitor and that a mirror assist with the blind spot in hall near the laundry room. Also during the tour, at suggestion of the Auditor, the unused dorm area upstairs was made totally off-limits to all residents, with storage being moved to an unused dorm downstairs. The facility is still contemplating modifications to the Employment Lab's clothing area, which presents an additional blind spot. Overall, monitoring technology present complies in all material ways with this standard. GEO POLICY 5.1.2-A.

RESPONSIVE PLANNING	
Overall Determination:	**§115.221 - Evidence protocol and forensic medical examinations** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident--on--resident sexual abuse or staff sexual misconduct) only. Leavenworth Police Department has responsibility for conducting criminal investigations; and the Chief of Police is on Grossman's Community Advisory Board.

When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations would be conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at St. John Hospital, Leavenworth, KS.

The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented. The facility has an MOU with the Alliance Center, Leavenworth, KS, for victims advocacy services and to ensure SAFE/SANE staff at the hospital.

If requested by the victim, a victim advocate, qualified agency staff member, or qualified community--based organization staff member would accompany and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. GEO POLICY 5.1.2-E.

Overall Determination:	**§115.222 - Policies to ensure referrals of allegations for investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident--on--resident sexual abuse and staff sexual misconduct). 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, unless the allegation does not involve potentially criminal behavior. Since the onsite audit, all staff have been trained on this reporting policy. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The publication describes the responsibilities of both the agency and the investigating entity. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. GEO POLICY 5.1.2-E/FACILITY POLICY 0803-1.
GEO Group under contract contacts the client, the Federal Bureau of Prisons (BOP) to inquire whether it would like to conduct the investigation. If BOP declines, then the case should be forwarded to GEO Group's specially trained PREA investigators – with involvement of OPR if a staff member is involved – to better ensure that the proper investigation is being conducted by the proper authorities.

According to the Statement of Work with the Federal Bureau of Prisons (BOP), the facility is not allowed to conduct any investigation of misconduct without the Contracting Officer's Technical Representative's (COTR's) approval. This process can and has created delays and confusion in the investigatory process. Auditor advises BOP to issue a revised Statement of Work to allow for initial investigations to begin immediately by PREA Specialized Investigators under GEO Group's employ, with its Office of Professional Responsibility for staff misconduct, under the meaningful review and supervision of the assigned BOP-RRM or COTR (e.g., requesting regular updates and investigation information from facility, etc.).

TRAINING AND EDUCATION	
Overall Determination:	**§115.231 - Employee training.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility trains all employees who may have contact with residents on the following matters.

(1) Its zero--tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' rights to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in confinement;
(6) The common reactions of sexual abuse and sexual harassment victims;
(7) How to detect and respond to signs of threatened and actual sexual abuse;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is tailored to the gender of the residents at the facility.
Employees who are reassigned from facilities housing the opposite gender are given additional training.
All staff employed by the facility who may have contact with residents were trained or retrained in PREA requirements, and they are trained annually. Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment monthly. The agency documents that employees who may have contact with residents understand the training they have received through employee signature verification.
Since the onsite audit, the agency has trained all facility staff on the above topics in a PREA Refresher Training on 9/18/14.
GEO POLICY 5.1.2-A.

Overall Determination:	**§115.232 - Volunteer and contractor training**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

All four volunteers who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.
The level and type of training provided to volunteers is based on the services they provide and level of contact they have with residents.
All volunteers who have contact with residents have been notified of the agency's zero--tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
The facility maintains documentation confirming that volunteers understand the training they have received.
The facility does not have any contractors who have contact with residents.

Overall Determination:	**§115.233 - Resident education.**
	✔ **Exceeds Standard** (substantially exceeds requirement of standard) **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Residents receive information at time of intake about the zero--tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
The facility provides residents who are transferred from a different community confinement facility with refresher information.
Resident PREA education is available in accessible formats for all residents including those who are: limited English proficient, deaf, visually impaired, limited in their reading skills, or are otherwise disabled.
The agency maintains documentation of resident participation in PREA education sessions. The Chief of Security conducts a PREA orientation, with a PREA video, for all incoming residents on same day (no later than 48 hours) of arrival.
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. The facility neatly and frequently displays information on PREA throughout its facility. It also has a TV monitor with a slideshow of facility information, announcements, and PREA information – a best practice.
GEO POLICY 5.1.2-A; FACILITY POLICY 1702-1.

Overall Determination:	**§115.234 - Specialized training: Investigations.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

Agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Specialized training includes 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 a case for administrative action or prosecution referral. The agency maintains documentation showing that investigators have completed the required training.
The agency currently employs eleven (11) Reentry Services PREA Investigators who have completed this special training for its community confinement facilities. GEO POLICY 5.1.2-A. Chief of Security, Facility PREA Compliance Manager and Facility Director received PREA Specialized Investigations Training on 9/19/14. Also Facility Director and PREA Compliance Manager received GEO OPR Training on July 17, 2014, facilitated by our VP of Office of Professional Responsibility.

Overall Determination:	**§115.235 - Specialized training: Medical and mental health care.**
	Exceeds Standard (substantially exceeds requirement of standard)
N/A	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The facility has no medical or mental health care professionals on staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS	
Overall Determination:	**§115.241 - Screening for risk of victimization and abusiveness.**
	Exceeds Standard (substantially exceeds requirement of standard)
✔	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

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.
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.
In the past 12 months all residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The facility has appointed a back-up staff person to conduct screenings for those residents who arrive late

Friday night if the agency requires that the facility maintains the 24 hour requirement. These forms are checked for errors and/or actual reports of sexual abuse while incarcerated and are followed up pursuant to the standards.
Risk assessment is conducted using an objective screening instrument.
The intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

(1) Whether the resident has a mental, physical, or developmental disability;
(2) The age of the resident;
(3) The physical build of the resident;
(4) Whether the resident has previously been incarcerated;
(5) Whether the resident's criminal history is exclusively nonviolent;
(6) Whether the resident has prior convictions for sex offenses against an adult or child;
(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
(8) Whether the resident has previously experienced sexual victimization; and
(9) The resident's own perception of vulnerability.

The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.
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. The facility keeps a tracking log to ensure that 30 day reassessments are conducted in a timely manner.
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.
The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) any or all of the risk assessment screening questions.
The agency shall implement 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.
GEO POLICY 5.1.2-A; FACILITY POLICY 1701-1.

Overall Determination:	**§115.242 - Use of screening information.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The 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.
The facility makes individualized determinations about how to ensure the safety of each resident. The facility has separate dorms for at-risk of victimization residents and for at-risk of abusiveness residents, in an effort not to put these two types of identified residents in the same housing units.
The facility makes housing and program assignments for transgender or intersex residents in the facility on a case--by--case basis. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
Transgender and intersex residents shall be given the opportunity to shower separately from other residents.
The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no such placement in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.
GEO POLICY 5.1.2-A; FACILITY POLICY 1701-1.

REPORTING	
Overall Determination:	**§115.251 - Resident reporting** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to reporting to staff, residents can use the grievance procedure, or they can call the agency's PREA Coordinator or facility director directly.

The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. A number to BOP is provided, as well as 1-800 and local numbers to the Alliance Center. 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. Staff are required to document verbal reports. The timeframe within which staff are required to document verbal reports is no later than the end of shift.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can report via an employee PREA Hotline number or a website specifically for employee reports. Staff are informed of these procedures in the following ways: training, employee handbook, posters, and First Responder Cards that each carry with them with their employee badges.

GEO POLICY 5.1.2-A; FACILITY POLICY 1702-1.

Overall Determination:	**§115.252 - Exhaustion of administrative remedies**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.
Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.
Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.
Agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The facility installed a locked grievance box provided for residents wishing to submit grievances, to avoid their having to submit them directly to facility staff.
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.
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 agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.
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. Agency policy and procedure requires that if the resident declines to have third--party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.
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. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.
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.
GEO POLICY 5.1.2-A; FACILITY POLICY 0805-1.

Overall Determination:	**§115.253 - Resident access to outside confidential support services**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by: giving residents mailing address and toll--free hotline number for local victim advocacy/rape crisis organization called the Alliance Center; and enabling reasonable communication between residents and this organization in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. 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. The facility has entered into an MOU with the Alliance Center. The facility maintains documentation said agreement. GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	**§115.254 - Third party reporting.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The facility provides a method to receive third--party reports of resident sexual abuse or sexual harassment. Third parties are encouraged to contact the facility directly by phone, in writing or in person or contact the agency's PREA Coordinator with any information. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website, www.geogroup.com. The agency has committed to providing facilities with individualized signs for third-party reporting, containing the name and contact information for each facility director. GEO POLICY 5.1.2-A.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT	
Overall Determination:	**§115.261 - Staff and agency reporting duties** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency requires all staff to report immediately and according to GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1:

- 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;
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

This facility does not have any medical or mental health practitioners. However, unless otherwise precluded by Federal, State, or local law, the agency requires that medical and mental health practitioners report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

This facility does not accept residents under the age of 18, however, if a resident is considered a vulnerable adult under Kansas law (i.e., dependent adult or confined person), the facility shall report the allegation to the designated state or local services agency

under Kansas' applicable mandatory reporting laws.
The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. In order to better comply with this standard, the agency has retrained staff on reporting all allegations of sexual abuse and sexual harassment.

Overall Determination:	**§115.262 - Agency protection duties.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

When the 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). GEO POLICY 5.1.2-A.

Overall Determination:	**§115.263 - Reporting to other confinement facilities.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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.

Agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.
The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.
The agency or facility policy requires that allegations received from other facilities/agencies be investigated in accordance with the PREA standards.
The facility reviewed at-risk assessments for reports of sexual abuse while incarcerated and followed up pursuant to this standard.
GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	**§115.264 - Staff first responder duties.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The agency has a first responder policy for allegations of sexual abuse. GEO POLICY 5.1.2-A; FACILITY POLICY 0803-1. Agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;
(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that alleged victim not take any actions that could destroy physical evidence, and
2. Notify security staff.

In the past 12 months, this facility has received no allegations that initiated this first responder policy.

Overall Determination:	**§115.265 - Coordinated response.**
	Exceeds Standard (substantially exceeds requirement of standard)
✔	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The facility has 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. GEO POLICY 5.1.2-A.

Overall Determination:	**§115.266 - Preservation of ability to protect residents from contact with abusers.**
	Exceeds Standard (substantially exceeds requirement of standard)
N/A	**Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The agency has no collective bargaining agreements.

Overall Determination:	**§115.267 - Agency protection against retaliation.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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. GEO POLICY 5.1.2-A

The facility designates a staff member with monitoring for possible retaliation: Gale Myers, Social Services Coordinator.

The agency and/or facility shall 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, up to termination from facility (resident) or employment (staff), and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The 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 for 90 days or longer, if the initial monitoring indicates a continuing need. The facility acts promptly to remedy any such retaliation. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

INVESTIGATIONS	
Overall Determination:	**§115.271 - Criminal and administrative agency investigations.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency/facility has a policy related to criminal and administrative agency investigations. GEO POLICY 5.1.2-A.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. Facility staff have been trained to report such incidents to GEO Group PREA investigators. Facility staff have also received PREA special investigator training to better detect and respond to sexual abuse and sexual harassment allegations. 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 credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Facility staff have been retrained to better ensure this proper assessment. The agency shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth--telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 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.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain

informed about the progress of the investigation.

Overall Determination:	**§115.272 - Evidentiary standards for administrative investigations.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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. GEO POLICY 5.1.2-E.

Overall Determination:	**§115.273 - Reporting to residents.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the 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.

Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the facility 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.

The agency has a policy that all notifications to residents described under this standard are documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

DISCIPLINE	
Overall Determination:	**§115.276 - Disciplinary sanctions for staff.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. Termination shall be the presumptive disciplinary sanction for staff that have engaged in sexual abuse. 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. 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.

Overall Determination:	**§115.277 - Corrective action for contractors and volunteers.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. GEO POLICY 5.1.2-E. 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.

Overall Determination:	**§115.278 - Disciplinary sanctions for residents.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident--on--resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident--on--resident sexual abuse. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. The facility follows the Prohibited Acts and Disciplinary Severity Scale of the Federal Bureau of Prisons.
Sanctions shall 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.
The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior

when determining what type of sanction, if any, should be imposed.
The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility 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.
The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

MEDICAL AND MENTAL CARE	
Overall Determination:	**§115.282 -- Access to emergency medical and mental health services.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1. The facility has letters of commitment from St. John Hospital and the Guidance Center, as well as an MOU from the Alliance Center for such services.
Security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.
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.
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.

Overall Determination:	**§115.283 -- Ongoing medical and mental health care for sexual abuse victims and abusers.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

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. The evaluation and treatment of such victims shall 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. The facility has a letter of commitment from the Guidance Center, as well as an MOU from the Alliance Center for such services.
Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 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.
Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
Treatment services are 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.
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.
GEO POLICY 5.1.2-A.

DATA COLLECTION AND REVIEW	
Overall Determination:	**§115.286 - Sexual abuse incident reviews.** **Exceeds Standard** (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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.

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

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.

The facility prepares a report of its findings from sexual abuse incident reviews and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	**§115.287 - Data collection.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

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. See, e.g., Monthly PREA Incident Tracking Log and PREA Incident Report Survey. The agency aggregates the incident--based sexual abuse data at least annually.
The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident--based documents, including reports, investigation files, and sexual abuse incident reviews.
GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	**§115.288 - Data review for corrective action.**
	Exceeds Standard (substantially exceeds requirement of standard) ✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period) **Does Not Meet Standard** (requires corrective action) Auditor Comments (including corrective actions needed if does not meet standard):

The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and 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.
The annual report includes a comparison of the current year's data and corrective actions with those from prior years.
The annual report provides an assessment of the agency's progress in addressing sexual abuse.
The agency makes its annual report readily available to the public at least annually through its website.
http://www.geogroup.com/reporting_sexual_abuse_prea
The annual reports are approved by the agency head.
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.
The agency indicates the nature of material redacted.
GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	**§115.289 - Data storage, publication, and destruction.**
	Exceeds Standard (substantially exceeds requirement of standard)
	✔ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The agency ensures that incident--based and aggregate data are securely retained.
Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.
Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.
The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.
GEO POLICY 5.1.2-A.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.	
AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	December 31, 2014