PREA Audit: PREA AUDITOR'S SUMMARY REPORT

Community Confinement Facilities

Name of facility:	**Oakland Center**
Physical address:	**205 MacArthur Blvd. Oakland, CA 94610**
Date report submitted:	**January 16, 2015**
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:	**August 12-13, 2014**
Facility Information	
Facility mailing address: (if different from above)	**Same**
Telephone number:	
The facility is:	**Private for profit**
Facility Type	**Community Treatment Center/Halfway House**
Name of Facility Head:	**Matthew Lange**
Title:	**Facility Director**
Email address:	**mlange@geogroup.com**
Telephone number:	**510-839-9051 ext 7**
Name of PREA Compliance Manager (if applicable)**: Matthew Lange**	
Title:	**Facility Director**
Email address:	**mlange@geogroup.com**
Telephone number:	**510-839-9051 ext 7**

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**
Telephone number:	**561-893-0101**
Agency-Wide PREA Coordinator	
Name:	**Phebia L. Moreland**
Title:	**Director, Contract Compliance, PREA**
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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 Oakland Center in Oakland, CA, on August 12-13, 2014. Oakland Center is owned and operated by the GEO Group, Inc., which has contracted to house those transferred from Federal Bureau of Prisons (FBOP) to complete their sentence in a halfway house. During the audit there were 63 in-house residents, and 39 were on home detention. Ten women were in-house.

The first day of the tour started with an opening meeting consisting of the Auditor, Facility Director/PREA Compliance Manager Matthew Lange, Administrative Assistant Nicole Bayhan, Acting Chief of Security Amy Vargas, GEO Group Area Director

Maria Richard, and Jonathon Dressler, Program Fidelity Manager, PREA Reentry Services Division Coordinator. Auditor, Facility Director, Area Director, and Mr. Dressler conducted a tour of the facility. PREA Auditor Bonner inspected all rooms, levels, closets, halls, and exterior of the building.

During the two-day audit, PREA Auditor Bonner conducted one-on-one interviews with the facility director, acting chief of security, administrative assistant, two case managers, maintenance technician, job developer, and two resident monitors. Topics discussed included interview protocol questions for random staff and specialized staff. Ten residents were also interviewed, randomly selected from a census roster provided on Day One, from various dorms. Document review included: security check, head count, and pat-down logs; intake, assessment, and reassessment forms; employee files for new hires, resignations, promotions (no terminations in last 12 months); PREA forms for monitoring, documentation, tracking, and reviews; and other documentation. Towards the end of Day Two of the onsite visit, Auditor met with facility director, administrative assistant, acting chief of security, area director, Mr. Dressler, and GEO PREA Coordinator Phebia Moreland (via phone) to share her initial impressions from the visit.

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

Oakland Center is a large, dark brown wood shingled craftsman style home, built in 1904, which has since been converted into a halfway house with the capacity to house 69 residents. It sits on a well-manicured corner lot at 205 MacArthur Blvd, right off of Highway 580. The building has 3.5 floors with a large front porch, fire escape along the back of the building, and a wooden fence along the back of the property. There is a large maintenance/storage shed to the left of the small parking area. A former home, the facility blends in with the rest of the largely residential area.

The main floor of the facility still has much of the original wood paneling and floors. The entrance from the front porch is a wide-open foyer with a large staircase directly across. To the right is a television room with chairs, sofas, books, bulletin boards with PREA information, and staff boxes for residents to use. Behind this room is the Director's office, which has a locked box outside of his door for confidential communications and grievances. To the left of the entry is the central control area/front office. There, monitors watch the camera monitors, check in and out residents and home confinement inmates, conduct pat-downs on camera, and do other security tasks. The administrative assistant is also in this area. Behind them are desk cubicles for the job developer and case managers, with the deputy director's office behind their space. PREA information is throughout this area where staff regularly meet with residents. Throughout the space are windows (old French doors) for easy monitoring. Behind the front desk area is a hallway that contains the urinalysis restroom; and, unlike the front desk and TV room areas, is not adequately covered by a camera. There is a dorm room with 2 bunks and a bathroom on the first floor.

Back near the deputy director's office is the stairwell leading to the basement floor, which contains male dorm rooms 1 and 2, with restrooms, laundry area for the center (with camera coverage), the kitchen area (food warming, no actual cooking allowed),

and dining hall. Bothe dorms have ample PREA signage, as well as the bulletin board in the dining area. The dining area, hallways, and stairwell have ample camera coverage. There is a dead space between the shower stalls and back wall of the bathroom near the second dorm. On this floor as well is a staff break room, where no residents are allowed, but there is PREA first responder information. Doors to storage areas are locked. One enters the back yard from this level. Doors and space outside are covered with cameras, and the fence is locked and alarmed.

Floor two of the facility contains the bulk of the dorm rooms, each containing 2-3 bunks. Two female dorm rooms are interspersed with male dorm rooms; and all of the dorms have doors that are covered by cameras. There is PREA signage in each of the dorm rooms. There is a single bedroom off of one of the women's dorms as an honor bed; and there is a single bed space on this floor for an honors male dorm.

The third level is more like a half-level or attic of the old building. Up the open stairs, which are not covered by any camera, is a large dorm area with four bunks in an open area. Around this large space are smaller honor dorms with two beds each. Towards the back of the building there is a hall, not covered by camera, which contains the alarmed exit to the fire escape as well as to the floor's bathroom. PREA information is located outside of the bathroom door.

The main stairwell from the second floor to the first floor than ends in the foyer is original to the house. There is a blind spot on the expansive landing between floors where pay phones are located. PREA information hangs near these phones.

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.]

Oakland Center is a unique halfway house, given its location in an historic building that used to be a private residence. It does have a homey feel, with male and female residents comfortably moving throughout the building to clean, do laundry or watch television. The original wood and many smaller dorm rooms make it feel less like a corrections facility.

Despite its beauty, Oakland Center reportedly has the highest staff turnover rate of any of GEO's halfway house facilities. Staff report that wages for lower level monitors are low for the California Bay Area. People work for Oakland Center for the great security and corrections training it provides, then staff seek higher paying jobs based in large part on the Oakland Center experiences. Fortunately, the facility has hired Amy Vargas as its Acting Chief of Security. She has worked at the facility as a resident monitor and has been promoted from the inside. She knows the facility and is devoted to its leader and the residents. She is also acutely aware of security issues posed by this facility and is vigilant and alert. The facility should benefit from retaining staff like her, hopefully getting a return on the facility's training investment.

Taylor Street Center in San Francisco is a sister facility to Oakland Center. In the past 12 months, a staff member accused of sexual harassment of a resident was transferred to Taylor St Center instead of being put on administrative leave. After the transfer,

there were additional allegations against this staff member; and, after several months, FBOP did not complete the investigation of the sexual harassment claims. (Staff member resigned, so FBOP closed the investigation.) Both facilities now see that, despite the apparent efficacy of keeping a security staffer working with facilities are often short-staffed in that position, it is much safer for every party involved – especially residents – to follow agency policy with regards to PREA investigations involving staff. The Bureau of Prisons should consider allowing agency/facility to conduct and complete administrative PREA harassment investigations of staff as well as residents (with BOP oversight), so they can address harassment issues immediately.

Number of standards exceeded:	**1**
Number of standards met:	**35**
Number of standards not met:	**0**
Number of standards not applicable (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 that 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 2014-1.

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. Despite high turnover, the facility compensates by increasing use of part-time/on-call security staff or increased overtime. There have been no deviations from this staffing plan. GEO POLICY 5.1.2-A; FACILITY POLICY 2014-1.

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 cross--gender strip or cross--gender visual body cavity searches of residents; and it does not permit cross--gender pat--down searches of female residents, absent exigent circumstances. So far, there have been no such exigent circumstances noted. 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 2014-4.

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. It also 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 agency has a contract with Language Lines for interpretation services. 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. This is addressed during the interview process, as well as through checks with prior employers.

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 local and national (NCIC) criminal background checks through its governing/contracting agency, the Federal Bureau of Prisons (FBOP). 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. At time of the audit, this facility did not have any contractors who had contact 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 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 or interviews for hiring or promotions and in any interviews or written self--evaluations conducted as part of reviews of current employees. The facility substantially complies with this provision.

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. 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 2014-1.

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 existing facilities since August 20, 2012. The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The facility has added six additional cameras, to include those placed in laundry room, lower level stairwell, and third floor stairwell, in response to the PREA Annual Facility Assessment.
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 and/or FBOP Office of Internal Affairs are responsible for conducting administrative sexual abuse investigations (including resident--on--resident sexual abuse or staff sexual misconduct) only. Oakland Police Department has responsibility for conducting criminal investigations.
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). Alameda Health Center, Highland Campus, has an adult trauma unit; and Alta Bates Medical Center is also available. The facility has documentation from both facilities ensuring services for facility's residents.
The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The facility has sought MOU's with the Alameda County Crisis Support Services, Highland Sexual Assault Response Team, and Bay Area Women Against Rape. These efforts are documented.
If and when a rape crisis center is not available to provide victim advocate services, the facility would provide a qualified staff member from a community--based organization or a qualified agency staff member. 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-A.

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 attempts to ensure 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). However, if referred to the FBOP, then FBOP is the determiner of whether the investigation is properly completed pursuant to PREA Standards. 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. 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 2014-6.

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 agency 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, who were trained or retrained in PREA requirements. Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies

regarding sexual abuse and sexual harassment in monthly staff meetings, and annual refresher trainings. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 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 volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There are presently no contractors at the facility. The level and type of training provided to the volunteers and contractors are based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero--tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility maintains documentation confirming that the volunteers and contractors understand the training they have received. GEO POLICY 5.1.2-A.

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 all incoming residents, no matter where they are coming from, with the same complete information.
Resident PREA education is available in accessible formats for all residents including those who with limited English proficiency or those with a literacy barrier, due to disability or lack of education.
The agency maintains documentation of resident participation in PREA education sessions.
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. In addition to posters throughout, the facility has brochures in English and Spanish. GEO POLICY 5.1.2-A/FACILITY POLICY 2014-2.

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. The facility has immediate access to at least two special investigators: Dee Paraspolo and Jonathon Dressler. GEO POLICY 5.1.2-A.

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 practitioners.

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 of all incoming residents 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 24 hours of their intake. 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, for all residents.

The policy requires that a resident's risk level be reassessed at any other time, 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 risk assessment screening question.

The agency implements 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. At present, the screenings are conducted by five staff on a rotating basis, making sure initial and reassessment screenings are conducted in a timely manner. All documentation pertaining to these screenings are kept in the Director/PREA Compliance Manager's office. GEO POLICY 5.1.2-A/FACILITY POLICY 2014-3.

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

designated dorm rooms for male and female residents who might be at risk of victimization.
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, unless such 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 such residents. GEO POLICY 5.1.2-A/FACILITY POLICY 2014-3.

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 facility 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.
The facility 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. This facility provides the telephone numbers to Bay Area Women Against Rape, FBOP RRM Office in Sacramento, CA, and Rape, Abuse and Incest National Network (RAINN).
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. GEO POLICY 5.1.2-A; FACILITY POLICY 2014-2. Staff are required to document verbal reports.
The timeframe within which staff are required to document verbal reports is immediately.
The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents: via reporting website, a toll free employee reporting number, and via calling GEO Group's PREA Coordinator directly.

Staff are informed of these procedures in the following ways: training, posters, first responder cards (business cards that they keep on their person at all times).

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. GEO POLICY 5.1.2-A/FACILITY POLICY 2014-5. 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. 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.

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.

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 addresses and toll--free hotline numbers for local and national victim advocacy or rape crisis organizations; and enabling reasonable communication between residents and these organizations 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 attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. These attempts have not been successful; the agencies contacted have not responded to written or verbal communication. The facility maintains documentation of the attempts to enter into such agreements. See 115.221, above. GEO POLICY 5.1.2-A/FACILITY POLICY 2014-6.

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. 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 2014-6:

- 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 California law (i.e., over 70 in facility's instance), the facility shall report the allegation to the designated state or local services agency under California's 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.

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).

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. GEO POLICY 5.1.2-A. In the past 12 months, the facility received one allegation that a resident was abused while confined at another facility. Agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. This Facility Director complied with this policy by notifying BOP within this timeframe and documented these notifications via email.
The agency policy GEO POLICY 5.1.2-A requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

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. 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 a resident was sexually abused.

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.

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: Matthew Lange, Facility Director/PREA Compliance Manager.

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 agency 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. The facility has immediate access to at least two special investigators: Dee Paraspolo and Jonathon Dressler.

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. 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. 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 should 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; 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. Termination shall be the presumptive disciplinary sanction for staff who 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 2014-6. 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 2014-6.
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.

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 should implement the recommendations for improvement or documents its reasons for not doing so.

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. 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.

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.
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.

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.

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	January 16, 2015